

191864

TABLE OF CONTENTS

- TAB 1 CONFERENCE INFORMATION
- Agenda
 - About the Presenters
 - Tribal law & Policy Institute
 - National Children's Alliance
 - CAC & MDT Development in Indian Country
- TAB 2 GENERAL CHILD ABUSE INFORMATION
- TAB 3 DEALING WITH OFFENDERS IN THE COMMUNITY
- TAB 4 RECOGNIZING TRAUMA IN CHILDREN
- TAB 5 THE MEDICAL-LEGAL EXAMINATION AND THE INDIAN HEALTH SERVICE TELEMEDICINE
- TAB 6 DEVELOPING VICTIM ADVOCACY SKILLS TO HELP TRAUMATIZED CHILDREN
- TAB 7 CHILD SEXUAL ABUSE INVESTIGATIONS
- Overview of Child Sexual Abuse Investigations
 - Forensic Interviewing of Child Victims in Indian Country
 - Interrogating Child Molesters
- TAB 8 RESOURCES



TRIBAL LAW AND POLICY INSTITUTE

P.O. Box 670818 CHUGIAK, AK 99567
907.770.1950 ~ FAX: 907.770.1951 ~ E-MAIL: diane@tribal-institute.org

"BUILDING TRIBAL CAPACITY TO MEET OUR CHILDREN'S NEEDS"

April 2-5, 2001

Midwest Grantee Training for Children's Justice Act Partnerships for Indian
Communities and Native American Children's Alliance members

Conference Focus: (1) Skill building for individuals toward development of a more competent, child-friendly, and culturally specific coordinated response to the physical, emotional and sexual abuse of Indian children and (2) promoting mentoring and networking among Tribal programs serving victimized Indian children.

CONFERENCE AGENDA

Monday: Plenary - all participants

- 8:15 Sign In & Pick up Conference Manual - Coffee available
- 9 am Opening Invocation & Welcome – Diane Payne, Children's Justice Specialist,
Tribal Law & Policy Institute, CJA Training & Technical Assistance Provider
- Lisa Thompson, Director, Wiconi Wawokiya, Inc.
 - Cathy Sanders, Deputy Director, Office for Victims of Crime, U.S.
Department of Justice
- 9:15 Introductions of faculty - "Why I do this work"
Roe Bubar, Pauline Lucero-Esquivel, Eidell Wasserman, Jane Powers, Blaine
"Mac" McIlwaine
- 9:45 Ice breaker & Participant Introductions
- 10:15 - 10:30 Break



10:30 - noon Panel #1: **Community Response & Responsibility To Improve Our Response to Child Maltreatment** - Facilitator, Diane Payne, Children's Justice Specialist, Tribal Law & Policy Institute

Lisa Thompson, Director, Wiconi Wawokiya, Inc.,
Shirley Bisbee, Nez Perce Tribal Social Services
Gilbert Kohl, Criminal Investigator, Winnebago & Omaha BIA Agency
Arlana Bettelyoun, Director, Pine Ridge CASA Program
Isaac Dog Eagle, Standing Rock Sioux Tribal Council,
Tony Johnson, Nez Perce Tribe Executive Committee

12- 1:30 - Working Lunch Buffet (provided)

Presentation-Wellness and Maintaining Balance: Pauline Lucero-Esquivel,
M.A., LMSW, LPCC

1:30 - 3 pm Panel #2: **Legal Issues and Challenges in Investigating and Prosecuting Child Sexual Abuse** - Facilitator, Roe Bubar, J.D., Bubar & Hall Consultants

Blaine "Mac" McIlwaine, MA, McIlwaine Associates
Gilbert Kohl, Criminal Investigator, Winnebago & Omaha BIA Agency
Jane Powers, F.N.P., S.A.N.E., Director, Northern Ute Native American
Child Protection Telemedicine Program, Indian Health Service, Utah
Phillip Rector, Ph.D., Indian Health Service, Forensic Interviewer for
Shoshone & Arapaho Tribes on Wind River Reservation
Maria Russell-Big Fire, Chief Prosecutor, N. Cheyenne Tribal Court
Mikal Hanson, J.D., Assistant US Attorney, Pierre, SD

3 - 3:15 Break

3:15 - 5 pm **Dealing with Offenders In the Community:** Blaine "Mac" McIlwaine

***ALL SESSIONS ON TUESDAY, APRIL 3 WILL BE IN
WORKSHOP FORMAT. PLEASE CHOOSE 2 WORKSHOPS.
THE MORNING SESSIONS WILL BE REPEATED IN THE
AFTERNOON. WORKSHOP LOCATIONS WILL BE
POSTED ON THE DOOR OF THE MAIN CONFERENCE
AREA.***



Tuesday: Workshop Options

9 am - 11:45 (select one - these will be repeated in the afternoon)

P.M. (A)

Recognizing Trauma in Children: Pauline Lucero-Esquivel, MA,
LMSW, LPCC

A.M. (B)

The Medical-Legal Examination and the Indian Health Service
Telemedicine Project: Jane Powers, FNP, S.A.N.E

~~P.M. (C)~~

Developing Victim Advocacy Skills to Help Traumatized Children:
Eidell Wasserman, Ph.D.

12 - 1:30

Working Lunch - Box Lunch (provided)

Presentation: Developing Child Advocacy Centers in Indian
Country and Native Communities: - Roe Bubar, J.D.

1:45 - 4:30 pm

Workshops (repeated from am) - select from A, B or C above

OPTIONAL EVENING ACTIVITY:

*See confirmed list at Registration Table for those who signed up in
advance. If you are not on the list and wish to go, please sign up &
we'll let you know if there is room!*

*4:45 PM - Meet in hotel lobby for CHILD ADVOCACY
CENTER FIELD TRIP - to Ft. Thompson Reservation. Vans
will depart at 5 pm promptly. Carpooling is encouraged, so let us
know if you have space and wish to drive your own vehicle. It takes
about 1 hour each way to drive to the reservation.*

We will return @ 8:30 pm.



Wednesday: Plenary - "Child Sexual Abuse Investigations"

- 9 am - 9:30 **Opening Team Building Exercises:** Roe Bubar, J.D., Bubar & Hall Consultants
- 9:30 - 10:30 **An Overview of Child Sexual Abuse Investigations and Offender Typologies:** Blaine "Mac" McIlwaine, M.A., McIlwaine Associates
- 10:30 - 10:45 **BREAK**
- 10:45 - 12:00 **Forensic Interview of Child Victims in Tribal Communities Part One:** Roe Bubar, J.D.
- 12-1:30 **LUNCH - On Your Own**
- 1:30 - 2:15 **Offender Interviews Part One:** Blaine "Mac" McIlwaine
- 2:15 - 3:15 **Forensic Interview of Child Victims in Tribal Communities Part Two:** Roe Bubar, J.D.
- 3:15 - 3:30 **BREAK**
- 3:30 - 4:30 **Offender Interviews Part Two:** Blaine "Mac" McIlwaine
- 4:30 - 5:00 **Creating Wellness and Preventing Burnout in the field of Child Maltreatment:** Roe Bubar, J.D.
- 5:00 **EVALUATIONS & CLOSING**

Thursday, April 5: Live Forensic Interview Institute –

Confirmed participants only: See schedule on next page

This conference was provided by the Tribal Law & Policy Institute in Collaboration with Western Region Child Advocacy Center, under a grant from the U.S. Department of Justice, Office for Victims of Crime.



Post Conference Institute

LIVE FORENSIC INTERVIEW INSTITUTE: INTERVIEWING CHILDREN, AND PEER & FORENSIC SUPERVISION:

Roe Bubar, J.D. & Blaine "Mac" McIlwaine, M.A.

***7:45 am - meet in the hotel lobby to leave for Ft. Thompson, Child Advocacy Center - training site. (Make sure you eat breakfast first!) Sign up at the registration table if you need transportation. Carpooling is encouraged.

9 am - 1 pm - Interview Skills training with assistance from local children.

Coffee, tea and a light lunch will be provided to participants during the session.

1:30 pm - Leave Ft. Thompson/ arrive in Pierre about 2:30 pm

**Special thanks to Lisa Thompson and her staff for accommodating us and assisting with arrangements for this session and general conference advice!



TRAVEL HOME SAFELY!



CONFERENCE FACULTY

Roe Bubar is an attorney and partner in a Native owned consulting firm, Bubar & Hall. Roe currently consults on mediation and dispute resolution, forensic interviewing of children, legal issues related to child abuse cases, and multicultural issues within the context of child abuse cases. She has participated in over 1200 investigations of child sexual abuse allegations and cases involving acute trauma. Roe has over 10 years experience as a counselor working with children in a variety of clinical settings and has been an attorney for nine years. Roe works with state, federal, and tribal agencies and has worked extensively in Indian Country. She also teaches courses in Federal Indian Law and Perspectives on Conquest at Colorado State University. Ms. Bubar is President of the Board for the National Children's Alliance and she can be reached at 5810 Greenwalt Lane, Fort Collins, Colorado 80524 or call (970) 416-1703.

Pauline Lucero-Esquivel, MA, LPCC is a child and family therapist who has worked in the area of child abuse since 1987. She was part of the team that started the first Children's Advocacy Center in New Mexico and conducted approximately 1,000 interviews in four years. She is qualified as an expert witness in the area of sexual abuse and has worked as a consultant with various groups, including numerous Native American communities. Pauline has trained in the areas of sexual abuse, forensic interviewing, prevention, cultural diversity and wellness issues. As a member of the National Children's Alliance Board of Directors since 1998, Pauline has participated in the cultural diversity, training and executive committees. She lives in Albuquerque with her husband Marty and daughters Graciela, age seven and Marisa, age four.

Blaine "Mac" McIlwaine, MA, McIlwaine Associates, is currently a consultant working in the field of violent crime investigations, following his retirement from the FBI. He spent 30 years in the FBI, 25 of which were spent in "Indian Country". He was one of the first four "profilers" to be selected from the ranks of the FBI and at the time of his retirement was a Supervisor at the National Center for the Analysis of Violent Crime located at the FBI academy. "Mac" is a graduate of San Francisco State University and has a Masters Degree from Northern Arizona University. He has lectured on a national basis for over 20 years and has trained over 1000 investigators in Indian Country. He has investigated numerous crimes against children including sexual molestation and has interrogated many suspects involved in these matters successfully.

Diane Payne, Children's Justice Specialist. Diane has extensive experience as a trainer, community organizer and advocate for Native children and families. Before joining the Institute, Diane was project director for the Children's Justice Act (CJA) and STOP Violence Against Indian Women (VAWA) grants for the

seven Chugach Region Tribes in Alaska for several years. These projects involved development of coordinated community response and multi-disciplinary teams to reduce trauma to child sexual abuse victims and to reduce violence against Native women. Diane has provided training to Tribes, State agencies and a variety of professions toward development of culturally competent services to Native victims. In addition, Diane has served as a Tribal court presenting officer on child abuse for the Spokane Tribe, and has represented Tribes in Washington and Alaska in both State and Tribal court Indian Child Welfare Act (ICWA) cases. She has primary responsibility for the training and technical assistance provided to Tribes nationwide for their Children's Justice Act (CJA) grants under the Institute's grant from OVC. She is also a training and technical assistance provider for Tribes nationwide that receive CASA grants to develop Court Appointed Special Advocates for children.

Jane Powers, R.N., S.A.N.E., Director of the Indian Health Service Child Abuse Center at Ft. Duschene. She has five years of experience providing forensic medical examinations on and near the Ft. Duschene reservation, and was recently awarded an OVC grant to assist in the development of other telemedicine sites in Indian Country.

Eidell Wasserman, PhD., Professor of Criminology, Fresno State University (invited), over 20 years of experience with crime victims. For the past several years she has been a faculty member for the National Victim Assistance Academy. Eidell ran the Hopi Child Sexual Abuse Project for 2 ½ years, and worked with Gila River Indian Community and White Mountain Apache Tribe – providing victim advocacy and direct services to child sexual abuse victims and their families.

TRIBAL LAW AND POLICY INSTITUTE

8235 SANTA MONICA BOULEVARD, SUITE 205 WEST HOLLYWOOD, CA 90046
323.650.5467 ~ FAX: 805.932-4470 ~ EMAIL: jerry@tribal-institute.org

EXECUTIVE DIRECTOR
Jerry Gardner
(Cherokee)

ASSOCIATE DIRECTOR
Pat Sekaquaptewa
(Hopi)

CHILDREN'S JUSTICE
SPECIALIST
Diane Payne

PROGRAM MANAGER
Elton Naswood
(Navajo)

PROGRAM ASSISTANT
Dallas Numkena
(Hopi)

BOARD OF DIRECTORS

PRESIDENT
Abby Abinanti
(Yurok)

VICE PRESIDENT
David Raasch
(Stockbridge-Munsee)

SECRETARY-TREASURER
Margrett Oberly Kelley
(Osage/Commanche)

Lyn Stevenson
(Salish)

Emory Sekaquaptewa
(Hopi)

ADVISORY BOARD

Robert Cooter

Jean Buffalo-Reyes
(Chippewa)

Duane Champagne
(Chippewa)

Carole Goldberg

Kimberly Martus
(Cahuilla)

Ada Pecos Melton
(Jemez Pueblo)

Tom Tso
(Navajo)

Robert Yazzie
(Navajo)

James Zion

Tribal Law and Policy Institute Overview

The Tribal Law and Policy Institute is a Native American owned and operated non-profit corporation organized to design and deliver education, research, training, and technical assistance programs which promote the enhancement of justice in Indian country and the health, well-being, and culture of Native peoples. We utilize an approach to training and technical assistance that is incorporated into all of our programs and services.

Approach to Training and Technical Assistance

We seek to facilitate the sharing of resources so that Indian Nations and tribal justice systems have access to cost effective resources that can be adapted to meet the individual needs of their communities. We strive to establish programs which link tribal justice systems with other academic, legal, and judicial resources such as law schools, Indian law clinics, tribal colleges, Native American Studies programs, Indian legal organizations and consultants, tribal legal departments, other tribal courts, and other judicial/legal institutions. Through these collaborative alliances, we are implementing a synergistic approach to the delivery of services to Indian Country - accessing a wealth of talent and resources. We firmly believe that the coming years will see a dramatic change in the traditional mode of the delivery of tribal justice training and technical assistance services. Our staff and consultants are developing training through a variety of modes such as interactive CD-ROM and Internet based distant learning programs.

Programs

We are currently delivering a series of programs that include the following:

Project Peacemaker - We are working with the UCLA American Indian Studies Center and tribal colleges on Project Peacemaker, a collaborative initiative to develop, pilot, and implement Tribal Legal Studies curricula for tribally controlled colleges. The program is being initially piloted and implemented at Salish Kootenai College, Turtle Mountain College, Dine College, and Northwest Indian College and will later be adapted, implemented and offered to all interested tribal colleges.

P.O. BOX 670818 CHUGIAK, AK 99567
907.770.1950 ~ FAX: 907.770.1951
E-MAIL: diane@tribal-institute.org

1540 W. HARRISON STREET, #1A CHICAGO, IL 60607
312.226.0532 ~ FAX: 312.226.0768
EMAIL: pat@tribal-institute.org

Tribal Court Clearinghouse (www.tribal-institute.org) - The Institute has established a comprehensive website (entitled the “Tribal Court Clearinghouse”) which serves as a resource for tribal courts, victims services providers, and others involved in the improvement of justice in Indian country. The Tribal Court Clearinghouse provides extensive information and resources concerning tribal courts and other issues related to the improvement of justice in Indian country. It also provides extensive links to additional information that will facilitate tribal justice utilization of technological innovations and the vast information available on the Internet. Moreover, it is designed to address the needs of tribal justice systems.

Tribal Drug Courts - We are providing technical assistance for tribal drug courts and developing tribal court specific resource materials under a grant from the Drug Courts Program Office of the U. S. Department of Justice.

Children’s Justice Act Training and Technical Assistance – We are providing training and technical assistance to tribes receiving CJA funding from the Office of Victims of Crime at the Department of Justice. These grants are directed toward improving system and community response that will result in reducing the trauma to Tribal children who are victims of child abuse, especially child sexual abuse victims.

Tribal Court CASA - We are working with the National Court Appointed Special Advocate Association (CASA) to provide training and technical assistance for the development and enhancement of tribal court CASA programs.

NAICJA Administrator - We serve as Administrator for the National American Indian Court Judges Association (NAICJA) - the national representative membership organization of tribal court judges.

NAICJA VAWA Program - We have the lead role under NAICJA’s program to develop a computer repository of tribal family violence codes.

HUD Tribal Legal Code Program - We have developed a comprehensive Tribal Legal Code Resource to assist Indian Nations in the development of the legal infrastructure needed for housing and community development. The Tribal Legal Code Program includes a revised Tribal Housing Code.

Hopi Appellate Program - We have been working the last five years with the University of California, Berkeley, School of Law and the Hopi Appellate Court to provide a clinical program which trains and supervises law students to serve as law clerks for the Appellate Court of the Hopi Tribe of Arizona.

Tribal Court Training and Technical Assistance Project - We are working under contracts with individual Indian Tribes and tribal justice systems to provide a broad range of training and technical assistance services, including on-site training sessions, tribal court development, and tribal code development.

Services

We provide a wide range of exceptional training and technical assistance services, including the following:

On-Site Training - We specialize in the design, development, and delivery of on-site training and technical assistance which is a cost effective method for providing training and resource materials designed to meet the specific needs of the individual community. Our on-site training is designed to cover a wide range of possible topics and audiences. Moreover, we are in the process of implementing training methodologies which will enable your staff to continue their training long after the formal training has ended, including interactive CD-ROM resource materials, Internet based distance learning, periodic email updates to our resource materials, and access to restricted areas of the Tribal Court Clearinghouse.

Tribal Court Development - We provide a wide range of tribal court development services, including tribal court development technical assistance services, tribal court development training sessions, tribal court advocate training, tribal bar examination development, traditional/peacemaker court development, tribal appellate court development, policy development assistance, program development/capacity building, tribal code development, and long term planning/development.

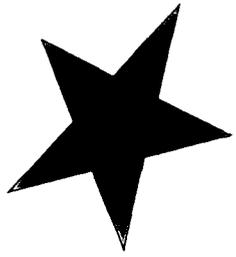
Tribal Court Review Services - We provide evaluations of tribal judicial systems (and other tribal governmental institutions) to determine operational strengths and weaknesses and to make recommendations for improvements along with the necessary information and resources to implement these improvements.

Tribal Code Drafting and Revision - We provide tribal code drafting and revision services for tribes and tribal courts. We approach the critical issue of tribal code development by working with the individual community to address the community's special needs and legal requirements and to develop codes which reflect unique local solutions to local problems.

Grant and Proposal Writing - We provide a range of grant and proposal writing services, including technical assistance with fundraising strategies, grant and proposal writing training sessions, and assistance with drafting of specific proposals.

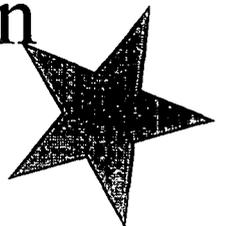
Tribal Court Website Development - We provide a range of computer and Internet services, including tribal court web site development.

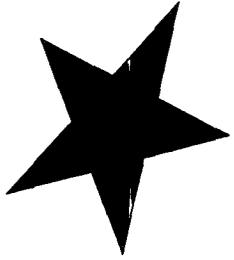




NATIONAL CHILDREN'S ALLIANCE

- Not-for-profit membership organization
- Mission is to provide training, technical assistance and networking opportunities to communities seeking to plan, establish and improve Children's Advocacy Centers.
- Funded through OJJDP with \$4 million to members and developing programs

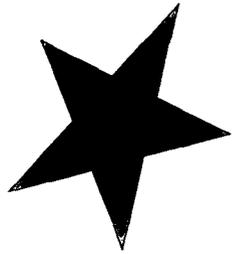




HISTORY

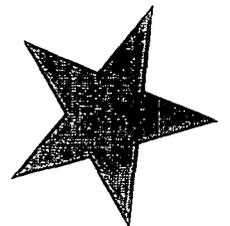
- 1980's - Professionals beginning to recognize child sexual abuse
- 1985 - Start of CAC's - Madison County, Huntsville, AL
- 1993 - NNCAC moves to D.C.
- 1994 - Beginning of RCAC's
- 1999 - NNCAC becomes NCA

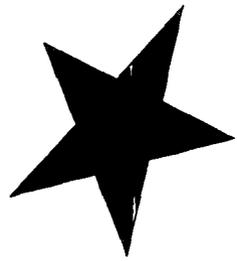




REGIONAL CHILDREN'S ADVOCACY CENTERS

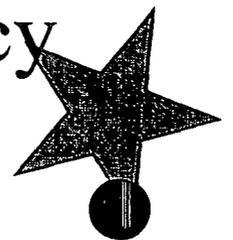
- Midwest - St. Paul, MN
 - Julie Pape
- Southern - Rainbow City, AL
 - Carolyn Gilbert
- Northeast - Philadelphia, PA
 - Anne Lynn
- Western - Denver, CO
 - Teresa Cain





REGIONAL CHILDREN'S ADVOCACY CENTERS

- The RCACs provide information consultation, training and technical assistance, helping to establish child-focused programs that facilitate and support coordination among agencies responding to child abuse.
- RCACs also provide regional services to help strengthen Children's Advocacy Centers already in existence.



**IMPROVING COMMUNITY RESPONSE TO CHILD ABUSE:
THE CHILD ADVOCACY CENTER INTERDISCIPLINARY APPROACH**

Children's Advocacy Centers (CACs) have been successful in improving local response to child abuse in many communities throughout the country. The need for coordinated interdisciplinary approaches to child abuse is great in Indian Country, and twelve tribes are now working to fully develop their own CACs customized to meet the needs of their communities. The CAC model is particularly suited to federal policy of tribal self-determination and leadership. Implementation of the interdisciplinary approach is largely determined by cultural and geographic factors as well as the resources available, and is limited only by the vision of the community.

A Children's Advocacy Center is a child-focused, facility-based program in which representatives from many disciplines meet to discuss and make decisions about investigation, treatment, and prosecution of child abuse cases. The multi-disciplinary team approach brings together under one umbrella all the professionals and agencies needed to offer comprehensive services: law enforcement, child protective services, prosecution, mental health and the medical community. CACs are community-based programs designed by professionals and volunteers to meet the unique needs of a community and prevent the further victimization of children. This comprehensive approach ensures that children receive child-focused services in a child-friendly environment - one in which the child's needs comes first!

The CAC approach is a flexible one. Some centers operate as independent nonprofit organizations in a free-standing facility such as a renovated house. Others are agency-affiliated and may share space and resources. What unites the CACs is that the needs of the child and non-offending family members are quickly and effectively met through the following core components:

- Separate, child-friendly space for interviewing and providing services to child victims and their non-offending family members
- Involvement of specially trained professionals from the six core disciplines: law enforcement, child protective services, prosecution, mental health, medical and victims advocacy
- Coordinated multidisciplinary investigative team
- Regular interdisciplinary case review or staffing and intensive case follow-up

For additional information on Children's Advocacy Centers, please contact your Regional Child Advocacy Center or the National Network of Children's Advocacy Centers:

Western Regional Children's Advocacy Center

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada,
New Mexico, Oregon, Utah, Washington, Wyoming
(800) 582 - 2203 or wrcac@rmi.net
Teresa Cain, Executive Director

Midwest Regional Children's Advocacy Center

Ohio, Indiana, Michigan, Illinois, Wisconsin, Missouri, Iowa, Minnesota,
Kansas, Nebraska, South Dakota, North Dakota
(888) 422 - 2955 or julie.pape@childrenshc.org
Julie Pape, Project Director

BOARD OF DIRECTORS

ROE BUBAR, ESQ.
PRESIDENT

CATHY PURVIS
VICE PRESIDENT

DAVID MONTAGUE, ESQ.
SECRETARY

LAVDENA ORR, MD
TREASURER

ERIN SORENSON
AT LARGE

REED RICHARDS
IMMEDIATE PAST PRESIDENT

HON. ANNA KEN
LINDA ELLIGAN

PAULINE LUCERO ESQUIVEL
JANET FINE

ROBERT HOROWITZ, ESQ.
JAMON KENT

PEG LANGHAMMER
CHERYL LANKTREE, PHD

ANN MUNDY
ROBERT REECE, MD

CATHY SINGLETARY
W.A. (BILL) YOUNG

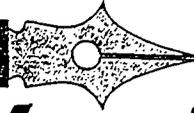
National Children's Alliance News is published quarterly by National Children's Alliance 1319 F St., NW, Suite 1001, Washington, DC 20004

Nancy A. Chandler, Executive Director
Judith B. Zimmerman, Communications Director
Benjamin Murray, Membership Coordinator
Sue Hendrickson, Grants Coordinator
Sharon Martin, Finance Director
Alisandra Revenel, Grants Assistant
Janet Davenport, Administrative Assistant

This project was supported by Grant No. 95-CJ-FX-K005(S-3) from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Dept. of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official policies of the U.S. Dept. of Justice.

Copyright 1999, National Children's Alliance

from the



President's Pen

By Roe Bubar Esq., President, Board of Dire

This will be my last official writing from the President's pen. In January once again we welcome a new board president, Cathy Purvis as well as new board members that will join us in the year 2000. It has been a challenging and exciting year as board president and I want to thank the Board of Directors, Regional Children's Advocacy Centers, NCA staff, our members and the Native American Children's Alliance for their support throughout this year.

In this newsletter our intention is to represent a diversity of programs, practices, regional initiatives and culture. I have spent a large part of my professional career dedicated to the issue of diversity and culturally competent services for children and their families. Like others, I too am on a professional road to becoming culturally competent and it's a process I will engage in for a lifetime. I would like to spend the rest of this article talking about diversity and increasing our awareness of cultural competence in our local programs and initiatives.

Acknowledging and learning about differences between race, ethnic and cultural groups can strengthen the investigation, prosecution, medical, mental health, and victim advocacy responses in a child abuse case. In order to understand why race, culture and ethnicity are important to others we must first begin with understanding ourselves. Each and every one of us has a

cultural history that is ancient as well as ancestral. Professionals understand cultural information based on their individual context of culture and the degree of importance they place on culture in their own lives. Knowing and appreciating culture in our own lives helps us respond to the importance of culture in the lives of the children and families for whom we provide services.

Cultural diversity is a broad concept that includes race and ethnicity but also includes other subcultures such as sexual orientation, class, education, religion, occupation, regional differences and developmental disabilities for starters. It has become important to develop culturally competent responses in our attitudes, practices, policies and structures. Becoming culturally competent is complex and multidimensional since culture is often understood in light of nuance and context. There is no cultural checklist or map, which makes this journey of competence a challenge for many



professionals. There are perhaps four areas that we can examine and conduct our own self assessment to understand where our teams, programs and agencies are in their journey toward cultural competence.

Attitude is an important starting point to access in our teams, programs, agencies and in ourselves. What is our own self-assessment around awareness of cultural issues and our level of ethnocentrism? Examining our values, clarifying the value system we work in, and understanding how that may be very different than the value systems of others is an important first step. Internalizing cultural training as a part of our annual budget and yearly commitment to developing it is critical. Evaluating our experiential contacts with ethnic enclaves, participation in diverse events and understanding diversity in the media, literature and film provides another level of cultural understanding and depth.

As we intervene in child abuse cases we may also ask ourselves, "What has our professional practice been to deliver culturally competent services or investigations to the children, families and communities that we serve?" Some of the areas we can all assess in our work is our understanding of how people define themselves; a cultural assessment and understanding that we cannot simply assume we know who people are and how they identify based on appearances and examining stereotypes we may have about them. Identifying cultural strengths within

families and the extended family community is important as well as identifying natural systems of support in ethnic enclaves carefully before placing children in longer-term placements. Understanding the importance of treatment or healing and what the preferred cultural choices may be around mental health treatment should also be a topic for mental health staff and others to consider. Other issues to consider might include: culturally competent case planning, understanding cultural and religious perspectives in parenting, knowledge of cultural practices often confused with maltreatment, and looking at culturally competent research practices that include ethnographic dimensions.

How we develop and implement policy for our teams, programs and agencies is yet another level of self-awareness and professionalism. As such, we should re-examine how our organizations create policy for agency standards, board commitment and recruitment. This will refine how we define ourselves through our mission statements, assess our boards, develop cultural competency policy statements, define job qualifications and consider our organizational assessment to recruit and retain employees. Each of these areas tells us something about our commitment to cultural competence in policy issues for our organizations.

How we structure our teams, programs and agencies can be another area for self-assessment on our cultural competence development. CAC start-up issues like how advisory committees or

task forces get established in communities are areas to examine our ability to reach out and develop meaningful connections to diverse communities. How agencies staff, advertise and recruit informally for positions is important when conducting a self-assessment on your program or agency. Reviewing procedures, performance evaluations, job descriptions, facility décor and location or access are all part of a self-assessment process when we look at our cultural competence in our organization's structure.

These are some of the areas for all of us to do a self-assessment in evaluating cultural competence within our organizations. The Board of Directors has recently embarked on a Community Readiness Assessment of our cultural competence as a board.

It has been an honor to serve the National Children's Alliance as the President of the Board of Directors and I thank all of you for your support throughout the year. There are few causes greater than working with professionals who spend their lives working on behalf of children, families and communities.





**CAC & MDT
Development in
Indian Country**

- CACs/MDTs in Indian
Country**
- The Children's Safe Place - Crow Creek
Stoux, Ft. Thompson, SD
 - Heart to Heart Child Advocacy &
Family Preservation Center - Eastern
Cherokee, NC
 - BedaChelh - Tulalip Tribes, WA
 - Wind River CAC - Arapaho & Shoshone
Tribes, WY
 - Navajo Child Special Advocacy Project

- CACs/MDTs in Indian
Country**
- Hamnville Indian Community (MDT) -
Wilson, MI
 - Mashantucket Pequot CAC/MDT -
Mashantucket, CT
 - Anishnabek Community & Family
Services (MDT) - Sault Ste. Marie
Chippewa, MI
 - Ft. Peck Tribes Crisis Center (MDT) -
Assiniboine & Sioux, Wolf Point, MT

Multidisciplinary Teaming in Indian Country

- Many tribes have Child Protection Teams which involve:
 - CPS, Mental Health, Medical, Schools, Tribal BIA Law Enforcement
 - (CPT's may also include other community representatives and professional providers)

Multidisciplinary Teaming in Indian Country

- Multidisciplinary Teams include prosecution and involve:
 - Child Protective Services
 - Mental Health
 - Medical
 - Law Enforcement
 - Victims Advocacy
 - Prosecution

Multi-agency and Intergovernmental Commitment

- Involves key agencies and jurisdictions at tribal, county/state or federal levels
- Includes 6 core disciplines:
 - Child protection, mental health, medical, law enforcement, victims advocacy and prosecution
- Commitments are formalized through cooperative agreements, protocols & intergovernmental agreements

Tribal Agency Affiliated CAC Programs

- Eastern Cherokee - A part of Tribal Community Services Department
- Tulalip - Part of Indian Child Welfare (child and family advocacy) Agency
- Saulte Ste. Marie - A part of Tribal Family Services Department

Independent Non-profit CAC

The Children's Safe Place
 Crow Creek Sioux, Ft. Thompson, SD -
 Independent 501 c-3 combining a co-located domestic violence shelter & child advocacy center

Other Tribal CAC Models

- Navajo Child Special Advocacy Project - Navajo Nationwide child abuse project located at multiple sites
- Wind River CAC - Joint program serving both the Arapaho & Shoshone Tribes
- Mashantucket Pequot - Serves one tribe

Joint Investigative Interviews

- Eastern Cherokee - Joint interviews (Law Enforcement usually takes the lead)
- Ft. Thompson - Child interview specialist conducts interviews while Law Enforcement & CPS observe
- Tulalip - Interviews may occur on-site or through county Law Enforcement and state CPS, as appropriate

Medical Exams

- Ft. Thompson - Medical examiners will be located on-site with telemedicine linkages to larger medical facility
- Wind River - IHS provides exams
- Tulalip - SANE nurses will provide services on-site at CAC
- Saulte Ste. Marie - MDT meets in health center with on-site services

Mental Health Treatment

- Many tribes use IHS counseling services
- Some refer off-site to independent providers (Mashantucket Pequot)
- Some IHS services and tribal programs include traditional counselors (Navajo) or community-based traditional healing (Wind River)
- Tulalip's treatment component includes therapeutic treatment, early intervention and family preservation

Offender Treatment

- One of the biggest issues and hazards in Indian Country is the lack of offender treatment programs
- Programs need to be available to address:
 - Sexually reactive children
 - Juvenile offenders
 - Adult offenders

Prosecution

- Historically problems with poor prosecution at tribal, state & federal levels
- Concurrent prosecution is possible and sometimes occurs in both tribal & state or federal courts (Wind River & Navajo)
- Tribes & states or feds team jointly to decide which sovereign will prosecute (Navajo, Wind River, Mash. Pequot)

Case Review & Tracking

- Mashantucket Pequot - Good case coordination between tribe & state
- Navajo - Working towards consistent data collection system for the Navajo Nation
- Tulalip - County victim witness coordinator assisting with setting up case tracking system
- Ft. Thompson - Non-computerized case tracking system works well

Victim Advocacy & Non-offending Parent Support

- Eastern Cherokee - Victims & family preservation services
- Tulalip - Domestic violence program, parenting, family preservation & early childhood programs
- Wind River - Co-located with Court Appointed Special Advocates program
- Crow Creek Sioux - Children's Safe Place services for moms & kids

Education, Training & Prevention

- Wind River - "Take a Stand Against Child Abuse" campaign & Fun Run co-sponsored by tribal prosecutor's office
- Tulalip - Combined child/family advocacy and community education
- Navajo - Perpetrator treatment worker
- Eastern Cherokee - Considering community monitoring of perpetrators

Networking Opportunities

- CAC Cross-mentoring in Indian Country with other tribes
- Native American Children's Alliance
- NCA membership, conferences and tribal chapter (NCA)
- Conferences (e.g. National Indian Child Welfare Association and OVC's Indian Nations Conferences)
- Western Reg. CAC supports tribal CAC development in collaboration with NCA & other RCACs

We are guilty of many errors and many faults, but the worst crime is abandoning our children—neglecting the fountain of life. Many of the things we need can wait. But children cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer "tomorrow." His name is "Today."
Gabriela Mistral
Chilean poet





What is Child Maltreatment?

Child abuse and neglect are defined in both Federal and State legislation. The Federal legislation provides a foundation for States by identifying a minimum set of acts or behaviors that characterize maltreatment. This legislation also defines what acts are considered physical abuse, neglect, and sexual abuse.

How Do We Define Child Abuse And Neglect?

The Child Abuse Prevention and Treatment Act (CAPTA), as amended and reauthorized in October 1996 (Public Law 104-235, Section 111; 42 U.S.C. 5106g) provides the following definitions.

Child is a person who has not attained the lesser of:

- The age of 18
- Except in cases of sexual abuse, the age specified by the child protection law of the State in which the child resides.

Child abuse and neglect is, at a minimum:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation
- An act or failure to act which presents an imminent risk of serious harm.

Sexual abuse is:

- The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct
- The rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.

Withholding of medically indicated treatment is: The failure to respond to the infant's life threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) that in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions.

But, the term does not include the failure to provide treatment (other than appropriate nutrition, hydration, and medication) to an infant when, in the treating physician's or physicians' reasonable medical judgment:

- The infant is chronically and irreversibly comatose
- The provision of such treatment would
 - Merely prolong dying
 - Not be effective in ameliorating or correcting all of the infant's life-threatening conditions
 - Otherwise be futile in terms of the survival of the infant
- The provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane.

Each State is responsible for providing its own definitions of child abuse and neglect within the civil and criminal context. Civil laws, or statutes, describe the circumstances and conditions that obligate mandated reporters to report known or suspected cases of abuse, and they provide definitions necessary for juvenile/family courts to take custody of a child alleged to have been maltreated. Criminal statutes specify the forms of maltreatment that are criminally punishable. (The State Statutes Series from the National Clearinghouse on Child Abuse and Neglect Information and the American Prosecutors Research Institute summarizes nearly 40 civil and criminal State statutes pertaining to child maltreatment.)

What Are the Main Types of Maltreatment?

There are four major types of maltreatment: physical abuse, neglect, sexual abuse, and emotional abuse. While State definitions may vary, operational definitions include the following:

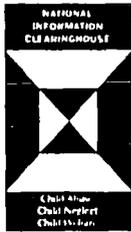
Physical Abuse is characterized by the infliction of physical injury as a result of punching, beating, kicking, biting, burning, shaking or otherwise harming a child. The parent or caretaker may not have intended to hurt the child, rather the injury may have resulted from over-discipline or physical punishment.

Child Neglect is characterized by failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. ***Physical neglect*** includes refusal of or delay in seeking health care, abandonment, expulsion from the home or refusal to allow a runaway to return home, and inadequate supervision. ***Educational neglect*** includes the allowance of chronic truancy, failure to enroll a child of mandatory school age in school, and failure to attend to a special educational need. ***Emotional neglect*** includes such actions as marked inattention to the child's needs for affection, refusal of or failure to provide needed psychological care, spouse abuse in the child's presence, and permission of drug or alcohol use by the child. The assessment of child neglect requires consideration of cultural values and standards of care as well as recognition that the failure to provide the necessities of life may be related to poverty.

Sexual Abuse includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials. Many experts believe that sexual abuse is the most under-reported form of child maltreatment because of the secrecy or "conspiracy of silence" that so often characterizes these cases.

Emotional Abuse (psychological/verbal abuse/mental injury) includes acts or omissions by the parents or other caregivers that have caused, or could cause, serious behavioral, cognitive, emotional, or mental disorders. In some cases of emotional abuse, the acts of parents or other caregivers alone, without any harm evident in the child's behavior or condition, are sufficient to warrant child protective services (CPS) intervention. For example, the parents/caregivers may use extreme or bizarre forms of punishment, such as confinement of a child in a dark closet. Less severe acts, such as habitual scapegoating, belittling, or rejecting treatment, are often difficult to prove and, therefore, CPS may not be able to intervene without evidence of harm to the child.

Although any of the forms of child maltreatment may be found separately, they often occur in combination. Emotional abuse is almost always present when other forms are identified. For more information, contact the Clearinghouse.



April 2000

Child Abuse and Neglect National Statistics

Fact Sheet

This fact sheet presents highlights from the Federal publication *Child Maltreatment 1998*. The highlights are based on responses from the States to the 1998 National Child Abuse and Neglect Reporting System (NCANDS). Data were collected in aggregate through the Summary Data Component Survey or at the case level through the Detailed Case Data Component of NCANDS.

PREVENTIVE SERVICES

Child abuse and neglect prevention programs are designed to increase parental childrearing competence and knowledge of the developmental stages of childhood. Nationwide in 1998, an estimated 1,397,000 children received preventive services, or 20 of every 1,000 children in the population.*

REFERRALS AND REPORTS

Instances of possible child maltreatment are referred to local child protective services (CPS) agencies. The agencies "screen out" or "screen in" referrals for investigation or assessment. Agencies also decide whether to take further actions on behalf of protecting a child.

- Of the estimated 2,806,000 referrals received, approximately one-third (34%) were screened out and two-thirds (66%) were transferred for investigation or assessment.*
- More than half of screened-in child abuse and neglect reports (53.1%) were received from professionals. The remaining 46.7 percent of reports were submitted by nonprofessionals, including family and community members.
- The average annual workload of CPS investigation and assessment workers was 94 investigations.*
- Slightly fewer than one-third of investigations (29.2%) resulted in a disposition of either substantiated or indicated child maltreatment. More than half (57.2%) resulted in a finding that child maltreatment was not substantiated. More than a tenth (13.6%) received another disposition.

CHILD MALTREATMENT VICTIMS

Victims of maltreatment are defined as children who are found to have experienced or be at risk of experiencing a substantiated or indicated maltreatment.

- There were an estimated 903,000 victims of maltreatment nationwide*. The 1998 rate of victimization was 12.9 per 1,000 children, a decrease from the 1997 rate of 13.9 per 1,000.
- More than half of all victims (53.5%) suffered neglect, while almost a quarter (22.7%) suffered physical abuse. Nearly 12 percent of the victims (11.5%) were sexually abused. Victims of psychological abuse and medical neglect accounted for 6 percent or fewer each. In addition, a quarter of victims (25.3%) were reported to be victims of more than one type of maltreatment.
- The highest victimization rates were for the 0-3 age group (14.8 maltreatments per 1,000 children of this age in the population), and rates declined as age increased.
- Victimization rates by race/ethnicity ranged from a low of 3.8 Asian/Pacific Islander victims per 1,000 children of the same race in the population to 20.7 African-American victims per 1,000 children of the same race in the population. The victimization rate for American Indians/Alaska Natives was 19.8, for Hispanics 10.6 and for Caucasian 8.5.

For more information or to order a copy of *Child Maltreatment 1998*, contact:

National Clearinghouse on Child Abuse and Neglect Information
330 C St., SW ■ Washington, DC 20447 ■ (703) 385-7565 ■ (800) FYI-3366
nccanch@calib.com ■ <http://www.calib.com/nccanch>

A service of the Children's Bureau ■ Administration for Children and Families ■ U.S. Department of Health and Human Services

PERPETRATORS

A perpetrator of child abuse and/or neglect is a person who has maltreated a child while in a caretaking relationship to the child.

- Three-fifths (60.4%) of perpetrators were female. Female perpetrators were typically younger than their male counterparts, as reflected by the difference in their respective median ages, 31 and 34.
- More than four-fifths (87.1%) of all victims were maltreated by one or both parents. The most common pattern of maltreatment was a child neglected by a female parent with no other perpetrators identified (44.7%).
- Victims of physical and sexual abuse, compared to victims of neglect and medical neglect, were more likely to be maltreated by a male parent acting alone. In cases of sexual abuse, more than half of victims (55.9%) were abused by male parents, male relatives, or other males.

FATALITIES

Child fatality estimates are based primarily on fatalities of abuse and neglect victims known to CPS agencies and fatalities not previously reported as abused or neglected.

- An estimated 1,100 children died of abuse and neglect, a rate of approximately 1.6 deaths per 100,000 children in the general populations.*
- Children not yet a year old accounted for 37.9 percent of the fatalities, and 77.5 percent were not yet 5 years of age.
- Perpetrators of fatalities were considerably younger than perpetrators in general. Nearly two-thirds (62.3%) were younger than 30 years of age, compared to the percentage of all perpetrators who were younger than 30 (38.7%).

- Nearly 3 percent (2.7%) of all fatalities were reported to have occurred while the victim was in foster care.*

SERVICES PROVIDED FOR CHILD MALTREATMENT VICTIMS

Some of the children referred to CPS agencies received services in addition to investigation or assessment. Post-investigation service interventions are designed not only to prevent future occurrences of child maltreatment, but also to remedy whatever harm might have occurred. Data on services are likely to underestimate the provision of services because of the complexities of recording such data.

- Nationally, an estimated 409,000 child victims received post-investigative services and an estimated additional 211,000 children who were subjects of unsubstantiated reports also received post-investigative services. The median response time from report to start of post-investigative services was 29 days.*
- Nationally, an estimated 144,000 child victims were placed in foster care. An estimated additional 33,000 children who were not victims were placed in the care and supervision of child welfare agencies, either in protective supervision or for a time during the investigation.*
- Among the 12 States that capture these data, four-fifths of victims who were the subjects of court actions received a court-appointed representative.*
- About one-fifth (21.8%) of victims had received family preservation services within the previous 5 years, while 5.5 percent of victims had been reunited with their families in the previous 5 years.
- Victims from families with financial problems, prior victims, and victims of multiple maltreatment were more likely than victims without those characteristics to receive services.

*Findings required by the Child Abuse Prevention and Treatment Act, as amended in 1996, to be included in all annual State data reports to the Secretary of Health and Human Services. Because this is only the second year that many of these data have been required, not all States were able to provide data on every item.

Source: U.S. Department of Health and Human Services. *Child Maltreatment 1998: Reports from the States to the National Child Abuse and Neglect Data System*. (Washington, DC: U.S. Government Printing Office, 2000).



Go

[<< Previous Section]

[Next Section >>]

Printer-Friendly Versions
[This Article] [This Issue]

E-mail to a colleague
[This Article] [This Issue]

Top Stories

Report Reveals Domestic Violence as a Global Epidemic

Domestic violence has reached global epidemic proportions, according to findings in a new UNICEF report, *Domestic Violence Against Women and Girls*.

The study, conducted by the UNICEF Innocenti Research Centre (IRC) in Florence, Italy, states that domestic violence cuts across cultures, class, education, incomes, ethnicity, and age in every country. In some countries, up to half of all women and girls have experienced physical violence at the hands of an intimate partner or family member. An estimated 60 million women are missing from population statistics globally-killed by their own families deliberately or through neglect, simply because they are female.

In investigating the magnitude of the problem, researchers noted that the data were believed to be both conservative, and unreliable since domestic violence is often under-reported. The report highlights the links between domestic violence and the spread of HIV/AIDS as well as the increasing availability of weapons. The following types of violence are profiled:

- Physical abuse
- Sexual abuse and rape in intimate relationships
- Psychological and emotional abuse
- Femicide--murder of women by their batterers
- Sexual abuse of children and adolescents
- Forced prostitution
- Sex-selective abortions, female infanticide, and differential access to food and medical care
- Traditional and cultural practices affecting the health and lives of women

Inter-related social and cultural factors cause domestic violence. Among them are:

- Socio-economic forces
- The family institution with unequal power relations between men and women
- Fear of and control over female sexuality
- Belief in the inherent superiority of males

- Legislation and cultural sanctions that have traditionally denied women and children an independent legal and social status.

Besides denying fundamental human rights, the report states that domestic violence impacts the physical and emotional health of women and children, threatens their financial security, and undermines self-esteem and the prospects of growing normally. The report also discusses various monetary and non-monetary, socio-economic costs of violence to make policy makers more aware of the importance and effectiveness of prevention.

According to UNICEF, 44 countries to date have adopted specific legislation on domestic violence. While some countries have begun to legislate against marital rape, including Mexico, Namibia, South Africa, and the United States, the report notes that sexual abuse and rape by an intimate partner is not considered a crime in most countries.

Besides legal reform, the report calls for integrated approaches and involvement from many sections of civil society, including community and religious leaders, professional associations, non-governmental organizations, the private sector, and academia. It also recommends boosting women's and girls' "security" through legal literacy, education, and employment opportunities. Efforts to train judicial and law enforcement agencies to be gender-sensitive, as well as setting up special women's police stations are cited as particularly successful ways to combat domestic violence.

Domestic Violence Against Women and Girls is available online at: <http://www.unicef.org/vaw/main.htm>.

National Clearinghouse on Child Abuse and Neglect Information
National Adoption Information Clearinghouse
330 C St., SW, Washington, DC 20447
TEL (800) FYI-3366 FAX (703) 385-3206
E-MAIL cb_express@calib.com



Issues & Answers

Sex Offenders: Does Treatment Work?

by Eric Lotke

If you ask the average citizen to describe a sex offender you will probably get a picture of a drooling violent predator, either retarded or scheming, who rapes and kills women and children for sexual pleasure. If you ask what can be done about these offenders, responses will likely range from castration to electrocution because it is believed nothing less will stop them from offending again in the future.

Such stereotypes do not reflect reality but they do drive criminal justice policy. Sex offenders have become the new bogeymen, used by politicians to intimidate and scare citizens concerned about public safety. Often the claims have more to do with scoring political points than creating a safer society:

This paper attempts to bring some clarity to the issue. Though more research is always helpful and needed, enough is now known to draw some broad conclusions: Treated or untreated, few sex offenders reoffend after being caught. Sex offenders actually reoffend less than other types of offenders, and treatment works to lower reoffense rates.

Who is a Sex Offender?

The most important thing to realize about sex offenders is that we do not know who most of them are. Sex crimes tend to be private. Often they involve possession of child pornography or soliciting for prostitution, so there is no "victim" in the traditional sense to register a complaint. The most troubling sex crimes occur behind closed doors, with family members or friends, usually children, who are manipulated or intimidated into silence. Most of these crimes involve fondling or undressing; rarely do they rise to the level of sex acts or intercourse. The perpetrators of most sex crimes are ordinary in most other respects. They are family members, hold jobs, play sports and maintain friendships.

In addition, the majority of sex offenders were themselves victims of sexual molestation. This fact does not excuse their misconduct, but it helps to explain it. Addressing the psychological harm done to offenders in the past may help to reduce the harm they inflict on others in the future, thus preempting intergenerational cycles of abuse.

How Many Sex Offenders Are There?

Because most sex crimes go unreported, it is difficult to determine exactly how many there are. A few observations help to clarify this crucial issue. First, reporting and recording of sex offenses has increased dramatically in recent years. Much of the apparent rise in sex offending is related to increased reporting rather than increased offending.

Second, enforcement is more aggressive and definitions of sex offenses are more expansive than ever before. Conduct that was once tolerated is now criminally prosecuted. This gives the appearance of increased criminal sexual activity when, in fact, the changes are in the official response. More than eight times more people were incarcerated for lower grades of sexual assault in 1992 than 1980.¹

Despite these increases, identified sex offenses are relatively rare. Arrests for rape and other sex offenses constituted 1% of all arrests in 1993. ² Perpetrators of such crimes constituted 9% of state and federal prison populations in 1992, compared to 22.4% for property offenses and 25.2% for drug offenses.³

How are Sex Offenders Punished?

People convicted of serious sex crimes are usually sentenced to prison. According to the 1992 National Corrections Reporting Program, average prison sentences in state courts were 12.8 years for rape (5

years average time served) and 9.5 years for other kinds of sexual assault (2.5 years average time served). 4 Though this is the most recent official information on sentence lengths, it is over three years old and much is based on sentences imposed over eight years ago. Sentences have gotten longer since the information was collected.

Little or no psychological treatment is available for sex offenders sentenced to prison. Those sentenced to probation are rarely ordered to attend treatment sessions as part of their probation.

How Much do Sex Offenders Reoffend?

Contrary to popular belief, convicted sex offenders have relatively low rates of recidivism compared to other offenders. On average, untreated sex offenders sentenced to prison have a recidivism rate of 18.5%. In comparison, recidivism rates range around 25% for drug offenses and 30% for violent offenses. 6 Thus, people convicted of sex crimes tend to reoffend less than people convicted of many other types of crime.

The public trial, shame and humiliation of getting caught appears to deter most sex offenders from further misconduct. Sex offenders who have been identified, convicted and punished probably present less of a threat to society than do most other offenders.

Does Treatment Reduce Recidivism?

A popular misconception is that nothing can cure a sex offender. This myth can be traced largely to a paper published by Lita Furby in 1989. Furby's paper, however, focused on the lack of sophisticated, reliable data with which to evaluate treatment regimes. It concluded only that evidence of the effectiveness of psychological treatment was inconclusive. Politicians and the mass media picked up this judgment, often converting it to the claim: "Nothing Works!"

That conclusion, however, is against the general weight of the evidence. Most research shows that sex offenders do indeed respond positively to treatment. A comprehensive analysis by Margaret Alexander of the Oshkosh Correctional Institution found far more studies reporting positive results than otherwise 8 (see Figure 1).

Figure 1

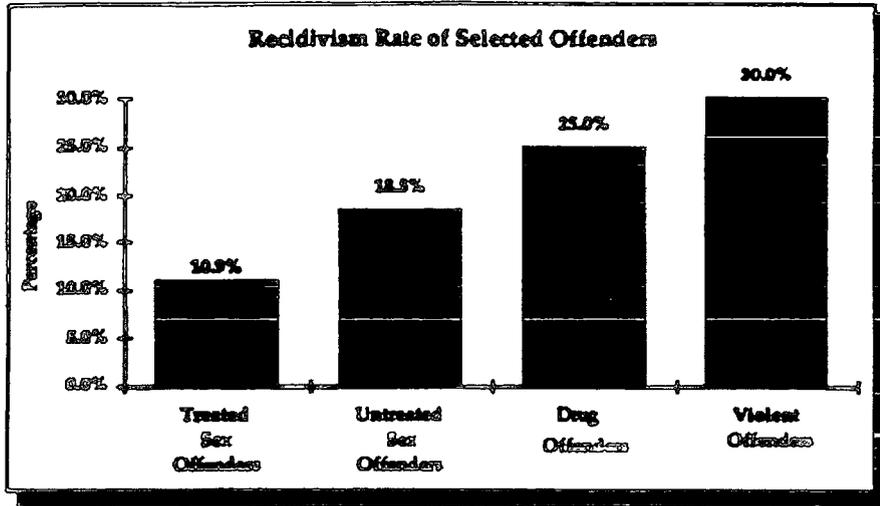
12 COMPREHENSIVE REVIEWS OF INDIVIDUAL STUDIES OF SEX OFFENDER TREATMENT		
Author and Date	# Studies Reviewed	Conclusions
Cox and Daitzman, 1979	35	Positive
Blair and Lanyon, 1981	23	Positive
Kilmann et al, 1982	87	Positive
Kelly, 1982	32	Positive
Finkelhor, 1986	10	Positive
Borzecki and Wormith, 1987	34	Positive
Furby et al	55	Inconclusive
Hanson, 1989	24	Inconclusive
Canada Working Group, 1990	18	Positive
Marshall et al, 1990	4	Positive
Cheney, 1993	23	Positive
Camp et al, 1993	11	Inconclusive
Total Studies	356	9 Positive 3 Inconclusive 0 Negative

*Each comprehensive review analyzed the findings of multiple individual studies.

Alexander found that recidivism rates after treatment drop to an average of 10.9%. Thus, a picture has begun to emerge in which treated sex offenders reoffend less than untreated sex offenders. Many sex

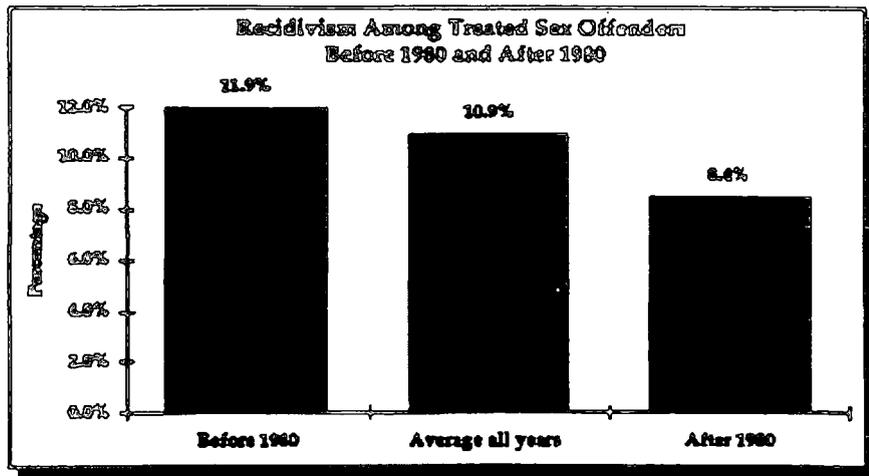
offenders appreciate the wrongness of their conduct and intensely desire to reform themselves. Treatment helps them to achieve this end (see Figure 2).

Figure 2



Moreover, treatment has become more effective as more attention has been devoted to the problem. When Alexander classified the studies by date, she found recidivism rates in recent surveys to be 8.4% (see Figure 3).

Figure 3



The conclusion that treatment reduces recidivism can be refined further by distinguishing between different kinds of sex offenders. Treatment cuts the recidivism rate among exhibitionists and child molesters by more than half, yet cuts recidivism among rapists by just a few percent. Juveniles respond very positively to treatment, indicating that treating sex offenders as soon as they are identified can prevent an escalation of their pathology. The state of Vermont reports offense rates after treatment as: 19% for rapists, 7% for pedophiles, 3% for incest, and 3% for "hands-off" crimes such as exhibitionism. 10

One word of caution is in order. Reoffense rates tend to increase over the years and, around the ten year mark, reoffense rates among treated offenders is nearly the same as among untreated offenders. This

finding indicates the need for sex offenders to be in booster sessions and maintenance groups for many years. Additional research is needed to produce statistically rigorous and consistent measures of the long-term effects of treatment.

Can We Afford Treatment?

Psychological counseling is expensive, but not as expensive as prison. The average cost of building a new prison cell is about \$55,000 and the average cost of operating it for a year is \$22,000. A year of intensively supervised probation and treatment may cost between \$5,000 and \$15,000 per year, depending on the regimen. Thus, a full year of treatment costs far less than an additional year of prison.

Treated offenders can generally be integrated fully into society as normal productive citizens after a period of treatment. Offenders in prison, on the other hand, will continue to cost taxpayers \$22,000 a year for as long as they are incarcerated, perhaps even the rest of their lives. Treatment is therefore an essential means of protecting the community at an affordable cost.

The Community Response

A concerned citizen once asked a criminologist what could be done about child molestation. "Don't molest your children," he replied. The truth behind this response is undeniable. Most sexual misconduct happens within families or among friends; the stalking predator is more a myth than a reality.

For this reason, community notification provisions like Megan's Law in New Jersey are deceptive. They focus attention on individuals who have been caught - not because of the threat they pose but because of other threats we are unable to solve. They also invite excoriation and vigilantism against individuals who have paid their debt to society and need to be peacefully reintegrated.

The best community response is to focus on recognized ways to keep the problems at a minimum. Punishment and incapacitation have a role to play, but they are inadequate by themselves. Psychological treatment while in prison and after release is vital; education and aftercare are proven to reduce the likelihood of reoffending in the future. Most importantly, the public must make an effort to remain sane and sober in the face of these serious crimes.

Reference Notes

- 1 Bureau of Justice Statistics, *Correctional Populations in the United States*, 1992, p.53.
- 2 Federal Bureau of Investigation, *Uniform Crime Reports, Crime in the United States*, 1993, p.217.
- 3 Bureau of Justice Statistics, *Correctional Populations in the United States*, 1992, p.53, 54.
- 4 Bureau of Justice Statistics, *National Corrections Reporting Program*, 1992, pp.31, 38, 43.
- 5 Margaret Alexander, *Sex Offender Treatment: A Response to Furby, et al 1989 Quasi Meta-Analysis*, paper presented at conference of the American Association for the Treatment of Sexual Abusers, November 11, 1994, Figure 2.
- 6 Bureau of Justice Statistics, *Recidivism of Prisoners Released in 1983*, p.6.
- 7 Lita Furby, Mark Weinrott, Lyn Blackshaw, *Sex Offender Recidivism: A Review*, *Psychological Bulletin*, Volume 105, p.3, 1989.
- 8 Margaret Alexander, *Sex Offender Treatment: A Response to Furby, et al 1989 Quasi Meta-Analysis*, paper presented at ATSA conference, November 11, 1994.
- 9 *Ibid.*, Figure 2.

10 Vermont Department of Corrections, Facts and Figures: Legislative Presentation, January 1995, p.85.

[Return to Publications Listing](#) [Return to NCIA Home Page](#)



SENATE RESEARCH CENTER

**Prepared for
Senator Florence Shapiro
and
Senator John Whitmire**

76th Legislature

**SEX OFFENDER LAWS:
SUMMARY OF CHANGES**

**By:
Todd E. Reimers
&
Tammy L. Edgerly**

October 1999

Cover design by Hector Meza
Photo courtesy of Senate Media

*The Texas Senate does not discriminate on the basis of race, color, national origin,
sex, religion, age, or disability in employment or the provision of services.*

TABLE OF CONTENTS

*	GLOSSARY OF ACRONYMS	3
*	EFFECTIVE DATES	3
*	OFFENSES	3
	TRIAL ISSUES	6
	General	7
	Judgment/Affirmative Findings	7
	Reportable Conviction or Adjudication	8
	INCARCERATION/TREATMENT	10
	General	10
	DNA Testing	10
	Risk Assessment Review	11
	OUTPATIENT CIVIL COMMITMENT	15
	REGISTRATION	30
	General	30
*	Prerelease Notification	32
*	Change of Address and Status	35
	Regularly Visiting Locale	36
	Driver's License/Personal Identification Cards	38
	Offenses and Penalties	40
	Lifetime Registration Requirement	40
	RELEASE BACK INTO THE COMMUNITY	41
	Community Supervision	41
	Protected Zones	41
	NOTIFICATION	44
	COMPLIANCE	47
	RECORDS	48

GLOSSARY OF ACRONYMS

CCP - Code of Criminal Procedure

Council - Interagency Council on Sex Offender Treatment

DPS - Texas Department of Public Safety

H&SC - Health and Safety Code

ID - Personal Identification

TDCJ - Texas Department of Criminal Justice

TDCJ-ID - Texas Department of Criminal Justice - Institutional Division

TXMHMR - Texas Department of Mental Health and Mental Retardation

TYC - Texas Youth Commission

EFFECTIVE DATES

Except as otherwise provided, these Acts take effect September 1, 1999.

OFFENSES

Summary

The group of persons required to register as sex offenders is expanded to include persons who commit certain sex offenses under federal law or the Code of Military Justice.

A new offense has been created to prosecute people who attempt over the Internet to solicit children into sexual relations. The new law allows the prosecution of a person who, with the intent to solicit someone the person believes to be a minor to engage in illicit sexual activities, in fact is soliciting an adult posing as a minor. For example, this adult could be a police officer patrolling the Internet.

The penalty for promoting child pornography is increased from a third to a second degree felony.

The use of Rohypnol in the commission of a sex crime is an aggravated sexual assault carrying a penalty of a first degree felony. If Rohypnol is used while committing robbery, theft, or crimes against a person (other than a first degree felony or a Class A misdemeanor) the penalty is enhanced to the next highest category.

In an attempt to ensure that more sex offenders serve their sentences behind bars, people who sexually assault adults may not receive judge ordered community supervision. Now, a person who sexually assaults an adult receives the same sentencing treatment as a person who sexually assaults a child.

Recognizing that some crimes could be stopped or averted through intervention, it is now a Class A misdemeanor to fail to stop or report aggravated sexual assault of a child younger than 14 years of age.

Prohibits a provisional, occupational, or driver's license from being renewed by mail if the person's driver's license or personal ID record indicates he or she is required to register as a sex offender. (Section 521.274(b), Transportation Code, Renewal by Mail) (H.B. 1939)

Provides that a driver's license is automatically revoked if the holder of the license is required to register as a sex offender and fails to apply in person for a license renewal as required by registration requirements. DPS may issue a license to a sex offender whose license is revoked only if the person applies in person, pays the fee, and is otherwise qualified for the license. (Section 521.348, Transportation Code, Automatic Revocation for Certain Sex Offenders) (H.B. 1939)

Offenses and Penalties

Summary

The following are penalties for failure to comply with registration requirements.

- It is a state jail felony if a person who is required to register for 10 years fails to register.
- It is a third degree felony if the person who fails to register has a lifetime requirement for registration and is required to register annually.
- It is a second degree felony if the person who fails to register has a lifetime requirement for registration and is required to register once in each 90-day period.
- The punishment for the offense is increased to the punishment for the next highest degree of felony, if it is shown at trial that the person has previously been convicted of failure to comply with registration requirements.

A sex offender may not petition for exemption from the lifetime requirement for registration.

Details

Adds penalties for failure to comply with any registration requirements. Provides that it is a state jail felony if a person who is required to register for 10 years fails to register. Provides that it is a third degree felony if the person who fails to register has a lifetime requirement for registration and is required to register annually. Provides that it is a second degree felony if the person who fails to register has a lifetime requirement for registration and is required to register once in each 90-day period. Increases the punishment for the offense to the punishment for the next highest degree of felony, if it is shown at trial that the person has previously been convicted of failure to comply with registration requirements. (Article 62.10, CCP, Failure to Comply with Registration Requirements) (H.B. 2145)

Lifetime Registration Requirement

Details

Provides that a sex offender may not petition for exemption from the lifetime requirement for registration. **(Repeals Article 62.12(c), CCP, Expiration of Duty to Register)** (H.B. 2145)

RELEASE BACK INTO THE COMMUNITY

Community Supervision

Summary

In many cases, judges are given discretion to dismiss proceedings prior to the expiration of the community supervision term and discharge a defendant. However, a judge may not dismiss a defendant charged with an offense requiring the defendant to register as a sex offender. Additionally, the community supervision of a sex offender may not be reduced or terminated.

Details

Makes a defendant charged with an offense requiring the defendant to register as a sex offender under Chapter 62, CCP, an exception to the law that allows a judge to dismiss the proceedings prior to the expiration of the community supervision term and discharge a defendant. Prohibits a judge from dismissing the proceedings and discharging a defendant charged with an offense requiring the defendant to register as a sex offender under Chapter 62, CCP. **(Article 42.12, Sec. 5(c), CCP, Deferred Adjudication; Community Supervision)** (H.B. 2145) *The change in law made by this Act applies only to a defendant who receives deferred adjudication for an offense or is convicted of an offense on or after the effective date of this Act (9-1-1999). Those receiving deferred adjudication or who are convicted of an offense before the effective date of this Act are covered by the former law.*

Does not allow a defendant convicted of an offense for which upon conviction, registration as a sex offender is required under Chapter 62, CCP, to have his or her community supervision reduced or terminated. **(Article 42.12, Sec. 20(b), CCP, Reduction or Termination of Community Supervision)** (H.B. 2145) *The change in law made by this Act applies only to a defendant who receives deferred adjudication for an offense or is convicted of an offense on or after the effective date of this Act (9-1-1999). Those receiving deferred adjudication or who are convicted of an offense before the effective date of this Act are covered by the former law.*

Allows a judge who grants community supervision to a person to require the person to make one payment in an amount not to exceed \$50 to a children's advocacy center, if the person is charged with or convicted of an offense under Section 21.11 (Indecency With a Child) or 22.011(a)(2) (Sexual Assault of a Child), Penal Code. **(Article 42.12, Sec. 11(g), CCP, Basic Conditions of Community Supervision)**. (H.B. 2145) *This change applies only to new convictions entered on or after 9-1-1999.*

Protected Zones

Summary

Child safety zones can be imposed by judges and a parole panel on certain sex offenders. These zones limit where and around whom a sex offender may be present. For example, an offender may not supervise or participate in any program that includes as participants or recipients persons who are 17 years of age or younger and that regularly provides athletic, civic, or cultural activities. Additionally, an offender may not go in or on, or within a distance specified by the judge of, a premises where children commonly gather, including a school, day-care facility, playground, public or private youth center, public swimming pool, or video arcade facility.

Details

Allows a judge to establish a child safety zone applicable to a defendant as a condition of community supervision if the defendant is convicted of a Section 3g(a)(1) [Murder, Capital murder, Indecency with a child, Aggravated kidnapping, Aggravated sexual assault, Aggravated robbery, Drug-free zones, and Sexual assault] offense or an offense for which the judgment contains an affirmative finding of a deadly weapon. Requires as a condition of community supervision that the defendant not: supervise or participate in any program that includes as participants or recipients persons who are 17 years of age or younger and that regularly provides athletic, civic or cultural activities; or go in or on, or within a distance specified by the judge of, a premises where children commonly gather, including a school, day-care facility, playground, public or private youth center, public swimming pool, or video arcade facility. (Article 42.12, Sec. 13D(a), CCP, Defendants Placed on Community Supervision for Violent Offenses; Protecting Children) (S.B. 660)

Allows a defendant to request a judge to modify the child safety zone because the zone interferes with the ability of the defendant to attend school or hold a job and consequently constitutes an undue hardship for the defendant; or is broader than necessary to protect the public. (Article 42.12, Sec. 13D(b), CCP, Defendants Placed on Community Supervision for Violent Offenses; Protecting Children) (S.B. 660)

This section does not apply to a defendant described by Section 13B-Defendants Placed on Community Supervision for Sexual Offenses Against Children. (Article 42.12, Sec. 13D(c), CCP, Defendants Placed on Community Supervision for Violent Offenses; Protecting Children) (S.B. 660)

Defines "playground," "premises," "school," "video arcade facility," and "youth center" to have the meanings assigned by Section 481.134, H&SC. (Article 42.12, Sec. 13D(d), CCP, Defendants Placed on Community Supervision for Violent Offenses; Protecting Children) (S.B. 660)

Allows a parole panel to establish a child safety zone applicable to an inmate as a condition of parole or release to mandatory supervision if the defendant is serving a sentence for a Section 3g(a)(1) [Murder, Capital Murder, Indecency with a child, Aggravated kidnapping, Aggravated

sexual assault, Aggravated robbery, Drug-free zones, and Sexual assault] offense or an offense for which the judgment contains an affirmative finding of a deadly weapon. Requires as a condition of parole or release to mandatory supervision that the defendant not: supervise or participate in any program that includes as participants or recipients persons who are 17 years of age or younger and that regularly provides athletic, civic or cultural activities; or go in or on, or within a distance specified by the judge of, a premises where children commonly gather, including a school, day-care facility, playground, public or private youth center, public swimming pool, or video arcade facility. (Sec. 508.225(a), Government Code, Child Safety Zone) (S.B. 660)

Allows an inmate to request the parole panel to modify the child safety zone because the zone interferes with the ability of the defendant to attend school or hold a job and consequently constitutes an undue hardship for the defendant: or is broader than necessary to protect the public. (Sec. 508.225(b), Government Code, Child Safety Zone) (S.B. 660)

This section does not apply to a defendant described by Section 508.187--Child Safety Zone. (Sec. 508.225(c), Government Code, Child Safety Zone) (S.B. 660)

Defines "playground," "premises," "school," "video arcade facility," and "youth center" to have the meanings assigned by Section 481.134, H&SC. (Sec. 508.225(d), Government Code, Child Safety Zone) (S.B. 660)

authority shall inform the person that on the next occasion and each succeeding occasion on which the person verifies registration that person must comply with Articles 62.06(a) and (b).

Adds to the list of those persons who must report to the local law enforcement authority at least every 90-day period to verify registration information, a person subject to registration who has been convicted of and received an order of deferred adjudication for a sexually violent offense. (Article 62.06(b), CCP, Law Enforcement Verification of Registration Information) (H.B. 2145) *The changes made in law by this Act relating to persons required to report to local law enforcement not less than once in each 90-day period, applies only to a defendant who, on or after the effective date of this Act is confined in a penal institution or is under the supervision and control of a juvenile probation office or an agency or entity operating under contract with a juvenile probation office, TYC, a community supervision and corrections department, or the Parole Division of TDCJ. As this Act relates to persons required to report to local law enforcement once in each year, the local law enforcement authority with whom a person verifies registration by reporting to the authority not earlier than the 30th day before and not later than the 30th day after the anniversary of the date on which the person first registered with the authority shall inform the person that on the next occasion and each succeeding occasion on which the person verifies registration that person must comply with Article 62.06(a) and (b).*

Requires a person to register if the person has a reportable conviction or adjudication, resides in another state, and is employed, carries on a vocation, or is a student in Texas. Provides that the registration and verification and the reporting of a change of address are based on the municipality or county in which the person works or attends school. Provides that the person is subject to the school notification requirements based on the public school district in which the person works or attends school. Provides that a person who has a reportable conviction or adjudication, resides in another state, and is employed, carries on a vocation, or is a student in this state is not subject to Texas expiration of duty to register and the newspaper publication requirements. Provides that the duty to register ends when the person no longer works or studies in this state, provides notice to the local law enforcement authority, and receives notice of verification of that fact from the authority. Requires the authority to verify that the person no longer works or studies in Texas and to provide to the person notice of that verification within a reasonable time. Provides that Article 62.061, CCP, does not apply to a person who has a reportable conviction or adjudication, who resides in another state, and is employed or carries on a vocation or is a student in this state if the person establishes another residence in this state to work or attend school in this state; however, the person remains subject to the other articles of this chapter based on the person's residence in this state. (Article 62.061, CCP, Registration of Certain Workers or Students) (H.B. 2145)

Adds to the list of those required to register any offender who is under the supervision and control of TYC on or after September 1, 1997. (Section 26) (H.B. 2145)

Prerelease Notification

Summary

The people for whom the Parole Division of TDCJ or a community supervision and corrections department must give prerelease notification is expanded to include sex offenders convicted under federal law who have been placed under the supervision of TDCJ or a community supervision and corrections department.

To ensure greater monitoring of juvenile sex offenders, TYC, a public or private vendor operating under contract with TYC, a local juvenile probation department, or a juvenile secure pre-adjudication or post-adjudication facility must give pre-release notification to the juvenile sex offender relating to sex offender registration requirements and must notify DPS and the appropriate local law enforcement agency of the juvenile sex offender's upcoming release.

To further protect victims, area schools and school personnel must be notified when the sex offender is due to be released, if the victim of the sex offender was under 17 years of age or if the offender is 17 years of age and older and still enrolled in a public or private secondary school. (See section on Risk Assessment Review for further requirements when a registrant's victim was a child under the age of 17.)

A primary means of notifying the community of the presence of a sex offender is an ad in the newspaper. More information may now be published about sex offenders in these ads, including the person's full name, numeric street address, and either a recent photograph or the Internet address that contains the person's photograph.

To let sex offenders know that they cannot circumvent the registration requirements, an official of a Texas penal institution must inform sex offenders that if they intend to reside in another state and work or attend school in this state they must register or verify registration with the law enforcement authority in the county in which the person is employed or enrolled as a student. If a Texan who must register works or attends school in another state that has a sex offender registration requirement, he or she must register with the appropriate authority in that state.

Details

Changes the list of people for whom the Parole Division of TDCJ or a community supervision and corrections department is responsible for pre-release notification to add persons convicted under federal law for an offense containing elements that are substantially similar to Section 21.11 (Indecency with a child), 22.011 (Sexual Assault), 22.021 (Aggravated sexual assault), 25.02 (Prohibited sexual conduct), 43.05 (Compelling prostitution), 43.25 (Sexual performance by a child), 43.26 (Possession or promotion of child pornography), 20.04(a)(4) (Aggravated kidnapping) if the defendant committed the offense with the intent to violate or abuse the victim, 30.02 (Burglary) if the offense is punishable under Subsection (d) of that section and the defendant committed the offense with the intent to commit a felony listed in paragraph (A) or (C), 20.02 (Unlawful restraint) with an affirmative finding under Article 42.015, 20.03 (Kidnapping) with an affirmative finding under Article 42.015, 20.04 (Aggravated kidnapping)

with an affirmative finding under Article 42.015, a conviction for an attempt, conspiracy, or solicitation as defined by Chapter 15, Penal Code, for any of the offenses listed above or persons convicted a second time under federal law for an offense containing elements that are substantially similar to the elements of the offense of indecent exposure. Makes TYC, a public or private vendor operating under contract with the TYC, a local juvenile probation department, or a juvenile secure pre-adjudication or post-adjudication facility responsible for prerelease notification of juvenile offenders that have a reportable adjudication of delinquent conduct under the laws of another state or federal law based on a violation of an offense containing elements that are substantially similar to the elements of Section 21.11 (Indecency with a child), 22.011 (Sexual Assault), 22.021 (Aggravated sexual assault), 25.02 (Prohibited sexual conduct), 43.05 (Compelling prostitution), 43.25 (Sexual performance by a child), 43.26 (Possession or promotion of child pornography), 20.04(a)(4) (Aggravated kidnapping) if the defendant committed the offense with the intent to violate or abuse the victim, 30.02 (Burglary) if the offense is punishable under Subsection (d) of that section and the defendant committed the offense with the intent to commit a felony listed in Paragraph (A) or (C), 20.02 (Unlawful restraint) with an affirmative finding under Article 42.015, 20.03 (Kidnapping) with an affirmative finding under Article 42.015, 20.04 (Aggravated kidnapping) with an affirmative finding under Article 42.015, a conviction for an attempt, conspiracy, or solicitation as defined by Chapter 15, Penal Code, for any of the offenses listed above, or the second adjudication of delinquent conduct under the laws of another state or federal law based on a violation of an offense containing elements that are substantially similar to the elements of the offense of indecent exposure. (Article 62.03(d), CCP, Prerelease notification) (H.B. 2145). *The change in law made by this Act to this section applies to juvenile offenders adjudicated as having engaged in delinquent conduct before, on, or after the effective date of this Act (9-1-1999).*

Requires the local law enforcement authority to verify the age of the person subject to registration within eight days after receiving a registration form. Requires the local law enforcement authority to notify by mail the superintendent of the public school district and to the administrator of any private primary or secondary school located in the public school district in which a person intends to reside if the person subject to registration is 17 years of age or older and a student enrolled in public or private secondary school. Requires the superintendent or administrator, upon receipt, to release the information contained in the notice to appropriate school district personnel, including peace officers and security personnel, principals, nurses, and counselors. (Article 62.03(e), CCP, Prerelease Notification) (H.B. 2145)

Adds to the list of information to be included in the notice by publication in a newspaper: the person's full name, numeric street address or physical address, if a numeric street address is not available; and either a recent photograph of the person or the Internet address of a website on which a person's photograph is available free of charge. (Article 62.03(f), CCP, Prerelease Notification) (H.B. 2145)

Requires an official of a penal institution to inform a person subject to registration before he or she is due to be released that if that person intends to reside in another state and to work or

attend school in this state, the person must register or verify registration with the local law enforcement authority in the municipality or county in which the person intends to work or attend school within seven days after the person begins work or school. Requires an official of a penal institution to inform a person subject to registration before he or she is due to be released that if the person intends to reside in this state and to work or attend school in another state which has a sex offender registration requirement, the person must register or verify registration with the authorized local law enforcement authority within 10 days after the date on which the person begins work or school. (**Article 62.03(h), CCP, Prerelease Notification**) (H.B. 2145)

Change of Address and Status

Summary

If a person who is required to register as a sex offender changes address, the person must report within seven days to the local law enforcement authority of his or her new residence. The new local law enforcement authority must verify the age of the registrant within eight days. Area schools and school personnel must be notified, if the offender is 17 years of age and older and still enrolled in a public or private secondary school.

The registrant's full name, numeric street address and either a recent photograph or the Internet address that contains the person's photograph must be published in the newspaper in the area of the new residence.

If a registrant who was originally assigned a numeric risk level two changes residence, he or she has the opportunity to have his or her numeric risk level reassessed to a numeric risk level three, the least restrictive assignment. (Each level is based on a point system that will be the basis for concerns as to the danger the person poses to the community or the likelihood that the person will continue to engage in criminal sexual conduct.) If the risk assessment review committee assigns a numeric risk level three to the registrant, the new numeric risk level must be forwarded to DPS and the local law enforcement authority in the area of the new residence. The new numeric risk level assignment will change notification requirements applicable to the sex offender.

If a registrant remains in the same area, his or her health or job status changes, and he or she is not monitored by a supervising officer such as a parole or probation officer, the registrant must notify the local law enforcement authority of the changes.

Details

Requires a person required to register who changes address to report to the local law enforcement authority in the municipality or county in which the person's new residence is located and provide the authority proof of identity and proof of residence within seven days after changing address. (**Article 62.04(a), CCP, Change of Address**) (H.B. 2145)

NOTIFICATION

Summary

To keep local law enforcement abreast of the sex offender population, the Parole Division of TDCJ must notify the county sheriff if the total number of sex offenders under its control residing in that county exceeds 10 percent of the total number of sex offenders in the state under the control of the Parole Division of TDCJ.

In an effort to avoid high concentrations of sex offenders in a particular area, a parole panel is restricted from requiring a sex offender to live in a certain locale if the total number of sex offenders under the supervision and control of the Parole Division of TDCJ exceeds 22 percent of the total number of sex offenders in the state under the control of the Parole Division of TDCJ.

Upon notification that a sex offender is about to be released from a penal institution, has been placed on community supervision or juvenile probation, or intends to move to a new residence within Texas, DPS must verify the sex offender's numeric risk level. If the sex offender is a numeric risk level one, DPS must notify area residents in writing that a serious sex offender is moving into their neighborhood. In an area that has not been subdivided, notice must be sent to residents within a one-mile radius of the sex offender's residence. In an area that has been subdivided, notice must be sent to residents within a three-block area. The sex offender must reimburse DPS for the cost of notifying area residents.

The local law enforcement authority may notify the public in any manner deemed appropriate by the authority, including: holding a neighborhood meeting, posting notices in the area where the person intends to reside, distributing printed notices to area residents, or establishing a specialized local website.

If both parents are appointed as conservators of a child, a parent who resides for at least 30 days with, marries, or intends to marry a sex offender or a person charged with a sex offense must notify the other parents of this information. The notice must be made as soon as practicable, but no later than 40 days after the parent and sex offender start living together or 10 days after the marriage occurs. Failure to inform the other parent is a Class C misdemeanor.

Details

Requires DPS to establish the procedures required by Article 62.045, CCP, no later than January 1, 2000. Provides that Article 62.045, CCP, applies only to a person subject to the requirements of Chapter 62 for a reportable conviction or adjudication, as defined by that chapter, that occurs on or after January 1, 2000. A person subject to the requirements of Chapter 62, CCP, for a reportable conviction or adjudication, as defined by that chapter, that occurs before January 1, 2000, is covered by the law in effect when the reportable conviction or adjudication occurs, and the former law is continued in effect for that purpose.

Deletes language that would keep a person's photograph and numeric street address from becoming public information. (**Article 62.08(b)**, CCP, Central Database; Public Information) (H.B. 2145)

Adds a recent photograph of each person subject to registration under Chapter 62, CCP, as public information to be made available by DPS. (**Section 411.135(a)**, **Government Code**, Access to Certain Information by Public) (H.B. 2145) *Requires DPS to implement this system not later than January 1, 2000.*

Requires the Parole Division of TDCJ to notify the county sheriff, on the first working day of each month, if the total number of sex offenders under the supervision and control of the Parole Division of TDCJ residing in that county exceeds 10 percent of the total number of sex offenders in the state under the supervision and control of the Parole Division of TDCJ. (**Sec. 508.181(g)**, **Government Code**, Residence During Release) (S.B. 1368)

Requires the local law enforcement authority to include in the notice by publication in a newspaper the person's numeric risk level and the guidelines used to determine the person's risk level generally. (**Article 62.04(g)(4)**, CCP, Change of Address) (S.B. 1650)

Requires DPS to include all public information under this chapter in the notice. Prohibits DPS from including information that is not public information under this chapter. (**Article 62.045(b)**, CCP, Additional Public Notice for Certain Offenders) (S.B. 1650)

Requires a person, other than a person subject to registration on the basis of an adjudication of delinquent conduct, to pay DPS all costs incurred in providing direct notification. (**Article 62.045(c)**, CCP, Additional Public Notice for Certain Offenders) (S.B. 1650)

Allows the local law enforcement authority to provide notice to the public in any manner determined appropriate by the authority, including: holding a neighborhood meeting, posting notices in the area where the person intends to reside, distributing printed notices to area residents, or establishing a specialized local website. (**Article 62.045(d)**, CCP, Additional Public Notice for Certain Offenders) (S.B. 1650)

Provides that the owner of a single-family residential property or the owner's agent has no duty to make a disclosure to a prospective buyer or tenant under this chapter. (**Article 62.045(e)**, CCP, Additional Public Notice For Certain Offenders) (S.B. 1650)

Prohibits DPS from charging for the release of public information in the agency's Internet file on registered sex offenders. (**Section 411.088**, **Government Code**, Fees) (H.B. 1432)

If both parents are appointed as conservators of a child, a parent who resides for at least 30 days with, marries, or intends to marry a sex offender or a person charged with a sex offense must notify the other parents of this information. The notice must be made as soon as practicable, but no later than 40 days after the parent and sex offender start living together or 10 days after the

marriage occurs. Failure to inform the other parent is a Class C misdemeanor. (Section 153.076, Family Code, Parents' Duty to Provide Information) (H.B. 1462)

COMPLIANCE

Summary

DPS must create a sex offender compliance unit that investigates and arrests individuals determined to have committed a sexually violent offense.

Details

Requires the Director of DPS to create a sex offender compliance unit that investigates and arrests individuals determined to have committed a sexually violent offense, as defined by Article 62.01, CCP. (**Section 411.0098, Government Code, Sex Offender Compliance Unit**) (S.B. 565)

RECORDS

Summary

A local mental health or mental retardation authority is entitled to obtain only criminal history information that relates to a sexual offense, a drug-related offense, a theft offense, criminal homicide, assault or battery, or an offense involving personal injury or threat for an employee, an applicant, or a volunteer.

Details

Adds a record or file relating to a child that is subject to disclosure under Chapter 62, CCP, Sex Offender Registration Program, as an exception to the inspection and maintenance of a physical record or file concerning a child. (Section 58.007(a), Family Code, Physical Records or Files) (H.B. 2145) *The change in law to this section applies only to records and files created or maintained under Chapter 62, CCP, on or after September 1, 1995.*

Expands the list of entities to include a local mental health or mental retardation authority which is entitled to obtain only criminal history information that relates to a sexual offense, a drug-related offense, a theft offense, criminal homicide, assault or battery, or an offense involving personal injury or threat. These entities can obtain information on an employee, an applicant for employment, or a volunteer. Prohibits the criminal history record information from being released or disclosed to a person, other than the contractor that employs the person, except on court order or with the consent of the person who is the subject of the criminal history record information. Requires TXMHMR, a local mental health or mental retardation authority, or a community center to collect and destroy conviction information that relates to a person immediately after making an employment decision or taking a personnel action relating to the person who is the subject of the criminal history record information. (Section 411.115, Government Code, Access to Criminal History Record Information: Texas Department of Mental Health and Mental Retardation; Local Authorities; Community Centers) (S.B. 542)

Silence, denial or ignorance are the child predator's greatest allies!

Juvenile Sex Offenders

- ✓ A Summary of Assessing Adolescent Sexual Offenders (Offsite Link)
 "Putting the Pieces Together" (02/94). This report describes the two-year, cumulative findings regarding adolescent sexual offenders' description of their modus operandi, and their parents' description of their sons' behavior problems prior to incarceration.
- ✓ Typology of juvenile sex offenders (Offsite Link)
 The typology of juvenile sex offenders addresses differences between subgroups of offenders and serves as a guide for comprehensive decision making in individual cases, thus facilitating identification of the appropriate treatment or detention strategy.
- ✓ Book: The Juvenile Sex Offender (Offsite Link)
 Edited by Barbaree, Marshall, and Hudson. Terms and concepts; outline of the research; professional, and legal issues relevant to treatment of the juvenile sex offender; development of the juvenile sexual offender, and how this development differs from that of normal adolescents; how sexuality evolves and manifests itself in both the normal and the deviant teenager, and why deviant behaviors often continue into adulthood; sexual arousal and preferences of the adolescent offender; processes involving social bonds and influences on the development of deviant sexuality; ways in which society might respond to prevent or control the occurrence of sexual assault by juveniles; and approaches to treatment.

TOP of PAGE ~ END of PAGE

Juvenile Sex Offenders Page Two

✓ [Council on Sex Offender Treatment](#) (Offsite Link)

Texas Department of Health: "The mission of the Council is to enhance public safety by developing policy and recommendations for effective interventions and management of sex offenders." Conferences, Public Hearings, Legislation, Sexual Assault Survivor Information, Information for Sex Offender Treatment Providers, Information on the Treatment of Sex Offenders, and more.

✓ [The Center for Sex Offender Management \(CSOM\)](#) (Offsite Link)

CSOM is a collaborative effort of the Office of Justice Programs, the National Institute of Corrections, and the State Justice Institute, and is administered by the Center for Effective Public Policy with the American Probation and Parole Association. "Established in June 1997, CSOM's goal is to enhance public safety by preventing further victimization through improving the management of adult and juvenile sex offenders who are in the community."

✓ [Questions & Answers](#) (Offsite Link)

"Can a juvenile be a sex offender, or is this normal sexual experimentation?" ~ and more.

Also see ~

✓ [Survey on Juvenile Sex Offenders](#)

✓ ["Adult-Child Sex: Is It Abuse or Misuse?"](#)

✓ [Return to Index of Topics on Sex Offenders](#)

[TOP of PAGE](#) ~ [END of PAGE](#)



JUVENILE FORENSIC EVALUATION RESOURCE CENTER

Juvneile Sex Offenders: Research, Practice, and Policy Developments

John A. Hunter, Ph.D.

It is currently estimated that juveniles account for up to 20% of the rapes, and 30-50% of the cases of child molestation, committed in the United States each year (Sickmund, Synder, and Poe-Yamagata, 1997; Barbaree, Hudson, and Seto, 1993). The majority of cases of juvenile sexual aggression are accounted for by adolescent males (Davis and Leitenberg, 1987), although a number of studies have pointed to the presence of prepubescent youths, and females, who have engaged in sexually abusive behaviors (Mathews, Hunter, and Vuz, 1997; Gray, Busconi, Houchens, and Pithers, 1997). Juvenile sexual offending appears to traverse racial and cultural boundaries.

The observed rise in juvenile violence over the past decade (see Sickmund et al., 1997 for details) spawned an array of legislation designed to deter such crime by holding juveniles more accountable in the criminal justice system. Substantive change was witnessed in over 90% of the states, including reform in the following areas: transfer to adult court, sentencing guidelines, record confidentiality, community notification and registration requirements for sex offenders, and correctional programming (National Center for Juvenile Justice, 1998; Shepherd, 1998; Torbet, 1997). These changes have stimulated legal debate (see Grisso, 1997) and, perhaps, made clinical practice a more challenging and ethically complex endeavor (see Hunter and Lexier, in press for a more detailed discussion of these issues).

Research suggests that juvenile sex offenders constitute a heterogeneous population, and may be different from adult sex offenders along several potentially important clinical and criminologic dimensions. The most meaningful classification of adolescent male offenders appears to relate to the age of the targeted victim(s): children (≥ 5 years age difference) or peers/adults. Peer/adult offenders predominantly offend against females, generally use more aggression in the commission of their sexual offenses, and more often offend against acquaintances or strangers than those who target children. These juvenile sex offenders appear more generally antisocial and are more likely to commit their sexual offenses in conjunction with other types of criminal activity (see Hunter, Hazelwood, and Slesinger, in press). Compared to adult sex offenders, juveniles show less fixated sexual interest and arousal patterns and more varied patterns of offending (Hunter and Becker, 1994). Their behavior may be more reflective of the effects of early developmental trauma, and deficits in self-esteem and social competency, than psychopathy and paraphiliac sexual interests (Hunter and Figueredo, in press). Outcome studies, while not definitive, suggest that rates of sexual recidivism in treated juvenile sex offenders are generally low (less than 15%) (Becker and Hunter, 1997).

REFERENCES

Barbaree, H.E., Hudson, S.M., & Seto, M.C. (1993). Sexual assault in society: The role of the juvenile offender. In H.E. Barbaree, W.L. Marshall & S.W. Hudson (Eds.), The Juvenile Sex Offender (pp. 10-11).

Becker, J.V., & Hunter, J.A. (1997). Understanding and treating child and adolescent sexual offenders. In T.H. Ollendick and R.J. Prinz (Eds.), Advances in Clinical Child Psychology, 19.

New York: Plenum Press.

Davis, G.E., & Leitenberg H. (1987). Adolescent sex offenders. Psychological Bulletin, 101(3), 417-427.

Gray, A., Busconi, A., Houchens, P., & Pithers, W.D. (1997). Children with sexual behavior problems and their caregivers: Demographics, functioning, and clinical patterns. Sexual Abuse: A Journal of Research and Treatment, 9(4), 267-290.

Grisso, T. (1997). The competence of adolescents as trial defendants. Psychology, Public Policy, and Law, 3(1), 3-32.

Hunter, J.A., & Becker, J.V. (1994). The role of deviant sexual arousal in juvenile sexual offending: Etiology, evaluation, and treatment. Criminal Justice and Behavior, 21(1), 132-149.

Hunter, J.A. & Figueredo, A.J. (in press). The influence of personality and history of sexual victimization in the prediction of offense characteristics of juvenile sex offenders. Behavior Modification.

Hunter, J.A., & Lexier, L.J. (in press). Ethical and legal issues in the assessment and treatment of juvenile sex offenders. Child Maltreatment.

Hunter, J.A., Hazelwood, R.R., Slesinger, D. (in press). Juvenile perpetrated sexual crimes: Patterns of offending and predictors of violence. Journal of Family Violence.

Mathews, R., Hunter, J.A., & Vuz, J. (1997). Juvenile Female Sexual Offenders: Clinical Characteristics and Treatment Issues. Sexual Abuse: A Journal of Research and Treatment, 9(3), 187-199.

National Center for Juvenile Justice (1998). Frequent questions and answers. National Center for Juvenile Justice. (Available from the National Center for Juvenile Justice, 710 Fifth Avenue, Pittsburgh, PA 15219).

Shepherd, R.E. (1998). Challenging change: Legal attacks on juvenile transfer reform. American Bar Association, Criminal Justice Section, Juvenile Justice Center. [on-line]. Available: info@abanet.org

Sickmund, M., Snyder, H.N., & Poe-Yamagata, E. (1997). Juvenile offenders and victims: 1997 update on violence. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

Tolbert, P. (1997). States respond to violent juvenile crimes. National Center for Juvenile Justice In Brief, 1(1). Pittsburgh, PA: National Center for Juvenile Justice.

6/25/98







PAULINE LUCERO-ESQUIVEL

MA, LMSW, LPCC

Child, Family Therapist / Consultant / Trainer

Pauline Annette Lucero-Esquivel

BIOGRAPHY

PLE is feminist Latina whose family has lived in northern New Mexico for hundreds of years. She has been married to her husband Marty for 12 years and together for 20, as a result of deep love, determination and regular UN peacekeeping negotiations. They have 2 daughters, Graciela, age 7 and Marisa, age 4. She maintains she is done having children ("My uterus is closed for business") but secretly worries if she is making the right decision. It is important for her to pass on her faith, culture, the Spanish language, sense of community and value of family to her daughters. She is active in her church, her children's schools and votes in every election. She recycles or composts everything, believing we can save our earth one can or gallon of water at a time. She maintains friendships that began in elementary school through the present day. She lives within a 60-mile radius of her parents, 3 sisters and mother-in-law, who she sees every week, and who have helped raise her children and made it possible for her to work part-time. Pauline exercises 5 days a week, prays regularly, worries about her children and tries to drink enough water every day. Along with her extended family they have confronted and triumphed over cancer, kidney failure, sexual abuse, domestic violence and mental illness. She has worked in the field of child abuse and neglect locally and at a national level for the past 13 years.



912 Madison St. NE

Albuquerque

New Mexico

87110

(505)-254-2294

PaulineABQ@aol.com



THE MURDER OF HARRY D.

On the morning of his 40th birthday, Harry D. woke with a start. It was 4:00 a.m., still pitch black, and he was sitting on the side of his bed trembling with fear. A voice had come in a dream, whispering, "Someone is trying to kill you, Harry."

With shaky hands, Harry lit up his first cigarette of the day and pondered the situation. His wife was now awake also, so he shared the horrifying message with her. "It's too terrible to think about," she said. Let's have breakfast instead." But Harry couldn't shake his concern as he salted his fried eggs and carefully mopped up the bacon drippings with his buttered toast. "Who would want to kill me?" he thought, as he stirred sugar and cream into his coffee and lit another smoke.

He continued to ponder the question on the drive to the office. But weaving through lanes, beating stoplights and shouting at the other drivers was too frustrating to maintain concentration. Nor could he find time at work. Meetings, decisions, deadlines, phone calls...everything always piled up.

It wasn't until he was rapidly inhaling his cheeseburger and fries at lunch that the terror of his position became clear to him. It was all he could do to finish his chocolate shake.

He worked until 7:00 p.m. as usual. Drove home fast as usual. Had his two cocktails as usual. Ate a hearty meal as usual. Studied business reports as usual. And took his usual two sleeping pills to get his usual six hours sleep.

As time went on, Harry began to take comfort in this routine. Apparently, he was out-foxing the would-be murderer. "Whoever is trying to kill me," he said proudly to his wife, "hasn't gotten me yet. I'm too smart for him." "Yes, you are, Harry," she replied, while slicing his second helping of prime rib.

The months turned into years and Harry continued on, certain that he was outsmarting his murderer. But, as it must to all men, death came at last. Harry D. was 51 years old. It came at dinner while he was watching Monday Night Football, the closest Harry ever got to exercise. He simply fell over into his fettucini Alfredo.

His grief-stricken wife demanded a full autopsy. It showed coronary artery blockages, elevated cholesterol and triglycerides, emphysema, ulcers, cirrhosis of the liver, hardening of the arteries, pulmonary edema, obesity, and a touch of lung cancer. "How glad he would have been to know," said his widow, smiling through her tears, "that he died of natural causes."

Joseph C. Piscatella is president of the Institute for Fitness and Health, Inc., in Tacoma, Washington. He is a best-selling author and a nationally-known speaker.



101 WAYS TO COPE WITH STRESS

GET UP EARLIER * PREPARE AHEAD * AVOID TIGHT CLOTHES * AVOID CHEMICAL AIDS * SET APPOINTMENTS * WRITE IT DOWN * PRACTICE PREVENTATIVE MAINTENANCE * MAKE DUPLICATE KEYS * SAY NO MORE OFTEN * SET PRIORITIES * AVOID NEGATIVE PEOPLE * USE TIME WISELY * SIMPLIFY MEALS * COPY IMPORTANT PAPERS * ANTICIPATE NEEDS * MAKE REPAIRS * GET HELP WITH JOBS YOU DISLIKE * BREAK DOWN LARGE TASKS * LOOK AT PROBLEMS AS CHALLENGES * LOOK AT CHALLENGES DIFFERENTLY * UNCLUTTER YOUR LIFE * SMILE * PREPARE FOR RAIN * TICKLE A BABY * PET A DOG/CAT * DON'T KNOW ALL THE ANSWERS * SAY SOMETHING NICE * LOOK FOR THE SILVER LINING * TEACH A KID TO FLY A KITE * WALK IN THE RAIN * SCHEDULE PLAY TIME * TAKE A BUBBLE BATH * BE AWARE OF YOUR DECISIONS * BELIEVE IN YOURSELF * STOP TALKING NEGATIVELY * VISUALIZE WINNING * DEVELOP A SENSE OF HUMOR * STOP THINKING TOMORROW WILL BE BETTER * HAVE GOALS * DANCE A JIG * SAY HI TO A STRANGER * ASK A FRIEND FOR A HUG * LOOK AT THE STARS * BREATHE SLOWLY WHISTLE A TUNE * READ A POEM * LISTEN TO A SYMPHONY * WATCH A BALLET * READ A STORY * DO SOMETHING NEW * STOP A BAD HABIT * BUY A FLOWER * SMELL THE FLOWER * FIND SUPPORT * FIND A "VENT PARTNER" * DO IT TODAY * BE OPTIMISTIC * PUT SAFETY FIRST * DO THINGS IN MODERATION * NOTE YOUR APPEARANCE * STRIVE FOR EXCELLENCE, NOT PERFECTION * STRETCH YOU LIMITS * ENJOY ART * HUM A JINGLE * MAINTAIN YOUR WEIGHT * PLANT A TREE * FEED THE BIRDS * PRACTICE GRACE * STRETCH * HAVE A PLAN "B" * DOODLE * LEARN A JOKE * KNOW YOUR FEELINGS * MEET YOUR NEEDS * KNOW YOUR LIMITS * SAY HAVE A GOOD DAY IN PIG LATIN * THROW A PAPER AIRPLANE * EXERCISE * LEARN A NEW SONG * GET TO WORK EARLIER * CLEAN A CLOSET * PLAY WITH A CHILD * GO ON A PICNIC * DRIVE A DIFFERENT ROUTE TO WORK * LEAVE WORK EARLY * PUT AIR FRESHENER IN YOU CAR * WATCH A MOVIE AND EAT POPCORN * WRITE A FAR AWAY FRIEND * SCREAM AT A BALL GAME * EAT A MEAL BY CANDLELIGHT * RECOGNIZE THE IMPORTANCE OF UNCONDITIONAL LOVE * REMEMBER STRESS IS AN ATTITUDE * KEEP A JOURNAL * SHARE A MONSTER SMILE * REMEMBER YOUR OPTIONS * BUILD A SUPPORT NETWORK * QUIT TRYING TO FIX OTHERS * GET ENOUGH SLEEP * TALK LESS AND LISTEN MORE * PRAISE OTHERS *



PAULINE LUCERO-ESQUIVEL

MA, LMSW, LPCC

Child, Family Therapist / Consultant / Trainer

Mayan/Aztec Formula for Balance

The Meztica Indians of Mexico City are direct descendants of the Mayans and Aztecs. The Mayans say they channeled this formula through their healers and priests and used it to build their kingdom. They used the formula to achieve balance and equilibrium in all aspects of their lives. The Aztecs were the first true engineers and as astrologers and numerologists, they watched the patterns of the stars. They say this formula is based on the physical movement and properties of the universe. Indigenous people currently use this formula for healing.

Excellent	9%
Desirable	13%
Necessary	26%
Indispensable	51%

Nourishment:

Food (120 days without)	9%
Hydration (60 days without)	13%
Rest (9days without)	26%
Breath (4 minutes without)	51%

Food:

Animal Products (Protein and Fat)	9%
Fruits (Vitamins, Water & Fiber)	13%
Vegetables (Minerals, Water & Fiber)	26%
Seeds (Contains Everything but Vitamins)	51%

Relationships:

Community	9%
Children	13%
Significant Other	26%
Self	51%



912 Madison St. N

Albuquerque

New Mexico

8711

(505)-254-229

PaulineABQ@aol.com



WORDS OF WISDOM BY HANDSOME VIDEO YOGA GUY

- Never sacrifice your breath. If you're breathing deep and fluid, you're doing it perfectly
- Our breath is the metaphor for the only thing in life that doesn't change
- It doesn't matter what it looks like, it matters what it feels like
- Strength and flexibility builds in increments
- Challenge yourself without judgment
- Your job is to find out where you're at and honor that
- We're all going to fall in life. Even if you fall, fall with awareness and acceptance.

*How beautiful it is to do nothing, and then rest afterward.
--Spanish proverb—*

ONE GOOD LAUGH IS WORTH A THOUSAND RIGHT ANSWERS



PAULINE LUCERO-ESQUIVEL

MA, LMSW, LPCC

Child, Family Therapist / Consultant / Trainer

"Recognizing Trauma in Child Victims and Witnesses"

April 3, 2001

Pierre, South Dakota

Lenore Terr, MD: A psychiatrist and expert in trauma and memory. She followed the 23 child victims in the Chowchilla kidnaping incident in 1979. The children had been taken at gunpoint along with the bus driver, held in pitch-dark vans for 11 hours, and kept in an underground burial place for 16 hours.

Psychic Trauma: the injury to the personality that occurs when sudden, intense, unexpected anxiety overwhelms the individual's abilities to cope and to defend

Play:

- o An activity the child enjoys, either alone or in a group. Storytelling and artwork are included. It is different from reenactment by the sense of enjoyment that accompanies the play.
- o A coping mechanism that allows growth and development as well as dissipation of anxiety for children
- o Can be utilized to reexperience gratifying experiences from the past, anticipate expected experiences in the future or achieve the joy of mastering maturational steps.
- o Much play occurs to handle current anxiety: "Peek-a-Boo" for separation anxiety, "House" for the Oedipus complex; "Doctor" for visits to the doctor
- o These games remain unchanged because each episode of the play carries with it a "cure", the opportunity to fully identify with the well-meaning aggressor (parent, doctor or teacher). No one is hurt, abreaction occurs, and the child is able to diminish the anxiety after a few play episodes

Characteristics of Post-Traumatic Play:

Compulsive Repetitiveness

- o They play until they are told to stop, until they are sent away or until they reach an emotional understanding of the connection of their play to the original psychic trauma
- o The connection between post-traumatic play and the trauma remains unconscious until it is interpreted therapeutically

The Literalness of the Play is Accompanied by Simple Defenses

- o The play is far less elaborate than the imaginative play of non-traumatized children
- o There is a simple repetition of the experience or simple defense elaboration, such as identification with the aggressor, undoing, and passive into active defenses
- o The artwork of psychically traumatized individuals shares identical characteristics to post-traumatic play: repetitiveness stereotyped production, failure to allay anxiety, etc.

Failure of the Play to Relieve Anxiety

- o The anxiety generated by a traumatic event does not abate with post-traumatic play
- o The child employs a familiar mastery technique that does not work because the child cannot fully or happily identify with criminal or murdering animals
- o The child cannot identify with the other helpless victims or onlookers
- o The child has been rescued too late to be able to believe in the effectiveness of heroes
- o The villains are too malicious for whole-hearted identification and the helpers are too ineffective for successful identification
- o Anxiety is generated when there is failure of distancing, and the play aggravates rather than soothes the post-traumatic condition



912 Madison St. N

Albuquerque

New Mexico

8711

(505)-254-229

PaulineABQ@aol.com



There is a Wide Age Range of “Players”

- Cases of post-traumatic play have been noted in infants through adults age 26

Lag Time Prior to the Development of Post-Traumatic Play Varies

- Can vary from weeks to months after the trauma
- Anniversary reaction can occur

The Strength of the Play Can Involve Non-Traumatized Children

- The repetitive play and games can be unconsciously passed on to a younger group of children
- The intensity of the play and the need to share the anxiety is so compelling that many children will accommodate to this need, no matter what the risk
- Important to carefully observe sibling and peers who have contact with these children

Not All Traumatized Children Exhibit Post-Traumatic Play

Publications by Lenore Terr:

“Forbidden Games”: Post Traumatic Child’s Play

Journal of the American Academy of Child Psychiatry, 20:741-760, 1981

What happens to Early Memories of Trauma? A study of Twenty Children Under Age Five at the Time of Documented Traumatic Events

Journal of the American Academy of Child and Adolescent Psychiatry, 1988, 27, 1:96-104

Unchained Memories: True Stories of Traumatic Memories Lost and Found

1994, Published by BasicBooks





Definitions, Scope, and Effects of Child Sexual Abuse

Definitions

Scope of the Problem of Child Ssexual Abuse

[The Effects of Sexual Abuse on its Victim](#)

Definitions

Most professionals are fairly certain they know what child sexual abuse is, and there is a fair amount of agreement about this. For example, today very few people would question the inclusion of sexual acts that do not involve penetration. Despite this level of consensus, it is important to define what sexual abuse is because there are variations in definitions across professional disciplines.

Child sexual abuse can be defined from legal and clinical perspectives. Both are important for appropriate and effective intervention. There is considerable overlap between these two types of definitions.

Statutory Definitions

There are two types of statutes in which definitions of sexual abuse can be found – child protection (civil) and criminal.

The purposes of these laws differ. Child protection statutes are concerned with sexual abuse as a condition from which children need to be protected. Thus, these laws include child sexual abuse as one of the forms of maltreatment that must be reported by designated professionals and investigated by child protection agencies. Courts may remove children from their homes in order to protect them from sexual abuse. Generally, child protection statutes apply only to situations in which offenders are the children's caretakers.

Criminal statutes prohibit certain sexual acts and specify the penalties. Generally, these laws include child sexual abuse as one of several sex crimes. Criminal statutes prohibit sex with a child, regardless of the adult's relationship to the child, although incest may be dealt with in a separate statute.

Definitions in child protection statutes are quite brief and often refer to State criminal laws for more elaborate definitions. In contrast, criminal statutes are frequently quite lengthy.

Child Protection Definitions

The Federal definition of child maltreatment is included in the Child Abuse Prevention and Treatment Act. Sexual abuse and exploitation is a subcategory of child abuse and neglect. The statute does not apply the maximum age of 18 for other types of maltreatment, but rather indicates that the age limit in the State law shall apply. Sexual abuse is further defined to include:

"(A) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or

(B) the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children;..."¹⁵

In order for States to qualify for funds allocated by the Federal Government, they must have child protection systems that meet certain criteria, including a definition of child maltreatment specifying sexual abuse.

Criminal Definitions

With the exception of situations involving Native American children, crimes committed on Federal property, interstate transport of minors for sexual purposes, and the shipment or possession of child pornography, State criminal statutes regulate child sexual abuse. Generally, the definitions of sexual abuse found in criminal statutes are very detailed. The penalties vary depending on:

- the age of the child, crimes against younger children being regarded as worse;
- the level of force, force making the crime more severe;
- the relationship between victim and offender, an act

against a relative or household member being considered more serious; and

- the type of sexual act, acts of penetration receiving longer sentences.

Often types of sexual abuse are classified in terms of their degree (of severity), first degree being the most serious and fourth degree the least, and class (of felony), a class A felony being more serious than a class B or C, etc.

Clinical Definitions

Although clinical definitions of sexual abuse are related to statutes, the guiding principle is whether the encounter has a traumatic impact on the child. Not all sexual encounters experienced by children do. Traumatic impact is generally affected by the meaning of the act(s) to the child, which may change as the child progresses through developmental stages. The sexual abuse may not be "traumatic" but still leave the child with cognitive distortions or problematic beliefs; that is, it is "ok" to touch others because it feels good.

Differentiating Abusive From Nonabusive Sexual Acts

There are three factors that are useful in clinically differentiating abusive from nonabusive acts – power differential; knowledge differential; and gratification differential.

These three factors are likely to be interrelated. However, the presence of any one of these factors should raise concerns that the sexual encounter was abusive.

- **Power differential.** The existence of a power differential implies that one party (the offender) controls the other (the victim) and that the sexual encounter is not mutually conceived and undertaken. Power can derive from the role relationship between offender and victim. For example, if the offender is the victim's father, the victim will usually feel obligated to do as the offender says. Similarly, persons in authority positions, such as a teacher, minister, or Boy Scout leader, are in roles that connote power. Thus, sexual activities between these individuals and their charges are abusive.

Power can also derive from the larger size or more advanced capability of the offender, in which case the victim may be manipulated, physically intimidated, or forced to comply with the sexual activity. Power may also arise out of the offender's superior capability to psychologically manipulate the victim (which in turn may be related to the offender's role or superior size). The offender may bribe, cajole, or trick the victim into cooperation.

- **Knowledge differential.** The act is considered abusive when one party (the offender) has a more sophisticated understanding of the significance and implications of the sexual encounter. Knowledge differential implies that the offender is either older, more developmentally advanced, or more intelligent than the victim. Generally, clinicians expect the offender to be at least 5 years older than the victim for the act to be deemed predatory. When the victim is an adolescent, some persons define the encounter as abusive only if the offender is at least 10 years older.¹⁶ Thus, a consensual sexual relationship between a 15-year-old and a 22-year-old would not be regarded as abusive, if other case factors supported that conclusion.

Generally, the younger the child, the less able she/he is to appreciate the meaning and potential consequences of a sexual relationship, especially one with an adult. Usually, the maximum age for the person to be considered a victim (as opposed to a participant) is 16 or 18, but some researchers have used an age cutoff of 13 for boy victims.¹⁷

Apparently, the researchers felt that boys at age 13, perhaps unlike girls, were able to resist encounters with significantly older people and were, by then, involved in consensual sexual acts with significantly older people. However, clinicians report situations in which boys victimized after age 13 experience significant trauma from these sexual contacts.

Situations in which retarded or emotionally disturbed persons participate in or are persuaded into sexual activity may well be exploitive, even though the victim is the same age or even older than the perpetrator.

- **Gratification differential.** Finally, in most but not

all sexual victimization, the offender is attempting to sexually gratify him/herself. The goal of the encounter is not mutual sexual gratification, although perpetrators may attempt to arouse their victims because such a situation is arousing to them. Alternatively, they may delude themselves into believing that their goal is to sexually satisfy their victims. Nevertheless, the primary purpose of the sexual activity is to obtain gratification for the perpetrator.

In this regard, some activities that involve children in which there is not a 5-year age differential may nevertheless be abusive. For example, an 11-year-old girl is instructed to fellate her 13-year-old brother. (This activity might also be abusive because there was a power differential between the two children based on his superior size.)

Sexual Acts

The sexual acts that will be described in this section are abusive clinically when the factors discussed in the previous section are present as the examples illustrate. The sexual acts will be listed in order of severity and intrusiveness, the least severe and intrusive being discussed first.

o Noncontact acts

- Offender making sexual comments to the child*
- Example: A coach told a team member he had a fine body, and they should find a time to explore one another's bodies. He told the boy he has done this with other team members, and they had enjoyed it.
- Offender exposing intimate parts to the child, sometimes accompanied by masturbation.
Example: A grandfather required that his 6-year-old granddaughter kneel in front of him and watch while he masturbated naked.
- Voyeurism (peeping).
Example: A stepfather made a hole in the bathroom wall. He watched his stepdaughter when she was toileting (and instructed her to

watch him).**

- Offender showing child pornographic materials, such as pictures, books, or movies.
Example: Mother and father had their 6- and 8-year-old daughters accompany them to viewings of adult pornographic movies at a neighbor's house.
- Offender induces child to undress and/or masturbate self.
Example: Neighbor paid a 13-year-old emotionally disturbed girl \$5 to undress and parade naked in front of him.

• **Sexual contact*****

- Offender touching the child's intimate parts (genitals, buttocks, breasts).
Example: A father put his hand in his 4-year-old daughter's panties and fondled her vagina while the two of them watched "Sesame Street."
- Offender inducing the child to touch his/her intimate parts.
Example: A mother encouraged her 10-year-old son to fondle her breasts while they were in bed together.
- Frottage (rubbing genitals against the victim's body or clothing).
Example: A father, lying in bed, had his clothed daughter sit on him and play "ride the horse."

• **Digital or object penetration**

- Offender placing finger(s) in child's vagina or anus.
Example: A father used digital penetration with his daughter to "teach" her about sex.
- Offender inducing child to place finger(s) in offender's vagina or anus.
Example: An adolescent boy required a 10-year-old boy to put Vaseline on his finger and insert it into the adolescent's anus as initiation into a club.

- Offender placing instrument in child's vagina or anus.
Example: A psychotic mother placed a candle in her daughter's vagina.
 - Offender inducing child to place instrument in offender's vagina or anus.
Example: A babysitter had a 6-year-old boy penetrate her vaginally with a mop handle.
 - Oral sex****
 - Tongue kissing
Example: Several children who had attended the same day care center attempted to French kiss with their parents. They said that Miss Sally taught them to do this.
 - Breast sucking, kissing, licking, biting.
Example: A mother required her 6-year-old daughter to suck her breasts (in the course of mutual genital fondling).**
 - Cunnilingus (licking, kissing, sucking, biting the vagina or placing the tongue in the vaginal opening).
Example: A father's girlfriend who was high on cocaine made the father's son lick her vagina as she sat on the toilet.
 - Fellatio (licking, kissing, sucking, biting the penis).
Example: An adolescent, who had been reading pornography, told his 7-year-old cousin to close her eyes and open her mouth. She did and he put his penis in her mouth.
 - Anilingus (licking, kissing the anal opening).
Example: A mother overheard her son and a friend referring to their camp counselor as a "butt lick." The boys affirmed that the counselor had licked the anuses of two of their friends (and engaged in other sexual acts with them).** An investigation substantiated this account.
- Penile penetration

- Vaginal intercourse
Example: A 7-year-old girl was placed in foster care by her father because she was incorrigible. She was observed numerous times "humping" her stuffed animals. In therapy she revealed that her father "humped" her. There was medical evidence of vaginal penetration.
- Anal intercourse
Example: Upon medical exam an 8-year-old boy was found to have evidence of chronic anal penetration. He reported that his father "put his dingdong in there" and allowed two of his friends to do likewise.
- Intercourse with animals.

Circumstances of Sexual Acts

- Professionals need to be aware that sexual acts with children can occur in a variety of circumstances. In this section, dyads, group sex, sex rings, sexual exploitation, and ritual abuse will be discussed. These circumstances do not necessarily represent discrete and separate phenomena.
- **Dyadic sexual abuse.** The most common circumstance of sexual abuse is a dyadic relationship, that is, a situation involving one victim and one offender. Because dyadic sex is the prevalent mode for all kinds of sexual encounters, not merely abusive ones, it is not surprising that it is the most common.
- **Group sex.** Circumstances involving group sex are found as well. These may comprise several victims and a single perpetrator, several perpetrators and a single victim, or multiple victims and multiple offenders. Such configurations may be intrafamilial (e.g., in cases of polyincest) or extrafamilial. Examples of extrafamilial group victimization include some instances of sexual abuse in day care, in recreational programs, and in institutional care.
- **Sex rings.** Children are also abused in sex rings; often this is group sex. Sex rings generally are

organized by pedophiles (persons whose primary sexual orientation is to children), so that they will have ready access to children for sexual purposes and, in some instances, for profit. Victims are bribed or seduced by the pedophile into becoming part of the ring, although he may also employ existing members of the ring as recruiters. Rings vary in their sophistication from situations involving a single offender, whose only motivation is sexual gratification, to very complex rings involving multiple offenders as well as children, child pornography, and prostitution.¹⁸

- o **Sexual exploitation of children.** The use of children in pornography and for prostitution is yet another circumstance in which children may be sexually abused.
 - **Child pornography.** This is a Federal crime, and all States have laws against child pornography.¹⁹ Pornography may be produced by family members, acquaintances of the children, or professionals. It may be for personal use, trading, or sale on either a small or large scale. It can also be used to instruct or entice new victims or to blackmail those in the pictures. Production may be national or international, as well as local, and the sale of pornography is potentially very lucrative. Because of the availability of video equipment and Polaroid cameras, pornography is quite easy to produce and difficult to track.

Child pornography can involve only one child, sometimes in lewd and lascivious poses or engaging in masturbatory behavior; of children together engaging in sexual activity; or of children and adults in sexual activity.

It is important to remember that pictures that are not pornographic and are not illegally obscene can be very arousing to a pedophile. For example, an apparently innocent picture of a naked child in the bathtub or even a clothed child in a pose can be used by a pedophile for arousal.²⁰

- **Child prostitution.** This may be undertaken by parents, other relatives, acquaintances of

the child, or persons who make their living pandering children. Older children, often runaways and/or children who have been previously sexually abused, may prostitute themselves independently.²¹

Situations in which young children are prostituted are usually intrafamilial, although there are reports of child prostitution constituting one aspect of sexual abuse in some day care situations.²² Adolescent prostitution is more likely to occur in a sex ring (as mentioned above), at the hand of a pimp, in a brothel, or with the child operating independently. Boys are more likely to be independent operators, and girls are more likely to be involved in situations in which others control their contact with clients.²³

- **Ritual abuse.** This is a circumstance of child sexual abuse that has only recently been identified, is only partially understood, and is quite controversial. The controversy arises out of problems in proving such cases and the difficulty some professionals have in believing in the existence of ritual abuse.²⁴

As best can be determined, ritual sexual abuse is abuse that occurs in the context of a belief system that, among other tenets, involves sex with children. These belief systems are probably quite variable. Some may be highly articulated, others "half-baked." Some ritual abuse appears to involve a version of satanism that supports sex with children. However, it is often difficult to discern how much of a role ideology plays. That is, the offenders may engage in "ritual" acts because they are sadistic, because they are sexually aroused by them, or because they want to prevent disclosure, not because the acts are supported by an ideology. Because very few of these offenders confess, their motivation is virtually unknown.

Often sexual abuse plays a secondary role in the victimization in ritual abuse, physical and psychological abuse dominating. The following is a nonexhaustive list of characteristics that may be present in cases of ritual abuse:

- costumes and robes: animal, witch's, devil's

costumes; ecclesiastical robes (black, red, purple, white);

- ceremonies: black masses, burials, weddings, sacrifices;
- symbols: 666, inverted crosses, pentagrams, and inverted pentagrams;
- artifacts: crosses, athames (daggers), skulls, candles, black draping, representations of Satan;
- bodily excretions and fluids: blood, urine, feces, semen;
- drugs, medicines, injections, potions;
- fire;
- chants and songs;
- religious sites: churches, graveyards, graves, altars, coffins; and
- torture, tying, confinement, murder.

Most allegations of ritual abuse come from young children, reporting this type of abuse in day care, and from adults, who are often psychiatrically very disturbed and describe ritual abuse during their childhoods. Issues of credibility are raised with both groups. Moreover, accounts of ritual abuse are most disturbing, to both those recounting the abuse and those hearing it.

Scope of the Problem of Child Sexual Abuse

Clinicians and researchers working in sexual abuse believe that the problem is underreported. This belief is based on assumptions about sexual taboos and on research on adults sexually abused as children, the overwhelming majority of whom state that they did not report their victimization at the time of its occurrence.²⁵ Moreover, it is probably true that situations involving female offenders as well as ones with boy victims are underidentified, in part because of societal perceptions about the gender of offenders and victims.

Estimates of the extent of sexual abuse come from three

main sources – research on adults, who recount their experiences of sexual victimization as children; annual summaries of the accumulated reports of sexual abuse filed with child protection agencies; and two federally funded studies of child maltreatment entitled the *National Incidence Studies*. In addition, anecdotal information is supplied by some convicted/self-acknowledged offenders, who report sexually abusing scores and even hundreds of children before their arrest.

Prevalence of Child Sexual Abuse

Studies of the prevalence of sexual abuse are those involving adults that explore the extent to which persons experience sexual victimization during their childhoods. Findings are somewhat inconsistent for several reasons. First, data are gathered using a variety of methodologies: telephone interviews, face-to-face interviews, and written communications (i.e., questionnaires). Second, a study may focus entirely on sexual abuse, or sexual abuse may be one of many issues covered. Third, some studies are of special populations, such as psychiatric patients, incarcerated sex offenders, and college students, whereas others are surveys of the general population. Finally, the definition of sexual abuse varies from study to study. Dimensions on which definitions may differ are maximum age for a victim, the age difference required between victim and offender, whether or not noncontact acts are included, and whether the act is unwanted.

The factors just mentioned have the following effects on rates of sexual abuse reported. Face-to-face interviews, particularly when the interviewer and interviewee are matched on sex and race, and multiple questions about sexual abuse may result in higher rates of disclosure.²⁶ However, it cannot be definitively stated that special populations such as prostitutes, drug addicts, or psychiatric populations have higher rates of sexual victimization than the general population, because some studies of the general population report quite high rates.^{27 28} Not surprisingly, when the definition is broader (e.g., inclusion of noncontact behaviors and "wanted" sexual acts) the rates go up.

Rates of victimization for females range from 6 to 62 percent,²⁹ with most professionals estimating that between one in three and one in four women are sexually abused in some way during their childhoods. The rates for men are somewhat lower, ranging from 3 to 24 percent,³⁰ with

most professionals believing that 1 in 10 men and perhaps as many as 1 in 6 are sexually abused as children. As noted earlier, many believe that male victimization is more underreported than female, in part because of societal failure to identify the behavior as abusive. However, the boy himself may not define the behavior as sexual victimization but as sexual experience, especially if it involves a woman offender. Moreover, he may be less likely to disclose than a female victim, because he has been socialized not to talk about his problems. This reticence may be increased if the offender is a male, for he must overcome two taboos, having been the object of a sexual encounter with an adult and a male. Finally, he may not be as readily believed as a female victim.³¹

The Incidence of Child Sexual Abuse

Incidence of a problem is defined as the number of reports during a given time frame, yearly in the case of sexual abuse. From 1976 to 1986, data were available on the number of sexual abuse cases reported per year to child protection agencies, as part of data collection on all types of maltreatment. These cases were registered with the National Center on Child Abuse and Neglect, and data were analyzed by the American Humane Association. Over that 10-year period, there was a dramatic increase in the number of reports of sexual abuse and in the proportion of all maltreatment cases represented by sexual abuse. In 1976, the number of sexual abuse cases was 6,000, which represented a rate of 0.86 per 10,000 children in the United States. By 1986, the number of reported cases was 132,000, a rate of 20.89 per 10,000 children. This represents a 22-fold increase. Moreover, whereas in 1976 sexual abuse cases were only 3 percent of all reports, by 1986, they comprised 15 percent of reports.³²

Striking though these findings may be, their limitations must be appreciated. First, current data are not available. Second, cases included in this data set are limited to those that would warrant a CPS referral, generally cases in which the abuser is a caretaker or in which a caretaker fails to protect a child from sexual abuse. Thus, cases involving an extrafamilial abuser and a protective parent are not included. Third, the data only refer to reported cases. This means those cases that are unknown to professionals and those known but not reported are not included. Moreover, these are reports, not substantiations of sexual abuse. The national average substantiation rate is generally between 40 and 50 percent. Substantiation rates vary from State to

State and among locations.

The National Incidence Studies (NIS-1 and NIS-2) provide additional data on the rates of child maltreatment, including sexual abuse. Information for these studies was collected in 1980 and 1986; thus, they do not provide annual incidence rates, as the Child Protection data do. In addition, these studies project a national rate of child maltreatment based on information from 29 counties, rather than using reports from all States. Nevertheless, these studies do allow for some analysis of trends because data were collected at two different time points. Moreover, one of the most important features of the NIS studies is that they gathered information on unreported as well as reported cases.

Differences between the first and second studies indicate there was a more than threefold increase in the number of identified cases of sexual maltreatment.***** An estimated 42,900 cases were identified by professionals in 1980 compared with 133,600 cases in 1986. These figures represent a rate of 7 cases per 10,000 children in 1980 and 21 cases per 10,000 in 1986.³³ Despite the fact that the 1986 number and rate are quite close to the figures for suspected sexual abuse reported to child protection agencies in 1986, only about 51 percent of cases identified by professionals in the National Incidence Study were reported to child protective services (CPS). Furthermore, the proportion of cases identified but not reported to CPS did not change significantly between 1980 and 1986.³⁴

It is clear that available statistics on the prevalence and incidence of sexual abuse do not completely reflect the extent of the problem. However, they do provide a definite indication that the problem of sexual victimization is a significant one that deserves our attention and intervention.

The Effects of Sexual Abuse on its Victim

Concern about sexual abuse derives from more than merely the fact that it violates taboos and statutes. It comes principally from an appreciation of its effects on victims. In this section, the philosophical issue of why society is concerned about sexual abuse and documented effects will be discussed.

What's Wrong About Sex Between Adults and Children?

It is important for professionals, particularly if they dedicate a substantial part of their careers to intervening in sexual abuse situations, to distance themselves from their visceral reactions of disgust and outrage and rationally consider why sex between children and adults is so objectionable.

Organizations such as the North American Man Boy Love Association (NAMBLA) and the René Guyon Society challenge the assertion that sexual abuse is bad because of its effects on children. These organizations argue that what we label as harmful effects are not the effects of sexual abuse but the effects of societal condemnation of the behavior. Thus, children feel guilty about their involvement, suffer from "damaged goods syndrome,"³⁵ have low self-esteem, are depressed and suicidal, and experience helpless rage because society has stigmatized sex between adults and children. If society would cease to condemn the behavior, then children could enjoy guilt-free sexual encounters with adults. Such organizations also argue that we, as adults, are interfering with children's rights, specifically their right to control their own bodies and their sexual freedom, by making sex between children and adults unacceptable and illegal.

How can we respond to this argument? It is true that many of the effects of sexual abuse at least indirectly derive from how society views the activity. However, the impact also reflects the experience itself. The reader will recall the earlier discussion of differentiating abusive from nonabusive encounters on the basis of power, knowledge, and gratification.

Because the adult has more power, he/she has the capacity to impose the sexual behavior, which may be painful, intrusive, or overwhelming because of its novelty and sexual nature. This power may also be manifest in manipulation of the child into compliance. The child has little knowledge about the societal and personal implications of being involved in sex with an adult; in contrast, the adult has sophisticated knowledge of the significance of the encounter. The child's lack of power and knowledge means the child cannot give informed consent.³⁶ Finally, although in some cases the adult may perceive him/herself providing pleasure to the child, the main object is the gratification of the adult. That is what is wrong about sex between adults and children.

The Impact of Sexual Abuse

Regardless of the underlying causes of the impact of sexual abuse, the problems are very real for victims and their families. A number of attempts have been made to conceptualize the effects of sexual abuse.^{37 38 39 40} In addition, recent efforts to understand the impact of sexual abuse have gone beyond clinical impressions and case studies. They are based upon research findings, specifically controlled research in which sexually abused children are compared to a normal or nonsexually abused clinical population. There are close to 40 such studies to date.⁴¹

Finkelhor,⁴² whose conceptualization of the traumatogenic effects of sexual abuse is the most widely employed, divides sequelae into four general categories, each having varied psychological and behavioral effects.

- **Traumatic sexualization.** Included in the psychological outcomes of traumatic sexualization are aversive feelings about sex, overvaluing sex, and sexual identity problems. Behavioral manifestations of traumatic sexualization constitute a range of hypersexual behaviors as well as avoidance of or negative sexual encounters.
- **Stigmatization.** Common psychological manifestations of stigmatization are what Sgroi calls "damaged goods syndrome"⁴³ and feelings of guilt and responsibility for the abuse or the consequences of disclosure. These feelings are likely to be reflected in self-destructive behaviors such as substance abuse, risk-taking acts, self-mutilation, suicidal gestures and acts, and provocative behavior designed to elicit punishment.
- **Betrayal.** Perhaps the most fundamental damage from sexual abuse is its undermining of trust in those people who are supposed to be protectors and nurturers. Other psychological impacts of betrayal include anger and borderline functioning. Behavior that reflects this trauma includes avoidance of investment in others, manipulating others, re-enacting the trauma through subsequent involvement in exploitive and damaging relationships, and engaging in angry and acting-out behaviors.

- **Powerlessness.** The psychological impact of the trauma of powerlessness includes both a perception of vulnerability and victimization and a desire to control or prevail, often by identification with the aggressor. As with the trauma of betrayal, behavioral manifestations may involve aggression and exploitation of others. On the other hand, the vulnerability effect of powerlessness may be avoidant responses, such as dissociation and running away; behavioral manifestations of anxiety, including phobias, sleep problems, elimination problems, and eating problems; and revictimization.

Our understanding of the impact of sexual abuse is frustrated by the wide variety of possible effects and the way research is conducted. Researchers do not necessarily choose to study the same effects, nor do they use the same methodology and instruments. Consequently, a particular symptom, such as substance abuse, may not be studied or may be examined using different techniques. Furthermore, although most studies find significant differences between sexually abused and nonabused children, the percentages of sexually abused children with a given symptom vary from study to study, and there is no symptom universally found in every victim. In addition, often lower proportions of sexually abused children exhibit a particular symptom than do nonabused clinical comparison groups. Finally, although some victims suffer pervasive and debilitating effects, others are found to be asymptomatic.⁴⁴

In addition, a variety of factors influence how sexual maltreatment impacts on an individual. These factors include the age of the victim (both at the time of the abuse and the time of assessment), the sex of the victim, the sex of the offender, the extent of the sexual abuse, the relationship between offender and victim, the reaction of others to knowledge of the sexual abuse, other life experiences, and the length of time between the abuse and information gathering. For example, the findings for child victims and adult survivors are somewhat different.

It is important for professionals to appreciate both the incomplete state of knowledge about the consequences of sexual abuse and the variability in effects. Such information can be helpful in recognizing the wide variance in symptoms of sexual abuse and can prevent excessive optimism or pessimism in predicting its impact.

- * When children are victims, sexual comments are usually made in person. However obscene remarks may be made on the telephone or in notes and letters.
 - ** Activities in parenthesis are not illustrative of the sexual act being defined.
 - *** Sexual contact can be either above or beneath clothing.
 - **** The offender may inflict oral sex upon the child or require the child to perform it on him/her or both.
 - ***** These statistics from the revised second National Incidence Study reflect the revised definition of child abuse and neglect, which includes the combined total children who were demonstrably harmed and threatened with harm.
-

Updated on July 8, 1999, by webmaster@calib.com.





TABLE 1. Implications of Commonly Encountered Sexually Transmitted Diseases (STDs) for the Diagnosis and Reporting of Sexual Abuse of Prepubertal Infants and Children

STD Confirmed	Sexual Abuse	Suggested Action
Gonorrhea ^o	Certain	Report†
Syphilis ^o	Certain	Report
<i>Chlamydia</i> ^o	Probable‡	Report
<i>Condylomata acuminatum</i> ^o	Probable	Report
<i>Trichomonas vaginalis</i>	Probable	Report
Herpes 1 (genital)	Possible	Report§
Herpes 2	Probable	Report
Bacterial vaginosis	Uncertain	Medical follow-up
<i>Candida albicans</i>	Unlikely	Medical follow-up

^o If not perinatally acquired.

† To agency mandated in community to receive reports of suspected sexual abuse.

‡ Culture only reliable diagnostic method.

§ Unless there is a clear history of autoinoculation.

Prepared by the American Academy of Pediatrics Committee on Child Abuse and Neglect (November 1990).

TABLE 2. Guidelines for Making the Decision to Report Sexual Abuse of Children

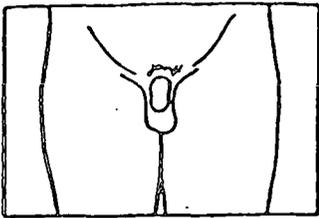
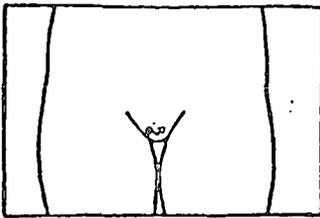
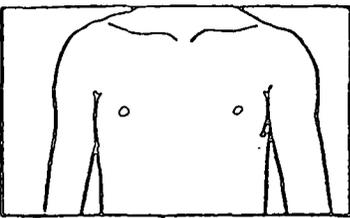
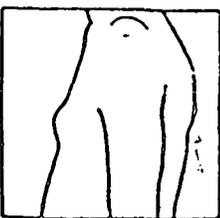
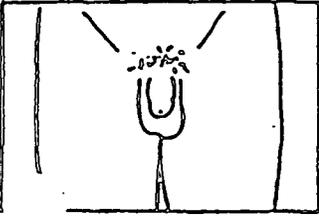
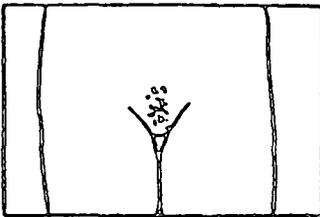
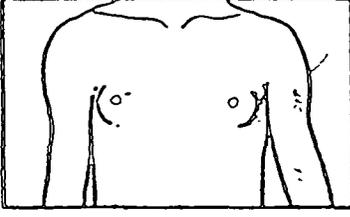
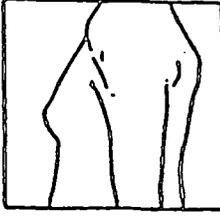
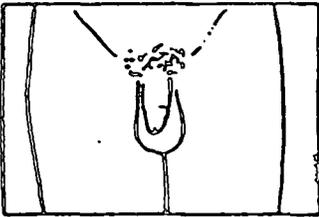
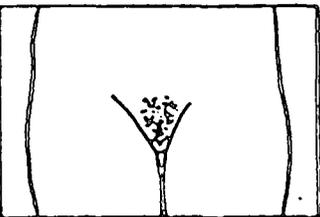
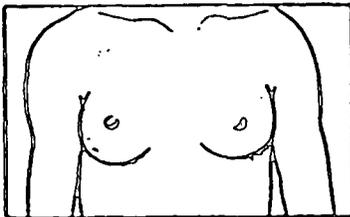
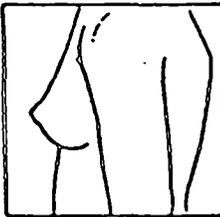
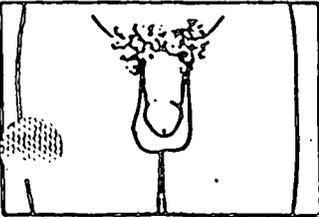
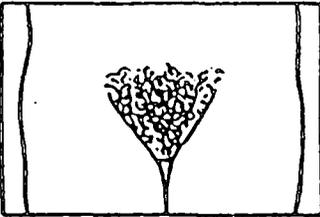
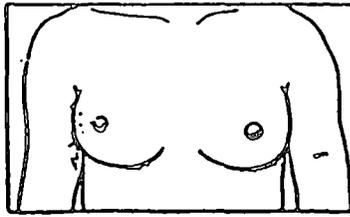
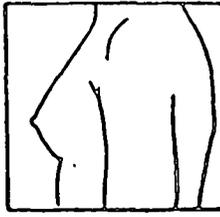
History	Data Available		Response	
	Physical	Laboratory	Level of Concern About Sexual Abuse	Action
None	Normal examination	None	None	None
Behavioral changes	Normal examination	None	Low (worry)	± Report ^o ; follow closely (possible mental health referral)
None	Nonspecific findings	None	Low (worry)	± Report ^o ; follow closely
Nonspecific history by child or history by parent only	Nonspecific findings	None	Possible (suspect)	± Report ^o ; follow closely
None	Specific findings	None	Probable	Report
Clear statement	Normal examination	None	Probable	Report
Clear statement	Specific findings	None	Probable	Report
None	Normal examination, nonspecific or specific findings	Positive culture for gonorrhea; positive serologic test for syphilis; presence of semen, sperm, acid phosphatase	Definite	Report
Behavioral changes	Nonspecific changes	Other sexually transmitted diseases	Probable	Report

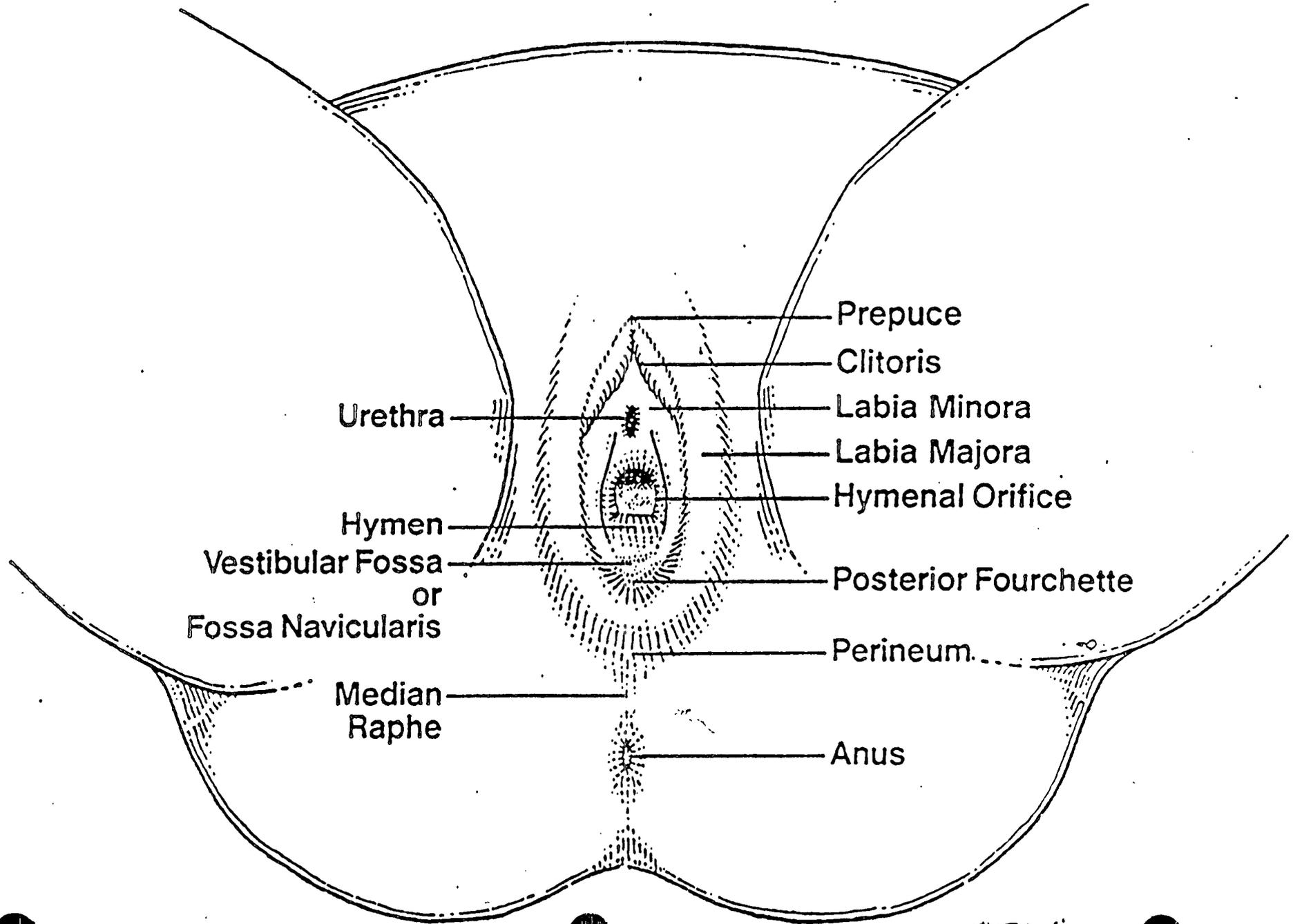
^o A report may or may not be indicated. The decision to report should be based on discussion with local or regional experts and/or child protective services agencies.

Prepared by the American Academy of Pediatrics Committee on Child Abuse and Neglect (November 1990).



TANNER STAGING GUIDELINES

STAGE 1		STAGE 2	
<p>penis, testes and scrotum are of childhood size. There is no pubic hair.</p>	<p>There is no pubic hair.</p>	<p>The breasts are preadolescent. There is elevation of the papilla only.</p>	
			
<p>There is enlargement of the scrotum and testes, but the penis usually does not enlarge. The scrotal skin reddens. There is sparse growth of long, slightly pigmented, downy hair, straight or only slightly curled, primarily at the base of the penis.</p>	<p>There is sparse growth of long, slightly pigmented downy hair, straight or slightly curled, primarily along the labia.</p>	<p>Breast bud stage. A small mound is formed by the elevation of the breast and papilla. The areolar diameter enlarges.</p>	
STAGE 3		STAGE 4	
<p>There is further growth of the testes and scrotum and enlargement of the penis, mainly in length. The hair is considerably darker, coarser, and more curled. The hair spreads sparsely over the junction of the pubes.</p>	<p>The hair is considerably darker, coarser, and more curled. The hair spreads sparsely over the junction of the pubes.</p>	<p>There is further enlargement of breasts and areola with no separation of their contours.</p>	
			
<p>There is still further growth of the testes and scrotum and increased size of the penis, especially in breadth. The hair, now adult in type, covers a smaller area than in the adult.</p>	<p>The hair, now adult in type, covers a smaller area than in the adult.</p>	<p>There is a projection of the areola and papilla to form a secondary mound above the level of the breast.</p>	
			
STAGE 5		STAGE 5	
<p>The genitalia are adult in size and shape. The hair is adult in quantity and type.</p>	<p>The hair is adult in quantity and type.</p>	<p>The breasts resemble those of a mature female as the areola has recessed to the general contour of the breast.</p>	
			



- Prepuce
- Clitoris
- Labia Minora
- Labia Majora
- Hymenal Orifice
- Posterior Fourchette
- Perineum.
- Anus
- Urethra
- Hymen
- Vestibular Fossa or Fossa Navicularis
- Median Raphe

Jos Tolfo

SEX DEVIANCY TERMS USED MOST FREQUENTLY BY THE MEDICAL PROFESSION

- BESTIALITY OR ZOOPHILIA - Sexual relations between a human being and an animal. A paraphilia.
- COPROPHILIA - One of the paraphilias characterized by marked distress over or acting on sexual urges involving feces.
- DEVIANT SEXUALITY - See paraphilias
- EXHIBITIONISM - One of the paraphilias, characterized by marked distress over, or acting on, urges to expose one's genitals to unsuspecting stranger.
- FETISHISM - One of the paraphilias characterized by marked distress over, or acting on, sexual urges involving non-living objects such as underclothing, shoes.
- FROTTEURISM - One of the paraphilias consisting of recurrent, intense sexual urges involving touching and rubbing against a nonconsenting person, fondling the victim may be part of the condition.
- INCEST - Sexual activity between close blood relatives such as father-daughter, mother-son, or between siblings.
- MASOCHISM - One of paraphilias characterized by marked distress over or acting on sexual urges to be humiliated, beaten, bound or otherwise made to suffer by the sexual partner. Includes physical bondage, flagellation, electrical shocks, diapering.
- PARAPHILIA - One of the major groups of sexual disorders (DSM IV) which are recurrent, intense sexual urges and arouse sexual fantasies that involve nonhuman objects, children or other nonconsenting person or the suffering or humiliation of oneself or the sexual partner.
- PEDOPHILIA - One of the paraphilia characterized by urges involving sexual activity with the prepubescent child, usually not of the same sex.
- RAPE - Sexual assault, forced intercourse without the partners consent.

- SADISM - One of paraphilias characterized by marked distress over or acting on desires to inflict physical or psychological suffering, including humiliation of the victim.
- TRANSSEXUALISM One of the gender identity disorder characterized by preoccupation with one's primary and secondary sex characteristics and desire to simulate the opposite sex. Onset can be in childhood but often not present clinically until adulthood.
- TRANSVESTITISM Sexual pleasure derived from dressing or masquerading in the clothing of the opposite sex with a strong wish to appear as a member of the opposite sex, but not change sex.
- UROPHILIA - Paraphilia characterized by marked distress over or acting on sexual urges that involve urine.
- VOYEURISM - Marked distress or acting on urges to peep on unsuspecting people who are naked, disrobing or engaging in sexual activity; a paraphilia.





APSAC

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

PRACTICE GUIDELINES

Descriptive Terminology in Child Sexual Abuse Medical Evaluations

INTRODUCTION

The forensic medical evaluation of suspected child sexual abuse victims has developed into a specialized field of practice in the last ten years. Pediatricians, gynecologists, nurse practitioners, and physician assistants may all be called upon to examine children for suspected sexual abuse and describe their findings. The records of such examinations then become medico-legal documents.

Precision in documentation is critical for all who must communicate and understand medical findings. These terminology Guidelines were developed to assist professionals actively involved in the medical diagnosis and treatment of child sexual abuse to establish a shared vocabulary which is clear, precise, and easily communicated. This shared vocabulary will enable those in child protection, law enforcement, and the courts to understand previously confusing and, at times, inconsistent terminology. Consistency in terminology will also assist in the development of a research language.

The terminology presented in these Guidelines emanates primarily from medical dictionary definitions, anatomy texts, and clinicians actively involved in the care of sexually abused children. Unless otherwise noted, definitions are from Stedman's, Ref.1. As experience and scientific knowledge expand, further revision of these guidelines is expected.

ANATOMICAL STRUCTURES

1. ANAL SKIN TAG - A protrusion of anal verge tissue which interrupts the symmetry of the perianal skin folds.
2. ANAL VERGE - The tissue overlying the subcutaneous external anal sphincter at the most distal portion of the anal canal (anoderm) and extending exteriorly to the margin of the anal skin.
3. ANTERIOR COMMISSURE - The union of the two labia minora anteriorly (toward the clitoris).
4. ANUS - The anal orifice, which is the lower opening of the digestive tract, lying in the fold between the buttocks, through which feces are extruded (Ref. 9).

5. CLITORIS - A small cylindrical, erectile body situated at the anterior (superior) portion of the vulva, covered by a sheath of skin called the clitoral hood; homologous with the penis in the male (Ref. 9).
6. FOSSA NAVICULARIS/POSTERIOR FOSSA - Concavity on the lower part of the vestibule situated posteriorly (inferiorly) to the vaginal orifice and extending to the posterior fourchette (posterior commissure).
7. GLANS PENIS - The cap-shaped expansion of the corpus spongiosum at the end of the penis; also called balanus (Ref. 9). It is covered by a mucous membrane and sheathed by the prepuce (foreskin) in uncircumcised males (see Figure 3).
8. GENITALIA (External) - The external sexual organs. In males, includes the penis and scrotum (see Figure 3). In females, includes the contents of the vulva (see Figure 1).
9. HYMEN - This membrane (external vaginal plate or urogenital septum) partially or rarely completely covers the vaginal orifice. This membrane is located at the junction of the vestibular floor and the vaginal canal.
10. LABIA MAJORA - ("outer lips") Rounded folds of skin forming the lateral boundaries of the vulva (see Figure 1).
11. LABIA MINORA - ("inner lips") Longitudinal thin folds of tissue enclosed within the labia majora. In the pubertal child, these folds extend from the clitoral hood to approximately the mid point on the lateral wall of the vestibule. In the adult, they enclose the structures of the vestibule.
12. MEDIAN RAPHE - A ridge or furrow that marks the line of union of the two halves of the perineum (Ref. 9).
13. MONS PUBIS - The rounded, fleshy prominence, created by the underlying fat pad which lies over the symphysis pubis (pubic bone) in the female.
14. PECTINATE/DENTATE LINE - The saw-toothed line of demarcation between the distal (lower) portion of the anal valves and the pecten, the smooth zone of stratified epithelium which extends to the anal verge (Ref. 9). This line is apparent when the external and internal anal sphincters relax and the anus dilates (see Figure 2).
15. PENIS - Male sex organ composed of erectile tissue through which the urethra passes (homologous with the clitoris in the female) (Ref. 9).
16. PERIANAL FOLDS - Wrinkles or folds of the anal verge skin radiating from the anus, which are created by contraction of the external anal sphincter. (Definition not found in Stedman's.)
17. PERINEAL BODY - The central tendon of the perineum located between the vulva and the anus in the female and between the scrotum and anus in the male.
18. PERINEUM - The external surface or base of the perineal body, lying between the vulva and the anus in the female, and the scrotum and the anus in the male (Ref. 1). Underlying the external surface of the perineum is the pelvic floor and its associated structures occupying the pelvic outlet, which is bounded anteriorly by the pubic symphysis (pubic bone), laterally by the ischial tuberosity (pelvic bone) and posteriorly by the coccyx (tail bone).
19. POSTERIOR COMMISSURE - The union of the two labia majora posteriorly (toward the anus).

20. **POSTERIOR FOURCHETTE** - The junction of two labia minora posteriorly (inferiorly). This area is referred to as a posterior commissure in the prepubertal child, as the labia minora are not completely developed to connect inferiorly until puberty, when it is referred to as the fourchette.
21. **SCROTUM** - The pouch which contains the testicles and their accessory organs (Ref. 9).
22. **URETHRAL ORIFICE** - External opening of the canal (urethra) from the bladder.
23. **VAGINA** - The uterovaginal canal in the female. This internal structure extends from the uterine cervix to the inner aspect of the hymen.
24. **VAGINAL VESTIBULE** - An anatomic cavity containing the opening of the vagina, the urethra and the ducts of Bartholin's glands. Bordered by the clitoris anteriorly, the labia laterally and the posterior commissure (fourchette) posteriorly (inferiorly). The vestibule encompasses the fossa navicularis immediately posterior (inferior) to the vaginal introitus.
25. **VULVA** - The external genitalia or pudendum of the female. Includes the clitoris, labia majora, labia minora, vaginal vestibule, urethral orifice, vaginal orifice, hymen, and posterior fourchette (or commissure) (Ref. 9).

HYMENAL MORPHOLOGY (Definitions from Reference 2.)

1. **ANNULAR** - Circumferential. Hymenal membrane tissue extends completely around the circumference of the entire vaginal orifice.
2. **CRIBRIFORM** - Hymen with multiple small openings.
3. **CRESCENTIC** - Hymen with attachments at approximately the 11 and 1 o'clock positions without tissue being present between the two attachments.
4. **IMPERFORATE** - A hymenal membrane with no opening.
5. **SEPTATE** - The appearance of the hymenal orifice when it is bisected by a band of hymenal tissue creating two or more orifices.

DESCRIPTIVE TERMS RELATING TO THE HYMEN

1. **ESTROGENIZED** - Effect of influence by the female sex hormone estrogen resulting in changes to the genitalia. The hymen takes on as a result a thickened, redundant, pale appearance. These changes are observed in neonates, with the onset of puberty and the result of exogenous estrogen.
2. **FIMBRIATED/DENTICULAR** - Hymen with multiple projections and indentations along the edge, creating a ruffled appearance.
3. **NARROW/WIDE HYMENAL RIM** - The width of the hymenal membrane as viewed in the coronal plane, i.e., from the edge of the hymen to the muscular portion of the vaginal introitus (see Figure 4).
4. **REDUNDANT** - Abundant hymenal tissue which tends to fold back on itself or protrude.
5. **MEMBRANE THICKNESS** - The relative amount of tissue between the internal and external surfaces of the hymenal membrane (see Figure 4).

OTHER STRUCTURES/FINDINGS

1. ACUTE LACERATION - A tear through the full thickness of the skin or other tissue. Examples of lacerations are in Reference 6, page 89 (fourchette); page 113 (hymen); and page 65 (peri-anal tissues).
2. ATTENUATED - This term has been used to describe areas where the hymen is narrow. However, the term should be restricted to indicate a documented change in the width of the posterior portion of the hymen following an injury.
3. DIASTASIS ANI - A congenital midline smooth depression which may be V-shaped or wedge shaped, located either anterior or posterior to the anus, that is due to a failure of fusion of the underlying of the corrugator external anal sphincter muscle (Ref. 5).
4. ERYTHEMA - Redness of tissues.
5. EXTERNAL HYMENAL RIDGE - A midline longitudinal ridge of tissue on the external surface of the hymen. May be either anterior or posterior. Usually extends to the edge of the membrane (Ref. 2).
6. FRIABILITY OF THE POSTERIOR FOURCHETTE/COMMISSURE - A superficial breakdown of the skin in the posterior fourchette (commissure) when gentle traction is applied, causing slight bleeding (Ref. 11).
7. HYMENAL CYST - A fluid-filled elevation of tissue, confined within the hymenal tissue (Ref. 2).
8. HYMENAL CLEFT - An angular or V-shaped indentation on the edge of the hymenal membrane (Ref. 9). When curved, it creates a hollowed or U-shaped depression on the edge of the membrane which has been referred to as a "concavity" (Refs. 10 & 11).
9. LABIAL AGGLUTINATION (labial adhesion) - The result of adherence (fusion) of the adjacent edges of the mucosal surfaces of the labia minora. This may occur at any point along the length of the vestibule although it most commonly occurs posteriorly (inferiorly) (Ref. 6).
10. LINEA VESTIBULARIS - A vertical, pale/avascular line across the posterior fourchette and/or fossa, which may be accentuated by putting lateral traction on the labia major (Refs. 4, 11, & 12).
11. O'CLOCK DESIGNATION - A method by which the location of structures or findings may be designated by using the numerals on the face of a clock. The 12 o'clock position is always superior (up). The 6 o'clock position is always inferior (down). The position of a patient must be indicated when using this designation (see Figure 4).
12. PERINEAL GROOVE - Developmental anomaly, also called "Failure of Midline Fusion" (Ref. 7). This skin and mucosal defect may be located anywhere from the fossa to anus (Ref. 11).
13. PROJECTIONS -
 - a. Mound/bump - A solid elevation of hymenal tissue which is wider or as wide as it is long, located on the edge of the hymenal membrane. This structure may be seen at the site where an intravaginal column attaches to the hymen. (Refs. 2, 3, & 11).

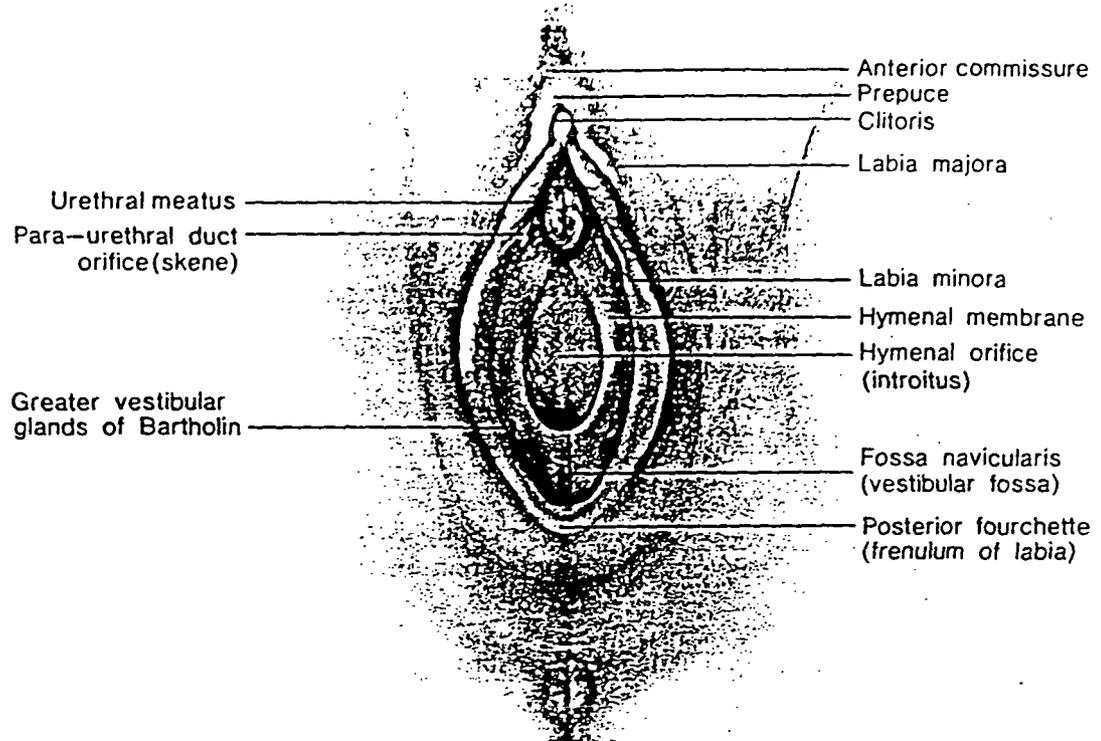
- b. Hymenal Tag - An elongated projection of tissue rising from any location on the hymenal rim. Commonly found in the midline and may be an extension of a posterior vaginal column (Refs. 6 & 11).
- 14. SCAR - Fibrous tissue which replaces normal tissue after the healing of a wound (Ref. 6).
- 15. SYNECHIA - Any adhesion which binds two anatomic structures through the formation of a band of tissue (Ref. 1). A synechia can result in the healing process following an abrasion of tissues.
- 16. TRANSECTION OF HYMEN (Complete) - A tear or laceration through the entire width of the hymenal membrane extending to (or through its attachment) to the vaginal wall.
- 17. TRANSECTION OF HYMEN (Partial) - A tear or laceration through a portion of the hymenal membrane not extending to its attachment to the vaginal wall.
- 18. VAGINAL COLUMNS (columnae rugarum vaginae) - Raised (sagittally oriented) columns most prominent on the anterior wall with less prominence on the posterior wall. May also be observed laterally (Refs. 2 & 3).
- 19. VAGINAL RUGAE (rugae vaginales) - Folds of epithelium (rugae) running circumferentially from vaginal columns. These rugae account in part for the ability of the vagina to distend (Ref. 11).
- 20. VASCULARITY (increased) - Dilatation of existing superficial blood vessels.
- 21. VESTIBULAR BANDS -
 - a. Periurethral bands - Small bands lateral to the urethra that connect the periurethral tissues to the anterior lateral wall of the vestibule. These bands are usually symmetrical and frequently create a semi-lunar shaped space between the bands on either side of the urethral meatus. Also called urethral supporting ligaments (Ref. 11).
 - b. Perihymenal bands (pubo vaginal) - Bands lateral to the hymen connecting to the vestibular wall.

DESCRIPTIVE TERMS FOR VARIATIONS IN PERI-ANAL ANATOMY

- 1. ANAL DILATATION - Opening of the external and internal anal sphincters with minimal traction on the buttocks (Refs. 5 & 6).
- 2. ANAL FISSURE - A superficial break (split) in the perianal skin which radiates out from the anal orifice (Refs. 6 & 11).
- 3. FLATTENED ANAL FOLDS - A reduction or absence of the perianal folds or wrinkles, noted when the external anal sphincter is partially or completely relaxed.
- 4. VENOUS CONGESTION - Pooling of venous blood in the peri-anal tissues resulting in a purple discoloration which may be localized or diffuse (Ref. 6).

FIGURE 1.

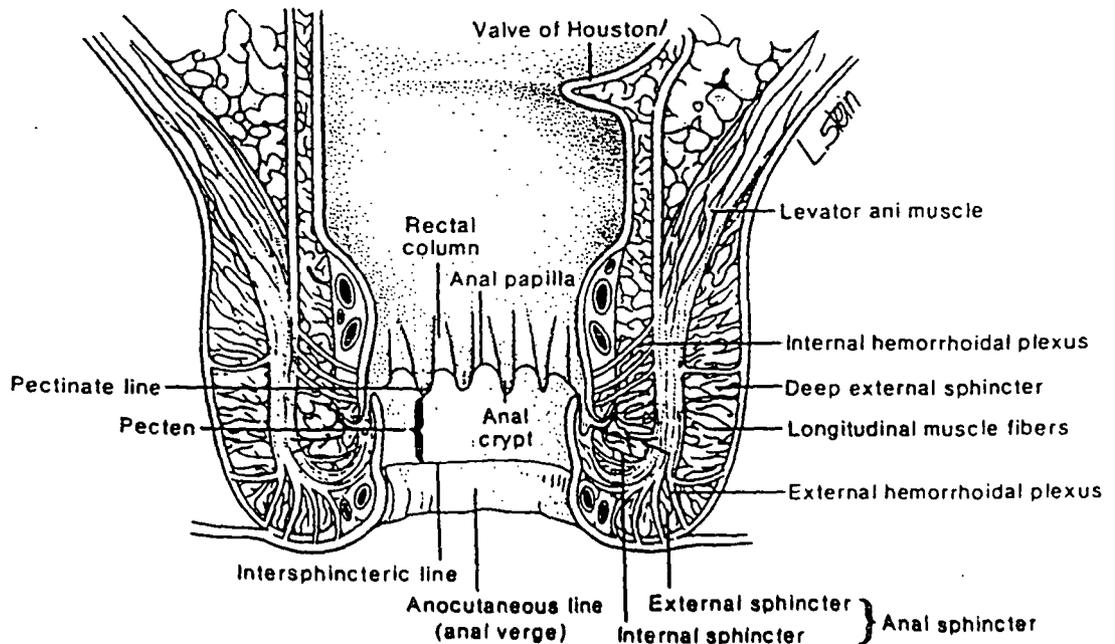
ANATOMIC STRUCTURES IN THE PREPUBERTAL GIRL



Reprinted with permission from Finkel M; DeJong AR: Medical findings in child sexual abuse. In Reece RM: Child Abuse, Medical Diagnosis and Management. Lea & Febiger, Philadelphia, 1994, p. 210.

FIGURE 2.

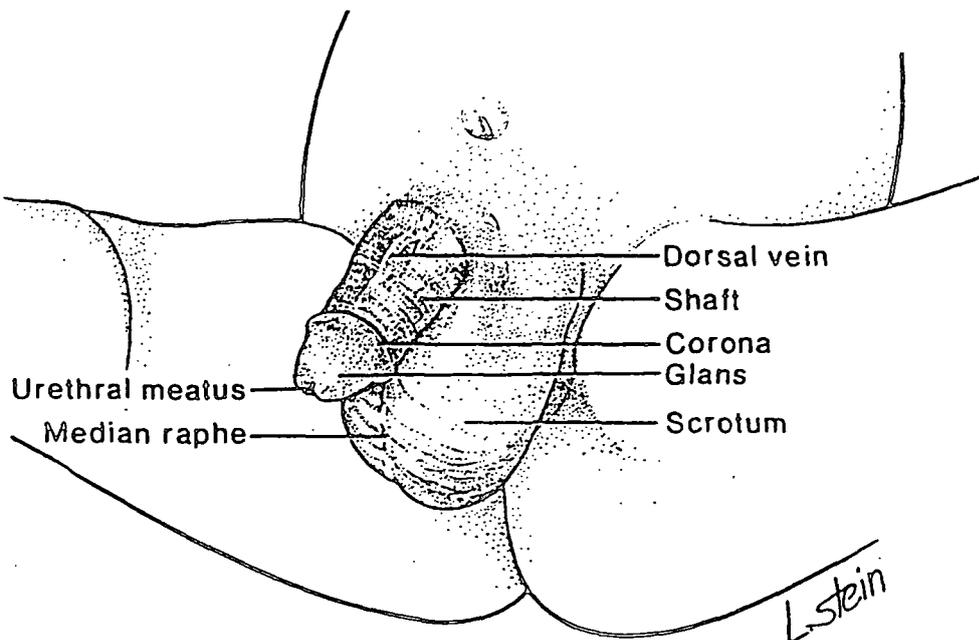
CROSS-SECTIONAL VIEW OF THE ANUS



Reprinted with permission from Giardino AP; Finkel M; Giardino ER; Seidl T; Ludwig S: A Practical Guide to the Evaluation of Sexual Abuse in the Prepubertal Child., Sage Publications, Newbury Park, CA, 1992, p. 50.

FIGURE 3.

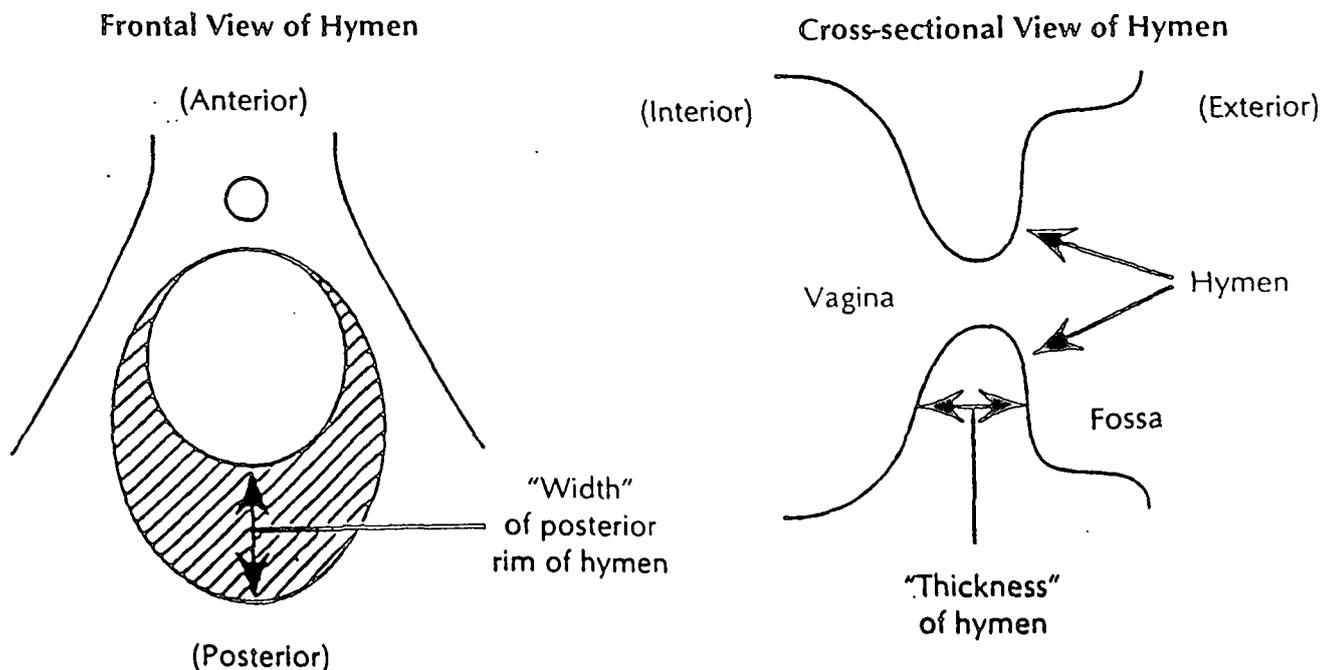
PREPUBERTAL MALE GENITALIA (CIRCUMCISED)



Reprinted with permission from Giardino AP; Finkel M; Giardino ER; Seidl T; Ludwig S: A Practical Guide to the Evaluation of Sexual Abuse in the Prepubertal Child. Sage Publications, Newbury Park, CA, 1992, p. 33.

FIGURE 4.

FRONTAL AND CROSS-SECTIONAL VIEWS OF HYMEN, PATIENT SUPINE



REFERENCES

1. Stedman's Medical Dictionary, 22nd Edition, Williams & Wilkins Co., Baltimore, 1972.
2. Berenson A; Heger A; Andrews S: Appearance of the hymen in newborns. *Pediatrics*, 1991; 87:458-465.
3. Berenson AB; Heger AH; Hayes JM; Bailey RK; Emans SJ: Appearance of the hymen in prepubertal girls. *Pediatrics*, 1992; 89:387-394.
4. McCann J; Wells R; Simon M; Voris J: Genital findings in prepubertal children selected for non-abuse: A descriptive study. *Pediatrics*, 1990; 86:428-439.
5. McCann J; Voris J; Simon M; Wells R: Perianal findings in prepubertal children selected for non-abuse: A descriptive study. *Child Abuse & neglect*, 1989; 12:179-193.
6. Chadwick D; Berkowitz CD; Kerns D; McCann J; Reinhart MA; Strickland S: *Color Atlas of Child Sexual Abuse*, 1989. Yearbook Medical Publishers, Chicago.
7. McCann J: Use of the colposcope in childhood sexual abuse examination. *Ped Clin N Amer*, 1990; 37: 863-880.
8. Adams JA; Phillips P; Ahmad M: The usefulness of colposcopic photographs in the evaluation of suspected child abuse. *Adol Pediatr Gynecol*, 1990; 3:75-82.
9. *Dorland's Illustrated Medical Dictionary*, 27th Edition, W.B. Saunders Co., Philadelphia, 1988.
10. Kerns DL; Ritter ML; Thomas RG: Concave hymenal variations in suspected child sexual abuse. *Pediatrics*, 1992; 90:265-272.
11. Heger A; Emans SJ: *Evaluation of the Sexually Abused Child, A Medical Textbook and Photographic Atlas*. Oxford University Press, 1992.
12. Kellog ND; Parra JM: Linea vestibularis: A previously undescribed normal genital structure in female neonates. *Pediatrics*, 1991; 87:926-929.
13. Giardino AP; Finkel M; Giardino ER; Seidl T; Ludwig S: *A Practical Guide to the Evaluation of Sexual Abuse in the Prepubertal Child*. Sage Publications, Newbury Park, CA, 1992.
14. Finkel M; DeJong AR: Medical findings in child sexual abuse. In Reece RM: *Child Abuse, Medical Diagnosis and Management*. Lea & Febiger, Philadelphia, 1994.

ACKNOWLEDGEMENTS

These guidelines were produced by the Terminology Subcommittee of the APSAC Task Force on Medical Evaluation of Suspected Child Abuse. The Terminology Subcommittee is chaired by Joyce Adams, MD. The Terminology Subcommittee held open meetings at the San Diego Conference on Responding to Child Maltreatment in January of 1991, 1992, 1993, and 1995 to review and reach consensus on the terms listed. Active members of the subcommittee include Martin Finkel, DO; Mary Gibbons, MD; Marcia Herman-Giddens, PA, DrPH; Susan Horowitz, MD; John McCann, MD; Margaret Moody, MD; David Muram, MD; Sue Perdew, RN, Ph.D.; Sue Ross, RN, PNP; Sara Schuh, MD; Rizwan Shah, MD; and Elizabeth Young, MD. Valuable contributions were also made by Carol Berkowitz, MD; S. Jean Emans, MD; Dirk Huyer, MD; Carole Jenny, MD, MBA; and Susan Pokorny, MD.



DEALING WITH TRAUMATIZED CHILDREN

EIDELL WASSERMAN, Ph.D.
CONSULTANT
324 E. LINDBROOK LANE
FRESNO, CA. 93720
(559) 434-8478
bluecorn@earthlink.net



One of the most troubling aspects of our work as Victim Advocates is dealing with children who have been traumatized. This trauma comes from a variety of sources: children who have experienced trauma themselves (*as victims of assault or abuse*) or as witnesses to violence (*seeing their parent assaulted or killed*) or as survivors of violence (*homicide survivors, drunk driving survivors*). These young victims challenge our resources and skills. Even the most experienced Advocate, who has “heard it all,” is emotionally impacted by the trauma experienced by children.

Scientific advances have led to new discoveries of the physiological impact that trauma can have on brain development. There is growing evidence that the trauma that children experience early in their lives literally changes structures in the brain. These changes may explain children’s later aggressive or antisocial behavior. While Advocates don’t need to be experts in brain neurochemistry, a brief overview will help to explain the importance of early intervention with traumatized children.

Following is a brief overview of the impact of trauma on a physiological level, this workshop will focus on the goals of intervention with traumatized children, ending with specific ideas for activities that Advocates can use in working with children and the adults who care for them.



As part of this workshop, each participant will work with others, in a small group, to develop a specific plan for implementing interventions with traumatized children that are useful and appropriate in your community. Participants will gain an understanding of the specific types of activities that can be utilized in your community to help heal children impacted by any level of trauma.



*IN THE U.S. AT LEAST 5 MILLION CHILDREN ARE
VICTIMS OF AND/OR WITNESSES TO PHYSICAL
ABUSE, DOMESTIC VIOLENCE, OR COMMUNITY
VIOLENCE*



THE MAJOR SETTING FOR VIOLENCE IN
AMERICA
IS THE HOME

FACTORS INFLUENCING CHILDREN'S RESPONSE TO VIOLENCE

- TYPE OF VIOLENCE
- PATTERN OF VIOLENCE
- PRESENCE (OR ABSENCE) OF SUPPORTIVE
ADULT CARETAKERS
- AGE OF THE CHILD

BRAIN DEVELOPMENT

- ❖ Basic, regulatory functions develop first
- ❖ The most complex functions develop later
- ❖ The primitive portions of the brain are involved in excitatory activity while the complex functions modulate behavior
- ❖ A child's sensory experiences can impact the development of neural systems
- ❖ Different areas of the CNS are in the process of organization at different times
- ❖ Disruption of critical cues can result from
 - *Lack of sensory experience during critical periods*
 - *Atypical or abnormal patterns of necessary cues due to extremes of experience*

Abnormal micro-environmental cues and atypical patterns of neural activity during critical and sensitive periods can lead to malorganization and compromised function in empathy, attachment, and affect

GOALS OF INTERVENTION WITH TRAUMATIZED CHILDREN

- REGAIN SENSE OF CONTROL
- FEEL WHOLE
- OPTIMISM ABOUT THE FUTURE
- JUSTICE
- RECOVER LOSSES
- HEALING
- GROWTH
- RETURN TO PRETRAUMA STATUS
- RECOVER FROM PHYSICAL INJURY
- RENEWED/NEW SENSE OF COMPETENCE
- RELATE IN MEANINGFUL WAYS WITH OTHERS
- INTEGRATE THE VICTIMIZATION EXPERIENCE INTO HIS/HER LIFE

How a person responds during a victimization will affect recovery.

How others react to victimization will affect recovery.

**WHEN WORKING WITH TRAUMATIZED
CHILDREN YOU WANT TO:**

- ◆ ESTABLISH SAFETY
- ◆ ESTABLISH SECURITY
- ◆ ALLOW CHILDREN TO TELL WHAT HAPPENED
- ◆ PREDICT WHAT WILL HAPPEN AND PREPARE FOR THE FUTURE

WHILE DOING THESE THINGS, YOU NEED TO

1. USE AGE APPROPRIATE COMMUNICATION
2. LET THE VICTIM TAKE THE LEAD IN SETTING LIMITS ON INTERACTIONS
3. BE NON-JUDGMENTAL

METHODS FOR ESTABLISHING SAFETY & SECURITY

- PROVIDE POSITIVE CONTACT (ONLY IF THE VICTIM FEELS COMFORTABLE WITH SUCH CONTACT)
- RESPOND TO CONCERNS ABOUT SAFETY, ESPECIALLY AT HOME
- DEVELOP PROTECTIVE ACTION PLANS FOR THE FUTURE
- PROVIDE PHYSICAL SYMBOLS OF NURTURING
- HELP WITH REESTABLISHING ROUTINES
- USE RITUALS WHEN APPROPRIATE
- ALLOW CHILDREN TO TELL WHAT HAPPENED
- ENCOURAGE THEM TO TELL OR DEVELOP STORIES TO HELP EXPLORE INTENSE REACTIONS
- REASSURE THEM THAT SADNESS AND GRIEF ARE NORMAL AND NECESSARY
- HELP THEM DESCRIBE AND UNDERSTAND REACTIONS TO TRAUMA
- TALK WITH THEM ABOUT THEIR OBSERVATIONS OF OTHERS' REACTIONS

**PREDICT WHAT WILL HAPPEN AND PREPARE
FOR THE FUTURE**

- ENCOURAGE REESTABLISHMENT OF ROUTINES
- EDUCATE ABOUT TRAUMA
- HELP THEM DEVELOP REASONS TO GO ON
- HELP THEM TAKE TIME TO THINK ABOUT THEIR FUTURE
- SUPPORT ADULT CAREGIVERS OF CHILD VICTIMS TO REACT APPROPRIATELY
- ADDRESS WHAT CAN AND CANNOT BE DONE
- HELP MITIGATE OTHER CHANGES IN THEIR LIVES
- ADDRESS ESTRANGEMENT FROM FAMILY AND PEERS
- HELP FOCUS ON THE FUTURE

SPECIFIC METHODS FOR WORKING WITH CHILDREN

- ORAL STORYTELLING
- GUIDED FREE PLAY
- TALKING CIRCLES
- CREATIVE WRITING
- CREATIVE/TRADITIONAL ART
- DRAMATIC ENACTMENTS
- MUSIC
- PRAYER/MEDITATION
- DEVELOP HEALING RITUALS
- TRADITIONAL HEALING PRACTICES

INTERVENTIONS FOR ADULTS

- MOBILIZE SUPPORT SYSTEMS
- EXERCISE
- EAT RIGHT
- TALK ABOUT THE TRAUMATIC EXPERIENCE
- RELAXATION EXERCISES
- HUMOR
- HOT BATHS
- MUSIC AND ART
- AVOID OVERUSING STIMULANTS
- DO SOMETHING PERSONALLY MEANINGFUL EVERY DAY
- ORGANIZE OR DO SOMETHING SOCIALLY ACTIVE
- IDENTIFY WHAT IS IMPORTANT TO YOUR CLIENT



UNDERSTANDING AND RESPONDING TO THE TRAUMA OF VICTIMIZATION

To experience anguish and anxiety in the face of the perils that threaten us is a healthy reaction. Far from being crazy, the pain is testimony to the unity of life. The deep interconnections that relate us to other beings.

Joanna Macy

Trauma of Victimization

Victims of personal crimes are dealt a severe blow to their view of reality:

- They have been deliberately violated by another human being
- The crimes may range from having a pocket picked to murder
- The issues involved with each type of crime are unique
- The personal abilities of victims to deal with the specific type of crime are also unique

Extent of Victimization

- Every 2 seconds a property crime is committed
- Every 15 seconds a woman is battered
- Every 46 seconds someone is robbed
- Every minute 1.5 adult women are raped
- Every minute approximately 6 American children are reported as abused and neglected
- Every 21 minutes someone is murdered
- Every day 55 Americans are killed in alcohol-related traffic crashes

(from National Victim Center 1994 Crime Clock)

Stages of Crisis

Most victims experience a common series of emotional reactions. This parallels the grief process outlined by Elisabeth Kubler-Ross in *On Death and Dying*, or rape trauma syndrome described by Ann Burgess in *Rape and its Victims*. It consists of three basic stages:

STAGE ONE: Crisis/Acute Stage

Denial - "This can't be happening to me, it must be a dream."

"I feel like an observer, watching and reliving someone else's experience."

STAGE TWO: Intermediate Stage (24 hours to 6 weeks):

A series of different emotions intrude and fade with varying intensity: fear, anger, guilt, frustration, and embarrassment. They are often accompanied by disruptions in eating/sleeping patterns and a change in lifestyle. Victims can fluctuate between feeling able to cope to feeling out of control. One minute they will blame themselves and the next rage against the individual(s) who harmed them.

STAGE THREE: Reintegration (one week to one year):

Victims resume normal life. The intrusive memories lessen and the victims integrate the crime into their total life experiences. As one victim commented, "I have it in perspective now and don't think of it very often anymore."

While these are the primary stages of crisis, victims react differently. Many victims are amazingly resilient and can cope easily in the aftermath of a crime. In some cases, it takes longer for the bruises to heal than the emotional scars. Much depends on how the crime is perceived by the victim, family and friends, and the community. Victims' reactions do not take place in an isolated environment, but are influenced by other circumstances.

Identifying and Assessing Signs of Crisis*

Crisis Intervention

With the gift of listening comes the gift of healing, because listening to your brothers or sisters until they have said the last words in their hearts is consoling. Someone has said that it is possible "to listen a person's soul into existence." I like that.

-Catherine de Hueck Doherty

Overview

Natural caregivers have known for centuries the value of listening with great care and little judgment to a person's sorrow and pain. Though some people have a natural gift for providing that kind of help, most people need some assistance in learning the basics of crisis intervention -- it is, to a degree, "contra-instinctual" -- and everyone can, with study, improve their crisis intervention skills.

In the aftermath of a catastrophe, most victims must deal with the physical and emotional shockwaves of the event but also, in short order, with the sense of helplessness, powerlessness, and a loss of control.

For many victims, the physical and emotional reactions that describe crisis are not severe, and recede after a few hours or days. For others, the crisis is put on hold while they

mobilize their survival skills, and only days, even years, later, are they slapped with a sense of the enormity of the event, now vividly remembered. Even victims who do not develop the symptoms of long-term stress reactions face the risk that certain "triggers" will reproduce the old feelings of panic, helplessness, anger, and the like.

"Crisis Intervention" is obviously a humane effort to reduce the severity of a victim's crisis, to help the victim win as much mastery over the crisis experience as possible. To understand the potential benefits of crisis intervention, it is worth emphasizing that these are a battery of skills that victim advocates should possess -- but so should others whose professional work brings them into contact with victims in crisis.

A common response in the shock of the moment is for the victim to retreat into a childlike state, and when the immediate danger is passed, to turn to someone nearby who is perceived as an authority figure for help-- a law enforcement officer, teacher, nurse, a friend, anyone who offers a sense of "parental" comfort. Anyone whose job constantly puts them in that role discovers how "accessible" the victim is at the moment. The helper is now invested with extraordinary influence in the life of the victim in crisis. In these circumstances, the helper is a crisis intervener -- perhaps a gifted one, perhaps one whose talents have been forged by experience, or far more likely, a conscientious professional with no training or skills in how to interact with people in crisis, to the detriment of both the victim and the professional.

"Crisis" encompasses a number of intense, tumultuous emotions; it can be a continuing condition, or alternatively flare and recede; any stressful, post-crime event, such as going to a battered women's shelter, or to a lineup, or to a trial, may put the victim back into crisis. While there are no predictors about who will experience crisis, or when the onset will be, or how severe it will be in the intensity or duration, a working presumption for most crisis interveners is that the sooner the service is offered, the better. Indeed, there is a conviction among many practitioners that on-scene intervention, when the victim is in the early stages of distress, may prove to prevent or greatly reduce the crisis symptoms that might otherwise afflict the victim.

Techniques

A. Safety and Security

1. The first concern of any crisis intervener should be for the physical safety of the victim. Until it is clear that the victim is not physically in danger or in need of emergency medical aid, other issues should be put aside. This is not always immediately obvious. Victims who are in physical shock may be unaware of the injuries they have already sustained or the dangers they still face.

For the crisis intervener who is responding to a telephone crisis call, the question should be posed immediately, "Are you safe now?" Intervenors who are doing on-scene or face-to-face intervention should ask victims if they are physically harmed. That question alone may cause the victim to become aware of a previously undiscovered injury.

2. A parallel concern should be whether the victim feels safe. The victim may not feel safe in the following circumstances:

The victim can see and hear the assailant being interviewed by law enforcement officers.

The victim is being interviewed in the same area where the attack took place.

The victim is not given time to replace torn clothes.

The victim is cold and uncomfortable.

The assailant has not been apprehended and he has threatened to return.

Any of these may make the victim feel unsafe even if there are law enforcement officers present. In the aftermath of Edmond, Oklahoma, post office mass murders in 1986, one of the survivors of the attack said that he would not feel safe until the assailant, Patrick Sherrill, whose final killing was of himself, was physically in his grave.

3. A priority for some victims and survivors is the safety of others as well. If a couple has been robbed in a street crime, each may be more worried for the other person than himself or herself. Parents are often more concerned about the safety of their children than their own.

4. Survivors of victims of homicide may not focus on safety but rather seek a sense of security through the provision of privacy and nurturing. Their anguish and grief can be made more painful if there are unfamiliar and unwanted witnesses to their sorrow.

They, too, will suffer feelings of helplessness and powerlessness. The shock of the arbitrary death of a loved one is usually not assimilated immediately and survivors may not understand questions or directives given to them. One mother did not realize that she had said yes when she was asked if she wanted to identify the body of her son. When she was taken to the morgue, she became hysterical and distraught because she was not properly prepared.

5. All victims and survivors need to know that their reactions, their comments, and their pain will be kept confidential. If confidentiality is limited by law or policy, those limits should be clearly explained.

6. Security is also promoted when victims and survivors are given opportunities to regain control of events. They cannot undo the crime or the death of loved ones, but there may be opportunities for them to take charge of things that happen in the immediate aftermath.

7. Hints for Helping.

a. Make sure the victims/survivors feel safe or secure at this point in time.

Sit down to talk.

Ask the victims/survivors where they would feel safest when you talk to them, and move to that location.

If it is true, reassure them with the words "You are safe now."

Identify yourself and your agency clearly, and explain your standards of confidentiality. You might say, "Our program's standards require me to keep all information that you tell me confidential unless you give your permission to me to release it..."

If possible, keep media away from victims/survivors or help them in responding to media questions. If the case involves a sensational crime and there are media representatives approaching the survivors, try to ensure that the victims/survivors understand that they do not have to answer questions unless they want to, and under circumstances of their own choosing.

If they have loved ones about whom they are concerned, try to find out as much information as possible about the safety of the loved ones. For instance, a mother who has been a victim on the way home from work might not be as worried about the victimization as the safety of a child who is home alone awaiting her arrival.

If victims are to be interviewed by law enforcement officers, try to ensure that they understand questions by asking them to repeat the question back to the interviewer.

Provide victims with information that may help to assure them of their safety. For instance, if they have been survivors of a massacre, it may help if they are assured that the gunman is dead, or that he has been apprehended.

If they are not safe, keep them informed about the extent of additional threat. For instance, if the gunman is still at large, try to get information about his whereabouts. If possible, find them an alternative location at which to stay for a few hours or a few days. In the aftermath of the serial killings of five co-eds in Gainesville, Florida, the victim/witness program and the community arranged for students to sleep together in dormitory-like conditions in a large auditorium surrounded by guards, all to restore a sense of safety.

Give victim permission to express any reactions and respond non-judgmentally. Say: "You have a right to be upset over this tragedy, so don't be afraid to tell me what you are thinking."

b. Respond to the need for nurturing -- but be wary of becoming a "rescuer" on whom the victim becomes dependent. The "rescuer" who ends up months later making decisions for the victim has subverted the primary goal of crisis intervention; that is, to help the victim restore control over his or her life.

An apt analogy for the role of the crisis intervener at this stage is as follows: when a person breaks his leg, a doctor sets it and puts it in a cast. While it heals, the patient uses crutches to get around, and when the cast is removed, the leg still needs exercise and care to become strong again. When someone survives a violent crime or the death of a loved one, they survive with a fractured heart. The crisis intervener becomes like the doctor. The initial intervention helps the survivor by protecting that heart as much as possible against further harm. Later, the crisis intervener provides support, understanding, and a few crutches while the survivor begins the long process of healing a broken heart.

c. Help survivors to re-establish a sense of control over the small things, then the larger ones, in their lives.

While it is important to assist survivors with practical activities, it is also important to allow them to make decisions for themselves and to take an active role in planning their future.

The crisis intervener initially can offer survivors a sense of control by asking them simple questions involving choices that are easily made. For instance, "What name would you like me to use in talking with you?" "Where would you like to sit while we talk?" "Would you like a glass of water?"

Often the recovery of a physical object that is important to the survivor helps to reestablish a sense of control. For instance, after an arson burned down much of one family's home, the entire family was strengthened when a law enforcement officer found their cat in the bushes nearby. The family had thought the cat had died in the fire.

B. Ventilation and Validation

1. Ventilation refers to the process of allowing the survivors to "tell their story." While the idea of "telling your story" seems a simple concept, the process is not easy. Victims need to tell their story over and over again. The repetitive process is a way of putting the pieces together and cognitively organizing the event so that it can be integrated into the survivor's life. The first memory of the event is likely to be narrowly focused on, say, a particular sensory perception or a particular activity that occurred during the event. Victims usually see the criminal attack with tunnel vision. They know intuitively that other things are happening around them, but they may focus on an assailant's knife, their struggle to get away, their first impression of a burglarized room. As time goes by, memory will reveal other parts of the event. These bits of memory will come back in dreams, intrusive thoughts, and simply during the story-telling process. The victimization story will probably change over time as they learn new things and use the new information to reorganize their memories.

For example, a victim who reported a burglary first told the crisis intervener that he heard a noise and he went downstairs to see what was wrong, finding a burglar in his front

room. The burglar grabbed something and struck him in the stomach before running out the front door. There was a crash and then everything went silent.

When the man repeated the story the second time, he said that he remembered that it was just a noise, but it sounded like some whispering and rustling. On a later telling, he remembered that when he came downstairs, he saw a brief flash of light toward the back of the house.

Upon investigation, it was discovered that there had probably been two burglars and one had exited through the kitchen window in the rear of the house.

This process of reconstructing a story results in inconsistent or contradictory stories, which undermine an investigation or a prosecution. However, from a crisis intervention perspective, it is perfectly normal for the process of ventilation to reveal a more complete story over time. Realistically, a victim will tell his story over and over again, with or without a crisis intervener, in order to reconstruct the event, so that the story will often change anyway. The difference is that the crisis intervener will provide a sounding board for the victim's distress as the review process unfolds.

For victims, the replaying of the story over again helps them get control of the real story. The "real" story is not only the recitation of the event itself, but usually includes the story of various incidents in the immediate aftermath; the story of ongoing traumatic incidents related to the crime; the story of families' or friends' involvement in the event; and so forth. Each of these stories must be integrated into the victim's final mental recording of the event.

2. A part of the ventilation process is finding words or other ways that will give expression to experiences and reaction. In this aspect, ventilation is often culturally-specific. Some cultures may express their reactions through physical or various artistic forms rather than words. In most of the United States, words are the most comfortable form of expression.

The power found in putting words to feelings and facts is tremendous. There is often a depth of emotion in telling another person that a loved one has died, even in finding the name of the loved one. The power is also illustrated in the release that many victims find when an intervener responds to their ventilation with a word that expresses what victims feel. For instance, victims may feel intense anger towards an assailant and find the word "anger" insignificant to express their intensity. When an intervener offers a word like "outrage" or "fury" to describe their feelings, victims often feel a sense of liberation -- a sense of permission to feel such intense emotions.

The exact words to describe events and experiences are often vital. For example, Mothers Against Drunk Driving (MADD) is adamant about the importance of calling the collision of a car driven by someone drunk a drunk-driving "crash," a term often used to describe a mechanical or human error.

3. Validation is a process through which the crisis intervener makes it clear that most reactions to horrific events are "normal."

a. Validation should be content-specific. Example: rather than saying "I can't imagine how upset you are," it is preferable to say "I can't imagine how upset you are about your son's death in the car crash."

b. Care should be taken in the words that are used to validate. For instance, many survivors do not want to hear their reactions are "normal reactions to an abnormal situation" - a common summation of what crisis and trauma produce - because survivors want to have their experience validated as unique. Telling them that their reactions are "not uncommon" seems to be more effective.

c. Where possible, repetition of the actual phrases that the survivors use to describe experiences is useful. Example, if someone says, "I can't sleep at night, I am so afraid that someone will break in and kill me and my family," an appropriate response would be, "It's not unusual for you to be afraid after such a terrifying experience. If you can't sleep at night, that only shows how afraid you are."

4. The focus of validation should be that most reactions of anger, fear, frustration, guilt, and grief do not mean that the victim is abnormal, immoral, or a bad person. They reflect a pattern of human distress in reaction to a unique criminal attack.

a. While most reactions are normal, there are some people with pre-existing mental health problems who have harmful reactions. There are also some who react to personal disasters in a dangerous way - to themselves or others. In the aftermath of crisis, the intervener should always be alert to any words or other signs of suicidal thoughts or threatening behavior towards specific individuals. If these arise, seek immediate professional help - a mental health professional, a suicide hotline, even a law enforcement agency if there is an imminent threat to someone else.

b. While most reactions are normal, most people have not experienced such intense feelings, so they think they are "going crazy." Survivors should be reassured that while the crisis has thrown their lives into chaos, they are not, as a consequence, crazy.

5. Hints for Helping. The following introductory questions will help the victim focus on the crime in an objective way. It will help the victim impose an order on the event and begin to take control of the story. It may help to ask the victim to recall that day from the beginning, so that the "normal" parts become part of the crisis story.

a. Ask the victim to describe the event.

b. Ask the victim to describe where he or she was at the time of the crime, which he or she was with, and what he or she saw, heard, touched, said, or did.

c. Ask the victim to describe his or her reactions and responses. As the victim begins the description, remember to validate the reactions and responses. If she says: "I remember turning stone cold when I felt the hand on my back and a tug at my purse," say, "Some people have called that a 'frozen fright' reaction."

d. Ask the victim to describe what has happened since the crime, including contact with family members, friends, the criminal justice system, and so on. Responses to this question will help reveal whether the victim has suffered additional indignities as a result of the crime or whether the victim has been treated with dignity and compassion.

e. Ask the victim to describe other reactions he or she has experienced up to now. Again, validate reactions.

f. Let the victim talk for as long as you can. If you are running out of time, give the victim at least a fifteen-minute warning, such as, "Mrs. Jones, I really want to hear more about your experience and reactions, but I have to leave in about fifteen minutes. If we don't finish up this part by then, I want to do that tomorrow, at a time that is good for you. If I don't hear from you, I'll give you a call, if that's okay."

g. Don't assume anything - even the apparent pattern of the crisis reaction is suspect. So, for example, the victim's controlled calm of the moment may yield to tears in a few minutes, or a few weeks. Indeed, if the victim is experiencing crisis, it is safe to bet that his or her reactions will take new form over time.

h. **Don't** say things like: I understand.

It sounds like...

I'm glad you can share those feelings.

You're lucky that...

It'll take some time but you'll get over it.

I can imagine how you feel.

Don't worry, it's going to be all right.

Try to be strong for your children.

Calm down and try to relax.

Do say things like: You are safe now (if true).

I'm glad you're here with me now.

I'm glad you're talking with me now.

I am sorry it happened.

It wasn't your fault (if there was no attributable blame to the victim).

Your reaction is not an uncommon response to such a terrible thing.

It must have been really upsetting to see [hear, feel, smell, touch] that.

I can't imagine how terrible you are feeling.

You are not going crazy.

Things may never be the same, but they can get better.

To improve communication with the victim, avoid words like:

Feelings - although this chapter is concerned with victims' feelings, in practice it is better to stick with the word "reactions" to describe "feelings." Many people are uncomfortable with being asked to talk about their feelings or emotions.

Share or sharing - ask people to tell you about their experiences. Don't ask them to "share" those experiences or thank them for "sharing." No one can literally share another person's experience, even if they have suffered through the same event. Many people resent the presumption implicit in this term, or the "social work" connotation it carries.

Client or Victim or Survivor - when talking to or about a person for whom you are providing crisis intervention, use the victim's preferred name.

Incident or Event - when referring to the crime or the criminal attack. While such words may be used in other settings, they are inappropriate in talking with the person who has survived such an "event."

Alleged - when referring to a victim. Let the lawyers speak of alleged victims and offenders if they need to. Victim advocates should assume that people who describe themselves that way are what they say - victims of crime.

C. Prediction and Preparation

1. One of the potent needs that most victims have is for information about the crime and what will happen next in their lives. Remember, their lives have typically been thrown into chaos and they feel out of control. A way to regain control is to know what has happened and what will happen - when, where, how.

2. The information that is most important to victims is practical information. The following are examples. Note that some topics may raise scary possibilities that the victim has not even considered; the intervener may tactfully touch on such issues or defer them. However, never duck any unpleasant surprise if there is reason to believe that the victim will find out about it soon.

a. Will the victim have to relocate? Many burglary victims need to move temporarily because their homes are no longer secure. If relocation is necessary or recommended, what are the victim's options?

b. Does the victim have adequate financial resources to pay for any immediate needs caused by the crime? The robbery victim may not have money to pay for food or rent, even if a compensation program may reimburse a victim at a later date, the need for immediate money is sometimes overwhelming.

c. What legal issues confront the victim? Will the case be processed in the criminal justice system? Will there be an investigation? What are the chances that there will be an arrest - and then prosecution, trial, conviction, and sentencing? Does the victim have civil litigation options? Might it be feasible for the victim to sue the offender or a third party who might be held responsible for factors leading up to the attack? Note that honest answers and estimates are essential; to the victim of a "cold" burglary with no immediate suspects, the bad news is that fewer than one such case in fifty results in an arrest in most jurisdictions - and giving a rosier picture will undermine your future credibility. By the same token, there may be many questions that arise which are beyond the intervener's expertise; note them, and help the victim to get expert answers.

d. What immediate medical concerns face the victim? An injured victim needs information about the extent of those injuries. A sexual assault victim may need information to make informed decisions on testing for pregnancy or sexually-transmitted diseases, including HIV. The survivor of a victim of homicide or catastrophic injury may need detailed information about the cause of death or extent of injuries.

e. What will be expected of the survivors of a homicide victim in the immediate future? Will they be asked to identify the body? If so, what is the condition of the body? Is there a need to address immediately funeral considerations? (Some religions call for immediate burial.) Do the survivors know their loved one's body will be given an autopsy?

f. What does the victim need to know about the media? As indicated above, if the case is sensational or has a "newsworthy" face to it, it is likely that there will be media coverage. Does the victim know his or her rights? Is the victim prepared for a full media intrusion? Has the victim been warned that what appears in the media may not have any relation to the truth as he or she has experienced it?

3. The second priority is the information on possible or likely emotional reactions that the victims might face over the next day or two, and over the next six months or so - emphasizing that there is no particular timetable when victims can expect to experience

crisis reactions, or which of the intense emotions may surface. In many ways, this review will become as important as anything else they learn. In the initial stages of dealing with the crime, practical issues are their priority. Some of the emotional concerns that should be outlined, however, are the following:

- a. Immediate physical and mental reactions to crisis. These reactions may include inability to sleep, lack of appetite, anxiety, numbness, estrangement from the world, a sense of isolation, anger, fear, frustration, grief, and an inability to concentrate.
- b. Long-term physical and mental reactions. These reactions may include intrusive thoughts, nightmares, terror attacks, continued sense of isolation, inability to communicate with others, sleep disturbances, depression, inability to feel emotion, disturbance of sexual activity, startle reactions, irritability, lack of concentration, and so forth.
- c. Reactions of significant others. While some friends or family members serve as the most important source of emotional support for victims, many cause as much harm as good. Three common reactions that may cause victims distress are: over-protectiveness; excessive anger and blame directed toward the victim; and an unwillingness to talk about or listen to stories of the crime.
- d. Victims should expect that everyday events may trigger crisis reactions similar to the ones they suffered when the crime occurred. Thus, the birthday of the son who was murdered may trigger overwhelming feelings of grief and anger about the murder. A sunset of a particular shade and color may trigger a panic attack in a victim who was robbed during such a sunset. The smell of alcohol on the breath of a young man may trigger an outburst of rage in a young woman who had been raped by a man who had been drinking.

4. In addition to needing predictable information, victims need assistance in preparing for ways in which they can deal with the practical and emotional future. The following are some hints for helping.

- a. Take one day at a time. Suggest that the victim plan each day's activities around needed practical tasks. Help the victim list the tasks that need to be done and set a goal for accomplishing a certain number each day. Victims who have been severely traumatized may want to check in with you after each day to report their progress and to receive positive feedback on any successes.
- b. Problem-solving. Show the victim how to use problem-solving techniques to address the overwhelming problems that he might face. Suggest that the victim list the three most important problems confronting him for the next day. After he makes his list, have him analyze whether all three really need to be done in the next twenty-four hours. If he thinks so, ask him to sort the list in priority order. Take the first problem he has listed and ask him to think about all the possible ways he might deal with the problem. After he has discussed such ideas, ask him to choose the option that he thinks is most feasible.

Example: Jim is a robbery victim. The robber stole his wallet and the contents of his pockets, which included all of his cash, his bank card, his driver's license, his car and apartment keys, and a pocket watch. Jim is panicky because it's 9 at night and he doesn't have any money and doesn't know how to get home. Even if he is able to get there, he doesn't have keys to get into his apartment or to drive to work in the morning.

You ask Jim to list his three biggest problems. He says: getting home, getting in his apartment, and getting to work in the morning, in that priority order. You ask him to think of all the possible ways he might be able to get home. After some thought, he decides that he can borrow a quarter from you and call a friend to come get him. He then realizes that his friend would probably let him stay at his house overnight, if needed. He also realizes, as he is thinking, that he might be able to call his landlord from his friend's house and arrange to get into his apartment. As he begins to think calmly and carefully about the problem he remembers he has an extra set of keys to both his apartment and his car at home... and so the problem-solving begins and may continue.

c. Talk and write about the event. Suggest to victims that they use audiotapes or write a journal to tell their unfolding stories. Even if no one else sees or hears these stories, it is a way of expressing oneself and a way of processing thoughts.

d. Plan time for memories and memorials. It can be predicted that certain things will be trigger events for future crisis reactions. Urge victims to try to think through what those trigger events might be and allow themselves time to deal with those reactions. For example, a woman who had been sexually assaulted on October 14 routinely took that day off from work to do something nice for herself and to think about her pain.

e. Encourage victims to identify a friend or family member on whom they can rely for support during times when they must confront practical problems. If they are able to name that person, suggest that they call and explain their need for support and help. If this is done in advance, it makes it easier to request certain help when the time comes.

f. Good nutrition, adequate sleep, and moderate exercise can significantly help victims survive times of crisis. That underestimated triad is, in fact, the basis for virtually all stress reduction programs. Help victims set up their own regular routine of health. At first it may be difficult, but if they keep trying they will readily realize some benefits.

... Charles Dickens said, "No one is useless in this world who lightens the burdens of others."

* Reprinted from the National Organization for Victim Assistance

Secondary Victimization*

After the trauma of a crime, many report being victimized by the very systems that were designed to help them. The media, health services and criminal justice system can respond to victims of crime in ways that make them feel traumatized again. A counselor can help to reduce the chances of secondary victimization by helping victims to understand their rights.

Crime Victims' Rights

While the American criminal justice system is primarily modeled after the English system, there is an important difference in criminal prosecutions. Historically, criminal prosecutions in England were private actions brought by the victim or a representative of the victim. In the American tradition, a crime is deemed to have been committed against the state or against society as a whole. An unfortunate outcome of this is the victim's assignment as a witness. Since the crime is viewed as being committed against the state, it is the state's job and right to prosecute. In criminal cases, it is not the victim who decides if the case will go to court. The victim has little or no control over the process of bringing the offender to justice.

In recent years, America's victims' rights movement has advocated to up-grade the victim's role in the criminal justice process. It has sought to balance the rights of victims and the accused. During the past two decades, all states have passed laws affirming the rights of crime victims. Almost every state has enacted "victims' bills of rights." A quarter of the states have passed constitutional amendments for victims' rights.

Today, victims are frequently categorized - sexual assault victims, domestic violence victims, child abuse or neglect victims, elderly victims of abuse, victims with disabilities, victims of hate-motivated crimes, and even Good Samaritans. Many states have included surviving family members of homicide victims in their definition of "victim." These groups often have rights and remedies that are unique and distinct, such as protection from abuse orders for domestic violence victims, videotaped testimony and testimonial aids for child victims, and protective services for elderly victims.

All states have rights for crime victims, but the scope varies greatly from state to state. Victims' rights can include:

- The right to attend and/or participate in criminal justice proceedings

- The right to notification of the stages/proceedings in the criminal process and of other legal remedies

- Protection from intimidation and harassment

The right to confidentiality of records

Speedy trial provisions

The right to prompt return of the victim's personal property seized as evidence from offenders

The availability of offenders' profits from the sale of the stories of their crimes

Victim compensation and restitution

Victim Impact Statements*

Courts in every state are permitted to consider or even to request a victim impact statement. These statements provide a way for those deciding a case to factor in the human cost of the crime and for victims to participate in the criminal justice process.

Almost all states provide for victim input at sentencing. Impact statements can be mandated by law, or left to the judges' discretion. Most victim impact statements normally written, and become part of the pre-sentence report. They may be drafted by the official preparing the pre-sentence report, the victim, or survivors of the victim, depending on the law. In some states, the parent or guardian of a minor or incompetent victim can prepare the statement. The Child Protection Act of 1990 permits child victims of Federal crimes to submit victim impact statements in ways that are "commensurate with their age and cognitive development," which could include drawings, models, etc.

A state may allow written or oral statements at sentencing. The oral statements may be made by the victim, survivors of a victim, or in some states, a representative of the victim or victim's estate.

Victim impact statements can include the financial, physical, psychological or emotional harm that the victim or victim's family suffered. State law might specify what can be included in the statement, or it may simply permit a "description of the impact of the offense." Victims may be permitted to state what sentence they wish the offender to receive or voice their opinions about the proposed sentences. In more than half of the states, victims can submit impact statements even if the offender was sentenced prior to the passage of an impact statement law. The majority of states also permit victim input at the parole hearing.

In 1990, the California legislature passed a law which permits the use of videotaped victim impact statements at parole release hearings. Acknowledging that many victims are unable to travel to parole release hearings, more states are permitting video impact statements. Some states are permitting the use of audio taped victim impact statements for the same reasons.



The Process of Child Sexual Abuse Investigations

By Blaine D. Mc Ilwaine

Specific problems in Child Sexual Abuse Investigations

- 1. Undue length of time since incident.
- 2. Lack of a confession.
- 3. Lack of physical evidence
- 4. Weak or unclear statement from victim.
- 5. Lack of corroboration from witnesses.
- 6. Poor cooperation between agencies.
- 7. Lack of cooperation of parents.

Further Problems in Child Sexual Abuse Investigations.

- 8. "Normal conflicts and delays of the Criminal Justice System.
- 9. Travel problems due to:
 - Time
 - Weather
 - Distance
 - Lack of communications

ELEMENTS OF A STRONG CASE

- 1. Recent report of event to authorities.
- 2. Confession by offender.
- 3. Independent corroboration by witnesses.
- 4. Explicit statement from the victim.
- 5. Physical evidence.
- 6. Cooperation of agencies and relatives.

Child Abuse in the Community

- Denial has been a consistent factor in these investigations.
- The first step in detecting child abuse is recognizing the possibility that it could happen.
- Sympathy for victims has been inversely proportional to their age.
- Protection of the child must remain our primary concern.

TYOLOGIES OF MOLESTERS

- A typology developed at the FBI Academy divides child molesters into two broad categories.
- These categories are descriptive rather than scientific and describe behavioral traits.
- This typology was developed to help people involved in child abuse work to better understand molesters and their activities.

Two Major Categories of Molesters

- *Situational Molesters* - no true sexual interest in children.
- *Preferential Molesters* - a distinct preference for sex with children. Described as Pedophiles in professional literature, such as DSM 4.

The Situational Molester

- This offender is the largest group in terms of molester population.
- This type of molester does not manifest a true sexual attraction to children.
- Given a choice he would rather have sex with an adult.
- He will engage in sex with children for varied and complex reasons.

The Situational Molester

- His sexual encounter with children may be once or it may occur over a much longer time depending on circumstances.
- They generally tend to molest fewer numbers of victims than Preferential molesters.
- The majority of the child sexual abuse complaints we investigate connect to these offenders.

Interest Situational

Preferential Molesters

- They have sex with children not because of some situational stress or insecurity but because they are sexually attracted to and prefer children.

- Child Molesters: A Behavioral Analysis 1987

Pedophiles

1. Long term and persistent pattern of behavior.
2. Children as preferred Sexual Objects.
3. Well developed techniques in obtaining victims.
4. Sexual fantasies focusing on children.

- Child Molesters: a Behavioral Analysis 1987

Three Commonalties of Preferential Molesters

1. A Method of Access to Children
2. Multiple Victims
3. Collection of Child Pornography and/or "Child Erotica"

Child Pornography Vs. Child Erotica

- Child Pornography is easily recognizable for what it is - a visual depiction of a child being victimized.
- It is contraband - illegal to possess and a dead giveaway in any investigation.
- Child Erotica is a broader and more encompassing term
- It may not be as recognizable as Child Porn.

Evidence in Child Sexual Abuse Cases.

- 1. Forensic
- 2. Circumstantial
- 3. Eyewitness
- 4. Direct.
- 5. *Collateral*

Evidence in Child Abuse Investigations

- Forensic evidence Scientific evidence which links a person to a crime.
 - Example: DNA in sex crimes (blood, semen, hairs etc.)
- Circumstantial evidence Facts or circumstances which tend to implicate a person in a crime.
 - Example: Child's description of a tattoo or birthmark near an offender's genitals.

Evidence in child Sexual Abuse Investigations

- Eyewitness Evidence - Caught in the act.
 - Example: A person sees an offender abusing a child. Very rare.
- Direct Evidence - Tangible items which generally directly implicate the person in the crime.
 - Example: Photographs, recordings, possession of items linking the offender to a victim or scene.

Collateral Evidence in Child Sexual Abuse Investigations

- Materials which do not directly associate the offender with the crime, however, it provides authorities with evidence of the individual's sexual preference, sexual interest or hobbies.
- The material may not necessarily be of a sexual nature.
- These are the type of materials most often overlooked by offenders and investigators.

Child Erotica and Pedophile Paraphernalia

- These materials must be evaluated in the context in which they are found.
- Remember the offender collects these for sexual purposes as part of his seduction process of and fantasies about children.
- The discovery and seizure of these materials by law enforcement is of invaluable assistance to the investigation.

“Erotica”

- Any material which sexually excites or enhances fantasies which pertain to the crime under investigation.
 - Example: Fetish Items (underwear, photos etc.)
 - Determining whether an item is a “fetish item” may depend on:
 - Where you find it- does the item belong there?
 - How much time and money the offender spent on it.

“Child Erotica” in Investigations

- This is taking the normal “fetish” type of evidence and now applying it in terms of child sexual abuse cases.
- Child erotica has been defined as “any material, relating to children, that serves a sexual purpose for a given individual.”
 - Examples: drawings, child games, fantasy writings, ordinary photos of children.

Areas of Child “Erotica”

- Published materials related to children.
 - Any official publication relating to children to include:
 - Child development, sex education, sexual disorders, sexual abuse of children, novels etc.
- Any unpublished material relating to children.
 - Examples include items such as:
 - letters, diaries, telephone books, newsletters or bulletins.

Additional Areas of Child Erotica

- Objects of Art and collections of items dealing with children.
- Possession of articles or materials which allow the offender to learn more about himself or how better to commit the crime.
 - Introspective materials: Self help books, videotapes of talk shows on pedophiles etc.
 - Educational materials: DSM4, texts on children.

INTERROGATING CHILD MOLESTERS

BY BLAINE MCILWAINE

Interrogation is the Answer to Resolving Many Cases

- Use interrogation wisely !
- Do not use interrogation if you are not reasonably convinced of the persons guilt.
- Interrogation is work !



Interrogation Environment

- Where you conduct the interrogation will impact on your success at obtaining a confession.
- Seek out a quiet and private location if at all possible.
- Avoid a location with distractions .
- Use a chair with no arm rests and no rollers.

INTERROGATING CHILD MOLESTERS

- What type of molester do you have ?
- What type of evidence has been established?
- Where do you intend to conduct the Interrogation ?
- What information / evidence can you verbalize or display during the interrogation?
 - Witness statements
 - Medical histories
 - Physical evidence

COMMON PROBLEMS IN INTERROGATIONS

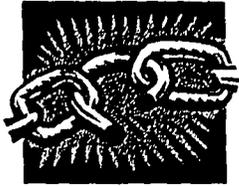
- Overcoming fear, embarrassment or guilt. Note there is a difference between regret and remorse.
- Loss of manliness , family reprisals etc.
- Poor Interrogation environment or tactics, or the wrong interrogator.
- The difficulty of verbalizing the details of the sex act itself.

Use of Defense Mechanisms

- Rationalizations
 - I have been under a lot of stress
 - I was just ...
- Projections
 - She is mad at me
 - She is promiscuous
- Disassociation
 - I don't know why she is saying this

Linkage to the Case

- When a person tells a story they may link themselves to the crime .
- If they do you can analyze the story they give you.
- Look for inconsistencies, gaps in the story etc.



Non Linkage to Case

- Without a story that links them to the case you have nothing to analyze or attack.
- Thus you must analyze the case facts and attempt to develop a theory about how and why the crime was committed.



No fish would ever get caught if it kept its mouth shut.

- This statement is true in fly fishing and in life in general.
- In a lawful manner you have to get the offender talking.
- You may have to get him listening before you get him talking



Why do some interrogations fail?

- Because the interrogator either runs out of questions or runs out of things to say.
- Or the subject shuts down the communication process.



THEMES KEEP THE CONVERSATION FLOWING

- Themes allow you to get around awkward silences and to bridge gaps or stalls in the interrogation.
- Memorize and utilize good credible themes that you have confidence in and that the offender will understand .



NOTE: Interrogation is not a cross-examination!

MERE questioning does *not* get confessions -



(Suggestions aimed at selling suspect on the idea of telling the truth).

Why do People Confess ?



- Some just want to tell their side of the story.
- Others are hoping if they cooperate they will get preferential treatment.
- Some are looking for notoriety, forgiveness or other reasons.

Tenacity and Intuition are also determinants of Confessions.

- When you are ready to end the contact, give it 5 more minutes!
- Remember they are just as tired as you are.
- Trust your instincts when it comes to direction and pursuit in the interrogation.



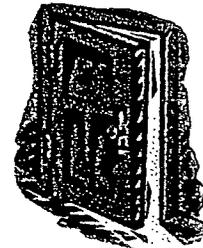
You go into every contest expecting to Win!



- Good *preparation* and a winning *attitude* will help gain a successful result even in the toughest cases.
- When the going gets tough the tough get going!

Confidence Case Facts and Themes

- This 'triad of strength' is the weapon we bring to the interview room every time we conduct an *Interrogation*.



CONFIDENCE CASE FACTS AND THEMES

- Confidence must be displayed from start to finish. Confidence embraces attitude.
- Case facts and the completeness of the investigation must be constantly stressed.
- Themes must be carefully selected utilized for each specific interrogation

THEMES IN CHILD ABUSE CASES

- Opening theme - You are a good person in a difficult situation
- Criminal Justice theme - I will bring your cooperation to the attention of the Prosecutor. (Do not make promises or offer counseling Vs. prosecution).
- Self respect theme - You won't be able to live with yourself until you regain it by unburdening (admitting) yourself.

THEMES IN CHILD ABUSE CASES

- Power of the sex drive - viewing of pornography, lack of sex in their life, etc.
- Don't give up on yourself- I wouldn't be here wasting my time on you if I thought badly of you.
- Center on the victim - either blame the victim or ask the subject if he (she) wants this child to testify in court.

THEMES IN CHILD ABUSE CASES

- Presentation of a credible closing theme.
- Use either an effective closing statement or present a good/bad closing option.
- Whatever you choose - this should be the last thing you verbalize before attempting to gain the confession.

THEMES IN CHILD ABUSE CASES

- GOOD/ BAD CLOSING OPTION
- Before the contact you should have reviewed the case facts for theme development. Add whatever was brought up by the offender during the interview to the known case facts and present two different options or reasons why the case occurred.. One paints the offender in a sympathetic tone while the other paints him in an unfavorable tone.

THEMES IN CHILD ABUSE CASES

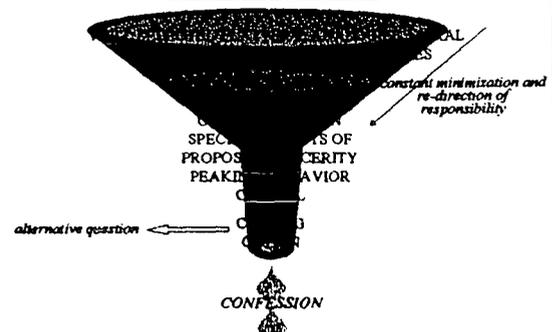
- CLOSING STATEMENT - Briefly sum up the information/evidence you have already verbalized. Expand whatever theme you feel worked the best. Finalize by telling the subject that whatever his actions with the child, it was only one small part of his overall life history., and he can now clear both the child's name and his own by telling what happened.

R P M 's



- Rationalize the offenders actions to him.
- Project the blame for his crime elsewhere.
- Minimize the crime and its impact throughout the contact.

ELEMENTS OF INTERROGATION PROPOSAL FUNNEL APPROACH



Alternative Interrogation Approaches

- Change in interviewer or in location.
- Take suspect to the scene of the crime.
- Use traditional stories and examples.
- Use your native language during the interrogation.
- Set up a second contact with suspect for polygraph.





THE
AMERICAN INDIAN
QUARTERLY
JOURNAL OF AMERICAN INDIAN STUDIES

VOLUME XVI, NUMBER 2
SPRING 1992

PUBLISHED BY
THE NATIVE AMERICAN STUDIES PROGRAM
UNIVERSITY OF CALIFORNIA AT BERKELEY



INVESTIGATING CHILD SEXUAL ABUSE IN THE AMERICAN INDIAN COMMUNITY

John R. Schafer
Blaine D. McIlwaine

CHILD SEXUAL ABUSE INVESTIGATIONS ARE DIFFICULT at best, but the problems are compounded when the crime occurs on an Indian reservation. Indians living on reservations are often geographically isolated. In addition to physical separation from the American mainstream, Indian tribes are culturally distinct. The judicial system on Indian reservations is more complicated because multiple federal and tribal law enforcement agencies often have concurrent jurisdiction. The cumulative effect is that Indian reservations can provide safe havens for child molesters, both Indian and non-Indian, who often remain active for many years without detection.

A significant problem that many investigators face is that the victim belongs to one cultural group while the investigator belongs to another. The possibility exists that investigators may make inappropriate decisions due to unfamiliarity with tribal culture and traditions. The authors are Special Agents for the Federal Bureau of Investigation (FBI) assigned to the Flagstaff, Arizona, Resident Agency and have over twenty years of combined experience investigating violent crimes on the Hopi and Navajo reservations located in a remote region of northeastern Arizona. The FBI has primary responsibility for investigating violent crimes on both reservations.

This study offers a survey of the problems normally associated with investigating child sexual abuse in Indian communities. Material for this study was gathered over a three-year period from 1986 to 1989. Many of the cases cited here are still in adjudication, which precludes the use of the defendants' names. The list of problems is not exhaustive, but should serve to alert the investigator to some of the difficulties that may be encountered.

Many Indian people believe that humans must act in harmony with nature to achieve a spiritual understanding of life. This philosophy is seen in the everyday behavior of the traditional and, to some extent, the less traditional Indian communities. Harmony between man and nature can be achieved through a variety of religious and

John R. Schafer is a Special Agent for the Lancaster, California, office of the Federal Bureau of Investigation. *Blaine D. McIlwaine* is a Special Agent for the FBI in Flagstaff, Arizona.

traditional ceremonies usually performed by a medicine man. However, each Indian tribe has its own unique customs and cultures. Socially correct behavior in one tribal setting may not be acceptable behavior in a different tribal setting. Nonetheless, American Indian cultures, with few exceptions, have strong sanctions against incest and child sexual abuse (Gail 1987). In spite of the strong sanctions against the sexual abuse of children, sex is not openly discussed in the school or the family setting.

The traditional tribal punishment for the crime of incest is banishment of the offender. A tribal medicine man is then summoned to perform a purification ceremony to bring the victim back into harmony with nature. According to some Indian mythology, the incest offender will suffer certain psychological and physical maladies that will eventually drive the offender to suicide. In the Navajo Indian culture, it is not uncommon for the offender's family to compensate the victim's family by giving them sheep, cattle, turquoise jewelry, rugs, or other items of value instead of reporting the incident to the police.

The investigator should become familiar with specific tribal customs before conducting in-depth interviews with Native American sexual abuse victims. The following is an example of an investigator who, due to inexperience, assumed that all Indian tribes had similar cultures.

In 1987, an investigation on the Navajo Indian reservation focused on a non-Indian teacher employed at a Bureau of Indian Affairs (BIA) school who was suspected of being a pedophile. It was anticipated that many Navajo Indian children would have to be interviewed. Before conducting the interviews, the investigator consulted an expert who investigated child molestation cases on the Seminole Indian reservation in southern Florida. The expert advised the investigator to tell the Navajo victims that the tribal elders had been notified of the molestation allegations and urged the victims to cooperate fully with the investigators. This technique proved successful with Seminole molestation victims. However, the same approach angered the Navajo victims. The typical response of the Navajo victims was disbelief that the investigator would talk to the tribal elders. The Navajo victims did not cooperate because they knew that any information, true or false, spread quickly on the Navajo reservation. The victims were also keenly aware that information, especially of this nature, could scar their reputations for life. The investigative technique succeeded on the Seminole reservation because the Seminole tribal elders performed a leadership role different from that of the Navajo tribal elders. After receiving several negative responses from victims, a Navajo social worker was consulted and provided the investigator with some basic facts regarding Navajo culture and beliefs.

The investigator incorporated the advice of the social worker into subsequent interviews, and the victims responded favorably.

If the above-mentioned case had focused on only one victim, it could not have been prosecuted without the victim's testimony. However, the teacher involved had molested several students, thus allowing the investigator, by the use of the trial-and-error method, time to develop culturally specific interviewing skills.

The authors have identified the following interviewing techniques which were successful during interviews with Navajo and Hopi victims.

When interviewing Indian children, a confrontational posture should be avoided by not sitting directly in front of the child, but rather by taking a position slightly off to either side. Direct eye contact should also be avoided. Avoiding eye contact and a heightened sense of personal space are normal reactions in the Navajo and Hopi cultures. An inexperienced investigator might interpret these behavioral patterns as an indication the child is not being truthful.

Exact dates and times are often essential to successfully prosecute an offender. The investigator may encounter some difficulty accomplishing this task because time in the Indian culture is often expressed as day or night, by seasons or by ceremonial or religious events. Knowledge of special tribal ceremonies or religious events is a useful method to narrow the time frame within which the crime occurred or better understand the mind set of the victim.

In one case, a Hopi male in his teens refused to be interviewed by investigators. A week later a second attempt to interview him proved successful. Investigators later discovered the victim was reluctant to cooperate because he thought the content of the interview would become public, thus prohibiting his participation, for the first time, in an important tribal ceremony that was to be held the next day. Prior knowledge regarding specific tribal customs can usually be learned in a short period of time and can save the investigator hours of unnecessary work and frustration.

The extended family plays an important role in Indian society. Grandparents have customarily assumed the responsibility of teaching their grandchildren the oral traditions of the tribe as well as crafts such as woodcarving, beadwork, weaving, and pottery making. A child often has numerous aunts, uncles, and cousins who provide support and guidance for the child during the growing years. It is not out of the ordinary for a child to be shuttled back and forth between relatives who serve as substitute parents (Fischler 1985). Older siblings, sometimes very young themselves, are often given the responsibility of caring for younger brothers and sisters for long periods of time without adult supervision. This is believed to prepare the chil-

dren for their future roles as parents, as well as providing an immediate child care function (Korbin 1980).

The advantage of a community where almost everyone is related to or knows everyone else is that there are few secrets and, with persistence, the truth will become known. The disadvantage is that information regarding the investigation, or other information of any consequence, is effectively disseminated throughout the community via what is commonly referred to as the "moccasin telegraph." The investigator must assume that from the onset of the investigation nothing will remain confidential. In addition, the overwhelming experience of the authors has been that in a closed community environment the abused child may be pressured by parents or relatives to deny or change incriminating facts in an effort to protect a relative or the reputation of the family or clan. The members of the victim's extended family can either enhance or impede an investigation. The investigator's attitude plays an important role in gaining the support of family members.

Research has found that sexually abused victims are more likely to come from poor and single-parent families (Fischlier 1985; Gail 1987). The research, however, does not take into account the fact that members of the extended family often substitute for absent or working parents. In general, Indian communities are perceived to have a different standard of living than non-Indian communities. Many Native Americans exist and thrive under conditions that would be judged substandard by the surrounding majority culture. Many traditional Navajo families still live in small, one-room homes with no electricity, running water, or other modern conveniences. Navajo families living under these conditions may not see themselves as poor based on tribal traditions. Nonetheless, the unemployment rate, depending on the location of the Indian community, can be as high as 70% (Fischlier 1985). High unemployment can significantly impact the family's ability to meet the financial requirements of everyday life and subject family members to added pressures. The investigator should note that, due to the financial condition of the victim or the victim's family, transportation to and from the courthouse may be problematic. In addition, the jury's impression of the victim or witnesses may need to be considered if the victim does not have, or can not afford, clothing suitable for a courtroom setting.

A Navajo child abuse study found that 50% of abuse and 50% to 80% of neglect cases were alcohol-related, as compared to a 17% rate of occurrence in non-Indian communities (White 1977). The study did not indicate how many of the case studies were sexually related, but the results do indicate that alcohol is a significant contributing factor in all forms of child abuse. In some families, alcoholism has become a way of life. Alcohol dependence may also afflict many

members of the extended family. Alcoholism severely disrupts the ability of the parents and members of the extended family to provide the child with traditional values, proper guidance, and support.

Tribal governments may not have adequate resources to provide the required follow-up services for the victims of child abuse. The few qualified psychologists and social workers who are available have heavy caseloads and may not be able to offer the victim meaningful long-term therapy. More often than not, the investigator must take responsibility to notify off-reservation social service agencies to obtain necessary assistance for the victims. This type of assistance is often available through victim/witness assistance programs on both the state and federal levels. In one instance, a federal victim/witness coordinator granted a unique request. A family adhering to Navajo traditional customs sent their son, a victim of sexual abuse, to a medicine man in order to have a purification ceremony performed. The family paid for the services of the medicine man with sheep. The coordinator recognized that these actions were in accordance with traditional Navajo customs and reimbursed the family for the sheep. The reimbursement may seem unusual in the context of Anglo-American society, but the gesture was well received in the Indian community. It is essential that the victim and the victim's family be referred to professional counselors for long-term treatment of the problem. With proper psychological help, the victims will be less likely to abuse children when they become adults.

Cross-cultural studies suggest that child abuse in a variety of cultures increased or became evident for the first time as the culture took steps toward acculturation (Korbin 1980). Over the past century, American Indian communities have experienced an erosion of traditional values and lifestyle. Many Indian children are being raised in institutional settings. The Bureau of Indian Affairs (BIA) operates numerous boarding schools for Indian children. Children living in these institutional settings are isolated from the traditional family setting and may not have the proper parent modeling. Limited research suggests that boys living in institutional settings are at an increased risk of becoming victims of sexual abuse (Rimsza 1987). However, the study did not include girls living in institutional settings, and the available data are insufficient to accurately identify any high risk subgroups.

Over the past few years, it has become evident that the younger generations are rejecting, in increasing numbers, the traditional ways of their parents and grandparents. This rejection results in the loss of historical identity and a breakdown of the support systems provided by the extended family. As a result, parents left without effective family supports and coping mechanisms are prone to abuse their children (Gail 1987). In turn, a child who was abused during his child-

hood is more likely to abuse children as an adult (Gail 1987). Based on these findings, child sexual abuse in the Indian community may reach epidemic proportions in a few generations if the proper preventive steps are not taken in the near future.

The authors have identified second-generation victims on the Navajo Indian Reservation. In one instance, a father, himself molested by his non-Indian elementary school teacher, now has two sons who were molested by the same teacher a decade later. In the same vein, a thirty-two-year-old male Indian maintenance worker employed at a BIA boarding school was arrested for molesting five male students in their early teens. Less than two years later, one of the victims was discovered sexually molesting a younger male student in a BIA dormitory. The older student was placed into a counseling program, but, due to insufficient funding and a heavy caseload, the social worker was not able to adequately address the needs of the older student. The older student eventually became despondent, attempted suicide and was subsequently transferred to a larger city to receive extensive treatment at an in-patient facility.

One phenomenon that has been observed is that many Indian pedophiles were molested as children by non-Indian school teachers. The authors have also observed the arrest of a female child molester. The woman was a twenty-six-year-old non-Indian employee at a BIA boarding school located on the Navajo reservation. The woman was arrested, convicted, and sentenced to thirty months in a federal prison for sexually molesting a female student who lived in the BIA dormitory. The investigation revealed that several other female students living in the same dormitory were also targeted by the female offender; each victim was at a different stage in the seduction process. These observations have not been followed up by any scientific studies to determine if any general implications exist.

Over a three-year period, investigations on the Navajo and Hopi Indian reservations have resulted in the arrest of five teachers for child molestation or related offenses. Of the five teachers arrested, two were non-Indian teachers teaching at BIA schools, two were non-Indian teachers teaching at state-operated schools on the reservation, and one was an Indian teacher teaching at a BIA school. The five teachers lived within a fifty-mile radius and had little if any contact with one another. The teachers were able to avoid detection for long periods of time, in one instance for eighteen years. The method of victimization used by each teacher is typified by the following case.

In 1979, a thirty-four-year-old, non-Indian male was employed by the BIA as an elementary school teacher on the Hopi Indian Reservation. The teacher established a nationally acclaimed reading program that enabled the students to increase their reading scores dramatically. The teacher's acceptance into the Indian community

was signified by his participation in a religious "hair washing" ceremony. The school administration, students, and community at large felt the teacher made outstanding contributions to the educational system on the reservation. After eight years of dedicated service, the teacher was arrested for child molestation. During that period of time, the teacher kept an accurate record of his sexual activities with 142 male students. This case is considered one of the most widespread instances of child molestation in U.S. history. Approximately one out of every twenty school-aged Hopi Indian males was molested by this teacher. The last student named on the list, the most recent victim, was in the second grade, and the first name on the list, the oldest victim, is now in his early twenties. A majority of the students on the list came from poor, dysfunctional families. The teacher singled out these students and provided them with food, a place to stay, and, most importantly, affection. The students had their choice of dozens of video movies to see and games to play. The teacher took selected students to larger cities off the reservation and bought them clothes, shoes, and other items that the students' families could not afford to purchase. Gradually, over a period of two years, the teacher seduced the students by first touching them in seemingly innocent ways. The teacher progressed to touching their genitals and eventually to anal intercourse. During the course of the investigation, it was revealed that two police reports had been filed previously and several complaints were directed to the principal's office alleging that the teacher was molesting students. The teacher was so well thought of that in each instance the teacher was exonerated of any wrongdoing. In February 1987, the teacher was arrested by the FBI and is currently serving a life sentence in a North Carolina federal prison. Pursuant to an interview and correspondence between the teacher and the authors, the teacher readily admitted to sexually molesting the students but indicated his belief that the good he did for the Hopi community far outweighed his transgressions.

Shortly after the teacher's conviction, fifty-eight of the teacher's victims filed a law suit alleging that the BIA failed to prevent the teacher's misconduct. As part of the out-of-court settlement, fifty-seven victims ranging in age from nine to twenty-one and the mother of one victim who ultimately took his own life as a result of being molested will share a \$46.5 million award. The settlement also established counseling and education funds to ensure long-term assistance for the victims and their families.

In each case, the five teachers masked their pedophile activities so cleverly and developed such a good rapport with community members that the community was shocked and felt betrayed by the teachers. After the initial shock, most communities join forces and support the investigation and subsequent efforts to provide counseling for the

victims and their families; however, this is not always the case. The investigator must be acutely aware of the community's perception of the suspected pedophile and the investigation itself. The following case is an example of how a community's negative reaction took the investigators by surprise.

A fifty-year-old, non-Indian male was employed as a middle school teacher on the Navajo Indian Reservation. The teacher appeared to be very religious, with an excellent teaching record and a reputation beyond reproach. The teacher taught at the same school for eighteen years. During that time, the teacher molested a large number of male students. The only known record of the teacher's victims were names and dates written on a closet door next to a height chart. The growth of scores of students could be traced by hatchmarks etched progressively higher on the door. The teacher targeted students who came from poor, dysfunctional families, and often sought parents' written permission to allow their sons to live at the teacher's residence on a permanent basis. In several instances, the teacher was granted legal guardianship of the students. Most of the victims lived with the teacher from the time they were five or six years old. The investigators approached school administrators regarding the suspected teacher's pedophile activities. In less than an hour's time, the "moccasin telegraph" carried the news throughout the school and the community. The school administration and teachers, predominantly non-Indian, rallied behind the suspected teacher and, in light of the previous well-publicized investigations, accused the investigators of being on a "witch hunt." The investigation was frequently hindered by the teacher's supporters. Opposition to the investigation was subtle at first, but soon escalated to actions that bordered on obstruction of justice. One supporting teacher went so far as to file a false criminal complaint against one investigator. In addition, the investigators were allowed only restricted access to students during school hours, causing the investigators to travel long distances in an attempt to locate and interview victims at home. Many victims could not be found easily because it is not uncommon for a child to reside with different members of the extended family who live great distances from each other. In addition, houses on the Navajo reservation frequently do not have telephones or addresses and can only be found using landmarks for directions. Eventually, a majority of the members of the Indian community pressured the school administration to cooperate with the investigation in order to resolve the crisis. Notwithstanding, the school administrators continued to support the suspected teacher, which resulted in a division in the community generally along racial lines. At one point during the investigation, several Navajos who supported the accused teacher employed a medicine man to perform a ceremony that would protect

the teacher and place a hex on the investigators to prevent them from continuing the investigation. When members of the Indian community who supported the investigation heard about this action, they, in turn, retained a more powerful medicine man to perform a ceremony to counteract the hex. The investigation was long and frustrating but resulted in the arrest and conviction of the teacher. The teacher is now serving a thirty-year sentence in a federal prison.

The reaction of the community is an integral part of the investigation. The investigator may have to take time to educate school administrators and members of the community regarding the problem of child molestation. If a child sexual abuse awareness program is not in place at the school, the investigator should encourage the school administration to establish one.

As a direct result of the arrests of the five school teachers, the Navajo and Hopi tribal governments in conjunction with other federal agencies established child sexual abuse awareness programs for school aged children. Shortly after the awareness programs began, there was a noticeable increase in complaints of incest by students. Although these single-victim familial cases do not have the same political impact as a teacher molesting his students, the results are just as devastating. The extent of the incest problem on the Navajo and Hopi reservations is now becoming evident, and new resources must be allocated to address this problem.

Interviewing a victim of child sexual abuse can be difficult in most Indian communities. The investigator must first obtain cultural information not readily accessible to outsiders before an effective interview can be conducted. Local tribal law enforcement agencies or social workers will usually provide the necessary guidance to conduct a culturally correct interview. Background information regarding the victim, the offender, and the crime is as important as the interview itself because it provides a framework for the interview and allows the interviewer to become more comfortable with new ideas and perspectives.

Either a male or female can conduct effective interviews if the interviewer can demonstrate a sensitive and caring attitude toward the victim. In the case of an Indian victim, thought should be given to whether an Indian investigator should accompany a non-Indian investigator to interviews. In some cases, the presence of an Indian investigator will provide the victim with support and allow him or her to be more relaxed during the crisis period. However, in other instances, the presence of an Indian investigator may cause the victim to be more inhibited. Since there are few secrets on a reservation, the victim may feel that details of the crime will not remain confidential. The victim's sense of guilt, embarrassment, or shame may be heightened when the facts of the case are discussed in front of another

er tribal member. Conversely, the non-Indian investigator may elicit similar negative emotions from the victim. The interviewers must be perceptive to the ongoing dynamics of the interview and be prepared to make changes if necessary.

The best place to interview a victim is in a neutral setting. As a general rule, the interview should not be conducted in the same place where the crime occurred. The interview should also be conducted in privacy; however, in Indian communities this may not always be possible. The victim's residence may be small, with many other relatives living in the home. Wherever the interview takes place, the setting should be comfortable for the victim as well as the interviewer.

A researcher studied the reactions of sexually abused victims and observed that victims may react in one of two ways when interviewed (Rimsza 1987). With the first reaction, the victim may become very emotional, cry, express feelings of betrayal, or become outwardly embarrassed. The second reaction is a more controlled one. The victim is calm, cool, and relates details of the assault in a seemingly emotionless manner. Seventy-nine percent of the male victims in the study displayed a controlled reaction, while female victims were divided equally among the controlled and the emotional reactions.

The interviewer should also be aware that a victim may develop a strong emotional bond with the offender and vehemently deny having been sexually abused in an attempt to protect the offender. In many cases, presenting the victim with some type of tangible exhibit will loosen the bonds between the victim and the offender. The exhibit does not have to be of evidentiary value but sufficient to lend credibility to the investigator's presentation of the facts.

Investigators accustomed to using video cameras, pressure-activated microphones, two-way mirrors, and other aids may be disappointed, because few, if any, of these aids are available on most reservations due to the lack of funds to purchase this equipment. The investigator should bring along anatomically correct dolls or other necessary equipment. The authors have found that Indian victims seem to respond equally well when presented with dolls phenotypically Indian or non-Indian. Anatomically correct dolls can be useful during interviews, especially when the victims are young. However, investigators need not feel obligated to use the dolls, but should use them only when the victim cannot without difficulty verbalize the facts of the case. Permitting the victim to draw a picture and later discuss the picture is another nonverbal technique to facilitate communication.

Once the initial flurry of activity surrounding the investigation and subsequent judicial proceedings is over, the victims are left with the formidable task of reintegrating into the community. This process can be made easier, providing the community supports the victim.

The authors conducted informal post-investigation interviews with victims and teachers to assess the reintegration process. The teachers indicated that many of the victims suffered from a variety of psychological trauma, including irritability, learning disorders, low self-esteem, and, in extreme cases, suicide attempts. One teacher observed that the victims were often labeled as such and forced to form their own social subgroups. Several of the students who were interviewed felt they had been ostracized and were somehow different because they had been victims of sexual molestation. One male student in his mid teens wanted to begin dating, but was experiencing anxiety regarding his sexual identity. The problems cited are only a few of the myriad of challenges the victims must learn to overcome. The investigator's responsibility ends with the prosecution of the offender, but the victim's pain continues long after the offender's prison sentence has been completed.

The successful investigator must first understand local customs and traditions and then determine if a specific behavioral pattern is appropriate within that particular cultural context. Judgments should not be based on a single action but rather on a cluster of the offender's or victim's behavioral patterns. Most importantly, flexibility and common sense should be used when interviewing a victim of sexual abuse. What makes sense to the investigator may not always make sense to a victim with a different cultural background.

REFERENCES

- Fischler, Ronald S.
1985 Child Abuse and Neglect in American Indian Communities. *Child Abuse and Neglect* 9: 95-106.
- Gail, Nancy
1987 Child Sexual Abuse in Native American Communities. *Linkages Newsletter* (published by TCI Inc., Washington, D.C.).
- Korbin, Jill E.
1980 The Cross-Cultural Context of Child Abuse and Neglect. In *The Battered Child*. K.C. Kemp, ed. Pp. 21-35. Chicago: University of Chicago Press.
- Rimsza, Mary Ellen
1987 Recognition of Sexual Abuse of Boys (unpublished ms.). Department of Pediatrics, Maricopa Medical Center, Phoenix, AZ.
- White, R.
1977 Navajo Child Abuse and Neglect Study (unpublished ms.). Department of Maternal and Child Health, Johns Hopkins University, Baltimore, MD.

FACT SHEET



National Exchange
Club Foundation



Preventing Child Abuse . . . Serving America

Important information on child abuse that you need to know!

The National Exchange Club Foundation's Child Abuse Prevention Effort

The National Exchange Club Foundation has been working since 1979 to develop, promote and implement programs that eliminate child abuse and strengthen families. The Foundation's most successful attempt at countering abuse has been working directly with parents and children. To date, the Foundation has helped more than 140,000 children and 100,000 families break the cycle of abuse.

The Foundation is chartered as a nonprofit corporation by the State of Ohio. It is administered by a volunteer board of trustees consisting of professional and business men and women selected from the membership of local Exchange Clubs.

Exchange Club Centers

The Foundation coordinates a nationwide network of nearly 100 Exchange Club Child Abuse Prevention Centers throughout the United States. These centers counter abuse by utilizing the parent aide program, and provide support to families at-risk for abuse or where abuse has already occurred. Most Exchange Club Centers are active on the state and community levels with public awareness and educational campaigns on preventing child abuse. Each center is governed by a volunteer board of directors and staffed by professionals who all have a great desire to strengthen America's families.

Parent Aide Program

Each year, more than 3,000 individuals dedicate their time and resources to become parent aides. Parent aides receive intensive training in a variety of areas such as recognizing and reporting child abuse, home visitation, parenting issues, effective discipline, family planning and maintenance, child care and household management. Parent aides enter the homes of families at-risk for abuse or where abuse has occurred. They act as role models and teach parents how to more effectively handle life's daily challenges, and how to be more loving and responsible to their children. The supportive relationship that develops between the parent aide and the family helps to break the cycle of abuse.

The responsibilities of the parent aide include: being honest with the family; keeping in regular contact with the family; being patient; not being overwhelmed by multiple problems; being prepared for setbacks

and disappointments; giving attention and affection without expecting outward "thanks;" listening to the parents and learning how they feel; empathizing with the parents; discovering the family's strengths and weaknesses; respecting the confidentiality of family problems; and relating to the parents.

Child Abuse Prevention Programs

The National Exchange Club Foundation coordinates a variety of national campaigns to increase the awareness of child abuse and its prevention efforts. These campaigns include, but are not limited to:

- Blue Ribbon Campaign
- Shaken Baby Syndrome Campaign
- Fetal Alcohol Syndrome
- Sir Care-a-Lot Teddy Bear Program
- Time Out Teddy Program
- Report Card Insert Program
- KidCode Program
- Blue Candle of Hope
- National Parent Aide Network

National Child Abuse Prevention Month

Each year the Foundation endorses the month of April as National Child Abuse Prevention Month. The Foundation produces an annual child abuse prevention month kit which includes public awareness project ideas, public relations information, promotional materials and community involvement suggestions.

National Baby Safety Month

September is recognized by the Foundation as Baby Safety Month. In conjunction with this observance, a national Shaken Baby Syndrome and Fetal Alcohol Syndrome Campaign kit is available for organizations who want to conduct local campaigns. Complimentary brochures, public service announcements, parenting tips and promotional ideas are included in the comprehensive kit. For more information on these educational efforts, please call the Foundation at 800.924.2643.





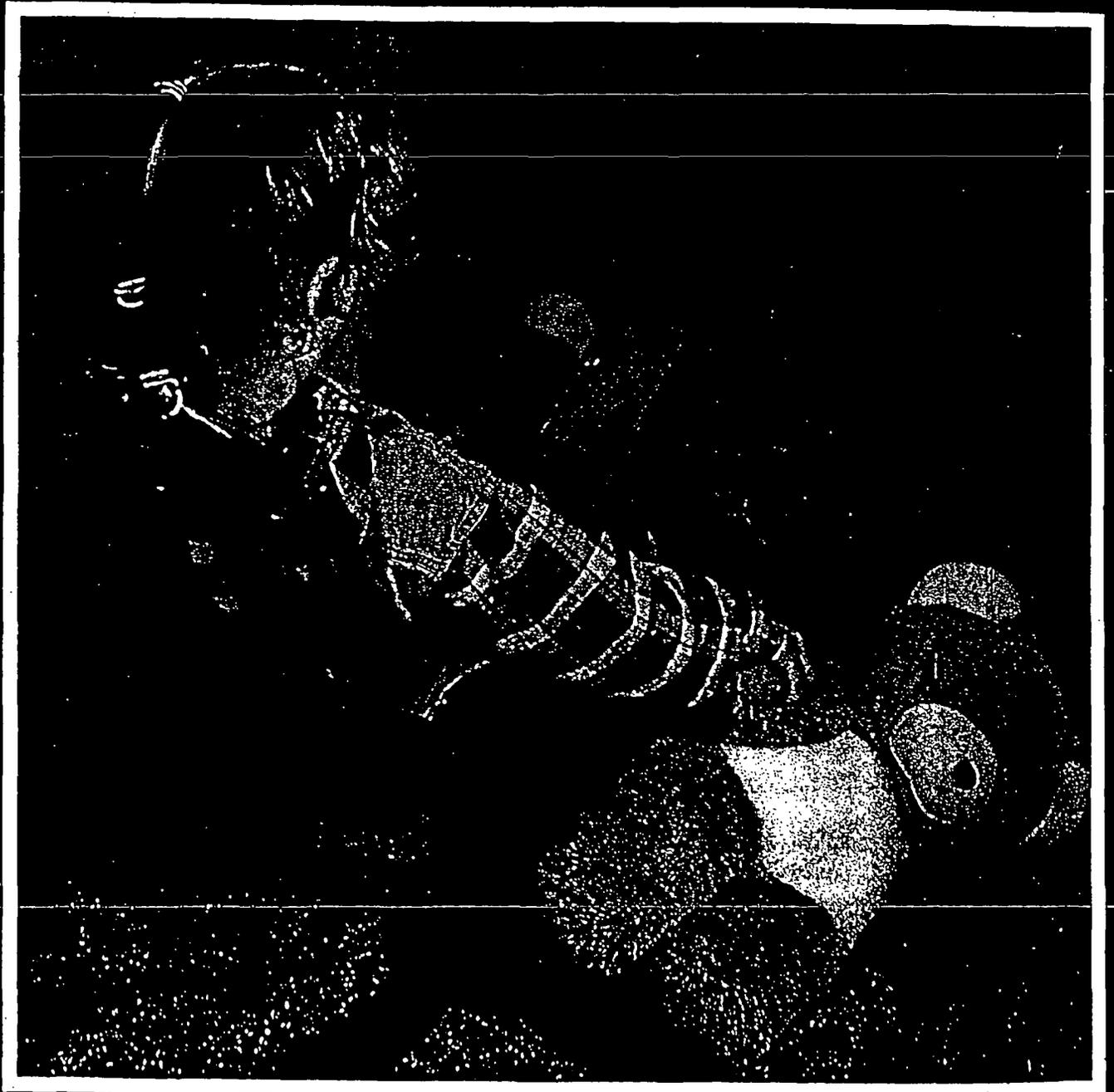
U.S. Department of Justice
Federal Bureau of Investigation



JUNE 1994

FBI Law Enforcement

B • U • L • L • E • T • I • N



Child Abuse

Interrogating Child Molesters

By
BLAINE D. McILWAINE, M.S.

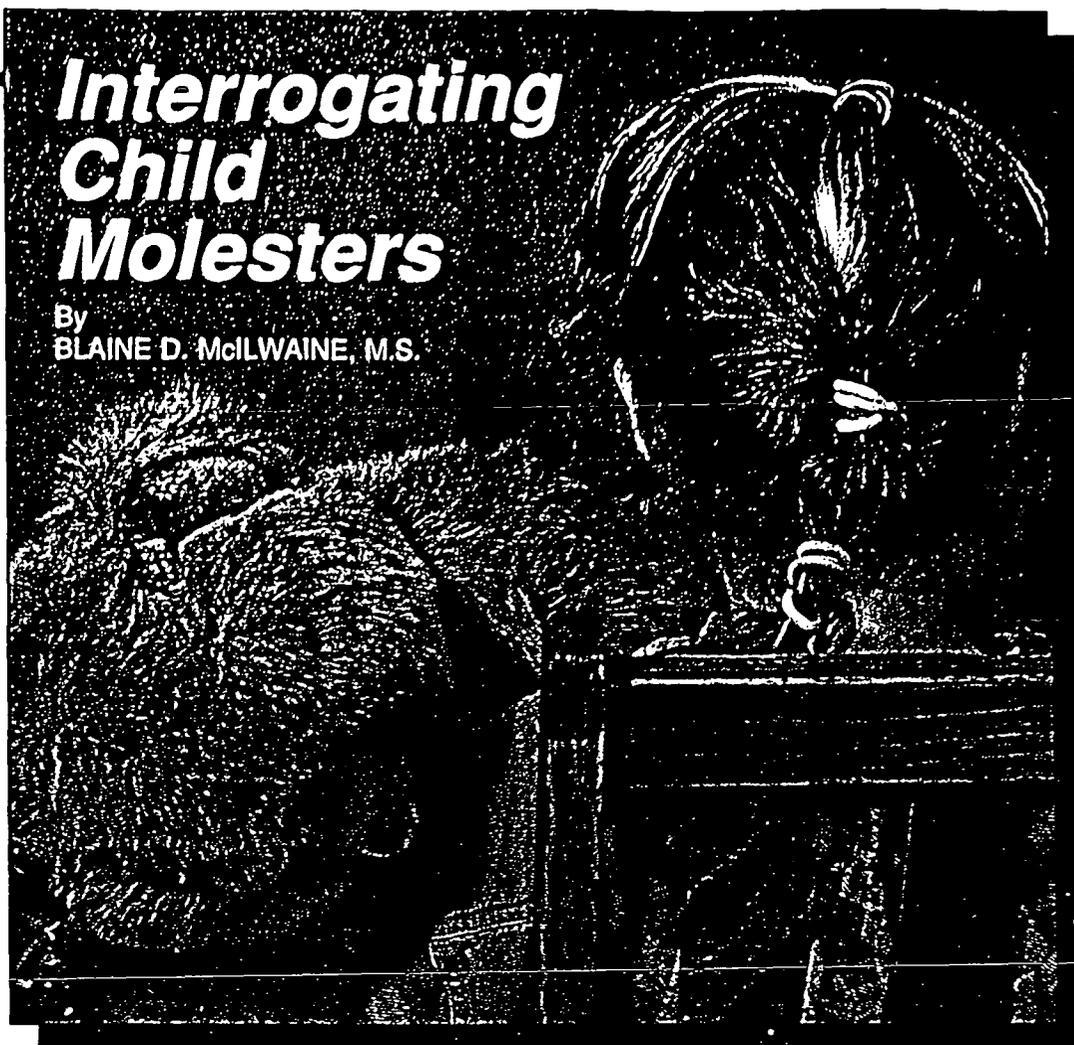


Photo © K.L. Morrison

Despite an evolving public awareness during the past decade, the sexual molestation of children remains a vastly underreported crime—one that represents a significant threat to America's children. When allegations of abuse do surface, cases are often difficult to investigate and prosecute because of a lack of physical evidence. Therefore, most investigations focus on resolving discrepancies between the victim's statement and that of the accused.

One of the best ways to overcome the problems inherent in this approach is to obtain a confession from the offender. Such a

confession produces many positive results, perhaps most notably averting the need for the young victim's testimony in court.

This article provides descriptions of the various typologies of child molesters. It then introduces interrogation techniques designed to assist investigators in interviewing these offenders successfully.

MOLESTER TYPOLOGIES

Research conducted by the FBI Academy's Behavioral Science Services Unit in Quantico, Virginia, divides child molesters into two groups based on descriptive typology. All child molesters fall into one of these two broad categories—the

situational child molester and the preferential child molester.

Situational Child Molesters

Situational child molesters do not have a true sexual preference for children, but instead, engage in sex with the young for varied and sometimes complex reasons. For such molesters, sexual contact with children may range from a "once-in-a-lifetime" act to a long-term pattern of behavior. However, situational child molesters generally have a very limited number of victims.¹

Perhaps the most common manifestation of situational child molestation is represented by the parent or relative who molests

child because of stress or while intoxicated. Because the majority of child sexual abuse cases encountered by investigators may indeed be situational, it is important to remember that this type of molester abuses children for reasons other than genuine sexual attraction.

Preferential Child Molesters

Preferential child molesters have a definite sexual preference for children. Their sexual fantasies and erotic imagery focus on children. They engage in sexual acts with the young not because of some situational stress or insecurity, but because they are sexually attracted to, and prefer, children. They can possess a variety of character traits, but all engage in highly predictable sexual behavior. Although preferential child molesters are fewer in number than their situational counterparts, they have the potential to molest a much larger number of victims.²

Comparison of Typologies

As a general rule, less physical and documentary evidence exists in investigations involving situational child molesters. This is true primarily because of a low victim-offender ratio and because of the less-predictable sexual behavior exhibited by this type of offender.

By contrast, preferential child molesters engage in highly predictable, and often, high-risk activities in order to identify and seduce their victims. In fact, because of their often-blatant behavior, preferential molesters are more commonly identified today as pedophiles.

SUCCESSFUL INTERROGATION

The key to conducting a proper interrogation of either type of molester is to document patterns of behavior thoroughly. The interrogator must gather as much information as possible on both the offender and the victim(s).

Further, the offender's interpersonal style and methods of approach and seduction of children should be established in the interrogator's mind. A skillful interrogator should also be aware of the victim's background and be very familiar with the details of the case.

INTERVIEW AND INTERROGATION

Skillful interviewing and interrogation are essential elements in resolving child sexual abuse cases. As taught at the FBI Academy, an *interview* is a "conversation with a purpose." During child sexual abuse cases, investigators may conduct numerous interviews with victims, witnesses, and professionals in the field. However, the ultimate success of an investigation often rests with the *interrogation* of the suspected offender.

Interrogation is an art that uses proposals and observations to elicit the truth from a subject. Investigators should base their interrogations on sound reasoning and understanding, without the use of threats or promises.

Because interrogations assume such importance in child abuse cases, they must be thoroughly planned in advance. Location and timing are critical. Great care should also be exercised when selecting the interrogator. Interrogators who prove successful in other kinds of cases may not always be the best choice to interrogate suspected child molesters.

A successful interrogator must display self-confidence, as well as a positive attitude, and must refrain from expressing demeaning or insensitive remarks that may



...the sexual molestation of children remains a vastly underreported crime—one that represents a significant threat to America's children.

SA McIwaine serves in the FBI's Flagstaff Arizona Resident Agency (Phoenix Division)

preclude a successful interrogation. Interrogators should generally avoid the use of legal or emotional terms, such as "allegation," "molested," "charge," and "count."

Use of Themes

Developing themes is the cornerstone to obtaining confessions in child sexual abuse cases. Proper theme development provides offenders with moral excuses that serve to minimize their crime. In this way, offenders can maintain their self-respect and still confess. Therefore, successful interrogators use themes and proposals or simply provide possible reasons why the offender committed the crime.

Throughout the interrogation, the purpose of the themes is to use the defense mechanisms of rationalization and projection. Themes allow offenders to rationalize or excuse their behavior to themselves or others and to project their actions onto something or someone else.

A properly formatted interrogation with the use of themes makes a big difference in an interrogator's success rate. Interrogators should ensure that the themes appear plausible to offenders, as well as to investigators. Therefore, the proposed excuses for offenders' actions should be carefully selected before the interrogation. While they may feel uncomfortable offering "excuses" to suspected offenders, interrogators must understand that providing such themes is a proven method to break down suspects' reluctance to confess their crimes. However, the investigator must have confidence in the themes used to appear credible to the offender.

Primary differences between an interview and an interrogation

Interview	vs.	Interrogation
Non-accusatory		Accusatory
Less structured		More structured (Both setting and presentation)
Goal: To gather factual information		Goal: To obtain admissions and confession

If a theme approach proves unsuccessful, interrogators should not terminate the meeting. Often, an offender who is on the verge of confessing will hold back to observe the interrogator's next move.

In these cases, interrogators should consider using a new approach. They should advise the suspect that the absence of a confession will require the victim to appear and testify in court. An offender with any emotional attachment to the child may well want to avoid putting the victim through additional turmoil.

Confronting the Offender

The offender should also be confronted with all physical and documented proof of the violation. Any medical histories, child drawings, and witness observations should be discussed and exhibited.

The offender should then be informed that, given the evidence in the case, a denial would seem implausible to an average juror. This can be accomplished by simply asking an offender, "If you were a juror in this case, what would you believe?"

Nonverbal Behavior

Persistence in the interrogation process, coupled with self-confidence, is another key ingredient to obtaining a confession. In this regard, nonverbal behavior often makes a difference. Good interrogators should be aware of the "body language" they display. Their gestures should exhibit self-confidence and sincerity.

Likewise, an accurate reading of the offender's body language is also essential when themes are established in an interrogation. An upward glance, with eyes cast to the right, or the placing of a hand on the chin may indicate that the offender is seriously considering a particular theme.

LOCATION AND TIMING

Aside from the interrogation itself, the site chosen for it may be the most important determinant of a successful outcome. Offenders may feel less inhibited during an interrogation conducted in a neutral setting, away from the police station. In fact, offenders reluctant to appear at the station due to status, employment, or personality style may

Themes for Successful Interrogations

- An interrogator may suggest that the offender:
 - Seethed in the child in a moment of weakness
 - Blamed spouse for neglecting sexual role in the relationship
 - Was teaching the child about life, love, and attention
 - Believed such encounters occurred regularly in families
 - Aired out of love
 - Was under a great deal of stress (divorce, unemployment, loneliness), which caused the act
 - Was not in a real state of mind at the time of offense because of the influence of drugs, alcohol, or a combination of factors
 - Read and collected pornography, which caused the offender to lose control and to commit the crime
 - Was predisposed to commit the crime because the offender was victimized as a child; in reality, evidence suggests that the majority of individuals who were sexually molested as children lead productive lives and do not become child molesters.¹

Based on guidelines issued by the U.S. Department of Defense Polygraph Institute.

prove more forthcoming in a different atmosphere, such as a motel. However, "hardcore" offenders, those unfamiliar with police techniques, and those with extensive records are generally best interrogated in a police setting.

Often, investigators can interrogate "on scene" in the offender's home or in the location where the offense allegedly occurred. When possible, this approach should be conducted in a surprise manner, without warning to the offender.

The timing of the interrogation is also important. Every effort

should be made to interrogate the suspected offender as quickly as possible. The timing of the interrogation itself should be commensurate with the collection of other facts related to the investigation. The longer the delay in scheduling an interrogation, the greater the risk of the offender gaining confidence and/or deciding against the meeting.

USE OF POLYGRAPH

The polygraph is a potentially valuable forensic tool, especially in cases where individuals make allegations in direct contradiction to

each other. For this reason, and because child sexual abuse investigations are private in nature and rarely produce eye witness corroboration, the use of polygraph procedures should not be overlooked.

Polygraph examinations often lead to confessions in the post-test interrogation. In fact, when administered by a well-trained examiner/interrogator, the polygraph often means the difference between a successful prosecution and a case that ultimately remains unresolved.

CONCLUSION

Several factors make the sexual molestation and abuse of children a difficult crime to investigate and prosecute. Effective interrogation of suspected offenders is a key element to building successful cases. Therefore, investigators should prepare thoroughly for interrogations. This includes a review of all pertinent documentation, selection of appropriate time and interrogation site, and development of plausible themes to induce offenders to confess.

A thoroughly planned interrogation that results in a confession benefits not only law enforcement agencies but also the entire criminal justice system by reducing case-loads. Perhaps most important, however, is the benefit to young victims who will not be required to recount a painful violation in court. ♦

Endnotes

¹ Kenneth V. Lanning, *Child Molesters: A Behavioral Analysis*, National Center for Missing and Exploited Children, Office of Juvenile Justice and Delinquency Prevention, Office of Justice, Research, and Statistics, U.S. Department of Justice, Washington, D.C., 5.

² *Ibid.*



Forensic Interviewing of Child Victims in Indian Country

© 2001 Roe Bubar

Forensic Interviews in Tribal Communities

- ◊ Historical Context
- ◊ Native Worldview: Balance & Connection to Natural World Around Us
- ◊ Family
- ◊ Assimilation and Acculturation
- ◊ Who Conducts the Interview
- ◊ Cultural Milieu
- ◊ Language Proficiency
- ◊ Relevancy of Research

Forensic Interviews in Tribal Communities

- Urban vs. rural and geographically isolated areas of Indian Country
- Strength based vs. judgment
- Strengths and Challenges of investigations in reservation communities
- Cultural Taboos
- Sexuality in Children
- Ethnocentricity
- Cultural Competence as a Personal and Professional Value

Cultural Communication

- ◆ Oral Tradition
- ◆ Listening
- ◆ Cadence of Speech
- ◆ Pace
- ◆ Silence
- ◆ Changing Topic
- ◆ Humor
- ◆ Non-verbal Communication

*Cadence: ?
- speed of speech?*

Interview Models

- ◆ Child Interview Model: Most Common
 - A. Children's Advocacy Centers
 - B. Child Protective Services
 - C. Utilized by High Volume Clinics
- ◆ Family Evaluation Model
 - A. Court Evaluators
 - B. Custody Evaluations

Overview of Forensic Interviews

- ◆ Purpose of the Forensic Interview: Objective/Fact finding stage of an investigation, investigation that follows will attempt to establish the presence or absence of a crime by corroborating or not corroborating each part of the child's statement.
It is Naïve to presume that all allegations of child sexual abuse are authentic. It is unprofessional to assume most allegations are false. Low incidence of false allegations.

Overview Continued...

- ◊ Cultural Competence
- ◊ Consider the methodology for the interview.
Gather and obtain information or conduct more of a blind interview. Avoid disclosing known facts.
- ◊ "Disclosure is a process not an interview." Child sexual abuse cases are complex.
- ◊ Ethics: Avoid making promises or assuring children of things or events you can not follow through with.

Trends

- ◊ Concurrent Prosecution
- ◊ Interviewer has less case information
- ◊ Avoid Stereotyping the Offender
- ◊ Goodman on Children being more accurate
- ◊ Live interview being observed by MDT
- ◊ Use caution in Multi-Victim cases
- ◊ Re-Assumption of civil jurisdiction over child related cases (ICWA, etc.)
- ◊ Avoid fantasy, game, pretend in interviews
- ◊ Prevention materials label the act
Good vs. Bad touch

Trends Continued...

- ◊ P.L. 93-638
- ◊ MDT's, CAC's and NACA
- ◊ Qualifications of an interviewer
Forensic Supervision
Cultural Competency Standard of NCA
Interview Younger children
Honesty with Children
Appearance of Bias
Avoid telling children the answer
Separate from Family

Interview Principles:
Erin Sorenson, Chicago CAC

- ◆ **Attitude:** Open, Analytical, with a Multiple Hypothesis, Avoid Pre-fixed Ideas about the Crime
- ◆ **Comfortable:** Honest, Stress Free and Friendly
- ◆ **Goal of the Interview:** to Summarize for Child Welfare, Therapeutic and the Criminal Justice System
- ◆ **Proper Influences** of Memory & Rapport

Elements of an Interview

- ◆ Standardized Introduction
- ◆ Structure of the Interview
- ◆ Competency (state vs. federal)
- ◆ Rapport
- ◆ Types of Questions
- ◆ Ability to Recall a Past Event

Elements of an Interview

- ◆ Cultural Competence
- ◆ Address PTSD Questions
- ◆ Topic of Concern
- ◆ Exhaust Memory or Narrative
- ◆ Criminal Elements
- ◆ Follow-up: Post Interview Activities

Structure for the Interview... Dennison Reed

- ◊ Honest, respect and give children choices
- ◊ Friendly vs. Controlling/Authoritarian
- ◊ Child is in the role of educating you, correct you if you say something incorrect
- ◊ When you repeat a question or response it doesn't mean they said something wrong
- ◊ Give children permission not to answer
- ◊ Encourage children to admit confusion or lack of knowledge. Tell the child not to guess

Interview Aids & the Record

- ◊ Anatomically Detailed Dolls (Boat & Everson, 1996; APSAC Guidelines on the Use of Anatomical Dolls)
- ◊ Drawings: Freehand and Anatomical
- ◊ Videotape or Audiotape: Informing child and family of the process
- ◊ Toys/Props: (Medical Kit, Phone, Doll House, Markers, Etc.) Avoid suggestive materials.
- ◊ Drawings as a tool for communication, describe in documentation of the interview, label and retain as evidence.
(Pence & Wilson, 1994; 1996)

Pre-Interview Information Considerations

- Disclosure: accidental or purposeful, whom has the child disclosed to, is the disclosure in the child's words or rephrased by others, nature of the allegations
- How much information should the interviewer have
- Cultural background of child & family
Determine child's age, developmental level can the child read, write, count, & tell time
Screen for Developmental Disabilities, Speech & Language Challenges & Behavioral Issues



Pre-Interview Considerations

- ◆ Consider the Families reaction to the allegations & support for the child
- ◆ Any behavioral/physical signs of distress and who noticed these
- ◆ Develop a plan for monolingual and bi-lingual children. Bilingual interviewer is preferred but if unavailable a translator may be needed (language throughout the process)
- ◆ A single interview or multiple interviews (young children, hospitalized children & children with developmental disabilities)

Pre-Interview Considerations

- ◆ Who will interview: flexibility. Has the child made any requests or voiced any preferences. Joint interview & Protocol.
- ◆ Timing of the Interview: nap, hungry, tired, sick, bad day, school event, and medications.
- ◆ Access to a parent or support person vs. being present in the interview room.
- ◆ Location & recording, chain of custody
- ◆ Feeding the child during the interview and negotiating with the child can be controversial
- ◆ Privacy and Documentation

Introduction & Rapport

- ◆ Introduce yourself and the process, " I talk with kids about..." Explain the tape or video
- ◆ Explore the child's world
- ◆ Stay current with the popular activities, toys, movies, books etc. for different age children and adolescents
- ◆ Interests/school/family
 - Likes and Dislikes
 - Daily Routine
 - Child's Distress Level
 - Adolescents

Developmental Assessment

- ◆ Colors/Counting/Time
- ◆ Ability to narrate a past event
- ◆ Competency: truth vs. lie, right vs. wrong
- ◆ Concepts: on, off, inside, outside, under, over, on top of, clothes, furniture etc.
- ◆ Cognitive interview approach ages 6 and older
- ◆ Dolls can present problems with children ages 3 and under
- ◆ Speech and Language

Speech & Language

- ◆ Simplify language
- ◆ Avoid pronouns
- ◆ Avoid compound sentences
- ◆ Avoid double negatives
- ◆ Avoid technical, biological & scientific terms
- ◆ Use the child's language
- ◆ Substitute "How come" for "Why"
- ◆ Substitute "Something" for "Anything" and "Someone" for "Anyone"

Speech & Language

Avoid starting with, "Do you remember When?"

Consider how concrete young children are when framing questions. "Is your mother there?" "Yes" Long Pause

Framing Questions

- ◆ Begin with open ended questions: Tell me about.....
- ◆ Narrative Invitations
- ◆ Specific, Closed or Focused questions
- ◆ Leading and Suggestive questions
- ◆ Cognitive Interviewing

Framing Questions

- ◆ Least Desired Questions: Presumption questions and misleading questions
- ◆ Promote a narration of a disclosure by utilizing techniques such as, "And then what happened?"
- ◆ Tell me about....the first time, the last time, a time you can remember

Topic of Concern

- ◆ Foundation/Escalation (Play, words, and drawings)
- "I understand something may have happened to you; tell me about it from beginning to end." "Is there a special reason you came to talk to me today?"
- Likes & dislikes: (Person focused) "What are some things you like/don't like about your brother?"
- Context focused questions: "Tell me about bath time. What happens? Do you like bath time?"

Topic of Concern

- ◊ Family context
- ◊ Schedule and Events
- ◊ Medical Exam: "I understand you had to go to the doctor. Is there a reason you had to go?"
- ◊ Body Parts: "Do you have a... has anything happened to yours? Has it ever been hurt?"
- ◊ Worries/Concerns/Scary
- ◊ Details: taste, touch, heard, saw, felt & smelled
- ◊ Letting Children off the hook: context

Closing the Interview

- ◊ Consider a statement that gives context to closing the interview. "Children are not responsible for what other people/children do."
- ◊ Thank the child for helping you with your job
- ◊ Give the child an opportunity to ask you any questions. Ask the child if they are ready to leave the room. Allow the child time to finish playing or drawing.
- ◊ Discuss a neutral topic and be attentive to the child's distress level.
- ◊ If the child voices any fears or worries address them.

Next Steps

- Offender/family/protection issues
- Pace of the investigation
- Medical exam: preparation
- Consider possible defenses
- Investigate the child's statement
- MDT approach from beginning of case
- Gather & Review all documents
- The Offender Interview
- Interview of non-offending parent and other witnesses

Memory

- ◆ Memory is Complex
- ◆ Research Changes in this Area
- ◆ Memory is not Static
- ◆ Context and Circumstances Around Memory is Important
- ◆ Children and Memory
- ◆ Children and Adults

Memory Continued

- ◆ External Cues
- ◆ Central vs. Peripheral
- ◆ Forgetting Curve
- ◆ Errors of Omission
- ◆ Bizarre Statements do not Correlate with False Statements (Ceci, 1998)
- ◆ Action Events vs. Verbal Events

Memory Research: V. Vieth

- 1979-1992 more than 100 Memory and Suggestibility studies favorable to children
- Gail Goodman literature shows positive aspects of children as witnesses: challenging the earlier view of children as highly suggestible
- Pro-child perspective may have contributed to poor interview technique
- Trailer Study (Goodman, 1991)
- Medical Exam Study (Saywitz, Goodman, Nicholas & Moan, 1991)

Research Studies Modeled After High Profile Cases

- ◊ State v. Michaels: Day Care center case involving multiple victims ages 3-5 initially convicted Kelly Michaels of 131 counts, conviction was later overturned
- ◊ Children were interviewed inappropriately
- ◊ 1990's New Wave of Research that focused on Children's Weaknesses

Multi-Victim Day Care Paradigm: Victor Vieth

- ◊ Strength and Weaknesses of this research:
 1. Sam Stone Study
 2. Mousetrap Studies
 3. Mousetrap Revisited
 4. Inoculation Study

Suggestibility: is the ability to report misleading or inaccurate information

1692 a group of children accused certain residents of Salem of Witchcraft which led to their execution a few years later they recanted
Structure correlated with truth in Children

- ◊ Young Children are at Risk for Suggestibility

Multiple Hypothesis
Methodology for Questions: leading questions

Suggestibility

- ◆ Events Contaminating Another Memory
- ◆ Confidence in the Child's Response Should Consider the Type of Question Presented
- ◆ Continuum of Questions
- ◆ Suggestibility in Children can be Impacted by Questions, Events, Setting and the Demands of the Situation
- ◆ Factors that Typically Affect Suggestibility

Suggestibility continued...

- ◆ Repeatedly Questioning Children
- ◆ Resistance to Misleading Questions
- ◆ Corroborative Sources
- ◆ Be Prepared to Defend the use of a Leading Question

Reliability of Children's Statements

- ◆ Weight Given to Child's Response Reflects Consideration of Questioning Consistency of Statements
- ◆ Nature and Quality of Details
- ◆ Multiple Hypothesis Developmental Considerations

Reliability of Children's
Statements continued...

- ◆ Emotional and Behavioral Presentation and Factors
- ◆ Collaborative Interviews & Information
- ◆ Motive

We are guilty of many errors and many faults, but the worst crime is abandoning our children--neglecting the fountain of life. Many of the things we need can wait. But children cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer "tomorrow." His name is "Today." Gabriela Mistral, Chilean poet



Cognitive Distortions of Sex Offenders

By Blaine D. Mc Ilwaine

Cognitive Distortions

- They are irrational negative thoughts by which an offender avoids taking responsibility for his/her harmful behaviors.
- These thoughts lead to negative emotional states and behaviors.
- They fuel the offending cycle.
- Most are very similar in nature and overlap.

Cognitive Distortions

- Blaming - Putting responsibility for one's behavior onto an external source, i.e. victim or their own abuse, etc.
- Denial - Refusing to acknowledge facts, i.e. "I didn't molest him."
- Depersonalization - Making persons "objects" to minimize the trauma created and to avoid empathy.

Cognitive Distortions

- Intellectualization - Developing elaborate, seemingly logical social excuses for offenses i.e. "society pushes sex through porn, tv, the Power of the Sex Drive etc."
- Isolation - Avoiding others while focusing on CD's, revenge, anger or other negative emotional states.

Cognitive Distortions

- Justifying - Creating reasons why the offense behavior was legitimate or all right, ie "I was just teaching her about sex."
- Minimization - Decreasing the severity of the offense, i.e. "I didn't make her bleed."
- Power/Control - An inordinate need to gain this at the victims expense.

Cognitive Distortions

- Reframing - Changing the negative picture of the offense into a positive one and ignoring the harm to the victim.
- Religiosity - False claims of being "miraculously cured" and thus no longer a risk.
- SUDS (Seemingly unimportant decisions) that link together to lead to an offense.

Cognitive Distortions

- Victim stance/ Victim posturing - Getting oneself and others to view the offender as the victim, therefore avoiding blame i.e. focusing on ones own victimization.

The Four D's of Sex Offending

- *Dishonesty* - Denial of observable facts. i.e. "I didn't molest her"
- *Denial* - Denial of sexual arousal and intent. i.e. "I touched his penis but I was teaching him about sex, I wasn't aroused.
- *Displacement* - Admitting the offense but placing the blame on the victim or on ones own victimization.
- *Distortion* - Minimizing the traumatic effects caused by abuse. "I touched her genitals but didn't hurt her.

4 STEPS of SEXUAL OFFENSE BEHAVIOR

- Step 1. MOTIVATION
 - The desire to sexually offend
- Step 2. INTERNAL BARRIERS
 - Getting beyond the conscience
- Step 3. EXTERNAL BARRIERS
 - Setting up the environment to offend
- Step 4. VICTIM'S RESISTANCE
 - Overcoming the victims resistance

**Behaviors Related to Sex and Sexuality
in Kindergarten Through Fourth Grade Children**

The following chart attempts to describe behaviors which relate to sex and sexuality of children of normal intelligence in kindergarten through fourth grade. Available literature and empirical data on child sexuality have been studied and consultation with hundreds of mental health professionals, parents and child care providers has been sought to prepare this chart. It is a first step in defining behaviors related to sex and sexuality which are within the Expected range, behaviors which raise concern and behaviors which require immediate consultation. Where and under what conditions a child engages in the sexual behaviors is important in the assessment. This chart is not meant for use in the assessment of child sexual abuse. Comments and suggestions are invited by the author.

The behaviors in the first column are those which are in the expected range. This range is wide, some children may engage in none while some may only do one or two. If a child engages in most or all of the behaviors, this may raise concern. There will be differences due to the amount of exposure the child has had to adult sexuality, nudity, explicit television, videos, pictures and the child's level of interest. The child's parents' attitudes and values will influence the child's behaviors.

The second column describes behaviors which are seen in some children who are overly concerned about sexuality, who lack adequate supervision, or live in sexualized environments, and other children who have been, or are currently being, sexually maltreated.

When a child shows several of these behaviors, or the behavior persists in spite of interventions, consultation with a professional is advised.

The third column describes behaviors which are often indicative of a child who is experiencing deep confusion in the area of sexuality. This child may or may not have been sexually and emotionally abused or physically maltreated. It may be that the level of sex and/or aggression in the environment in which the child has lived overwhelmed the child's ability to integrate it and the child is acting out the confusion. Consultation with a professional who specializes in child sexuality or child sexual abuse should be sought.

Sex Play

Children in kindergarten through fourth grade are trying to understand their bodies, their abilities, how to make friends and life. The world is a marvelous place full of things to learn and explore, amongst these are sex and sexuality. Everything related to sex and sexuality, including the genitals, breasts, differences between males and females, love, marriage, intercourse, dirty books and pictures, dancing, hugging, touching, etc. are the objects of great curiosity. Young school-age children are often very active in their exploration

Behaviors Related To Sex and Sexuality in Preschool Children

Toni Cavanagh Johnson, Ph.D.
South Pasadena, California

Natural and Expected	Of Concern	Seek Professional Help
Touches/rubs own genitals when diapers are being changed, when going to sleep, when tense, excited or afraid.	Continues to touch/rub genitals in public after being told many times not to do this.	Touches/rubs self in public or in private to the exclusion of normal childhood activities.
Explores differences between males and females, boys and girls.	Continuous questions about genital differences after all questions have been answered.	Plays male or female roles in an angry, sad or aggressive manner. Hates own/other sex.
Touches the genitals, breasts of familiar adults and children.	Touches the genitals, breasts of adults not in family. Asks to be touched himself/herself.	Sneakily touches adults. Makes others allow touching, demands touching of self.
Takes advantage of opportunity to look at nude persons.	Stares at nude persons even after having seen many persons nude.	Asks people to take off their clothes. Tries to forcibly undress people.
Asks about the genitals, breasts, intercourse, babies.	Keeps asking people even after parent has answered questions at age appropriate level.	Asks strangers after parent has answered. Sexual knowledge too great for age.
Erections	Continuous erections	Painful erections
Likes to be nude. May show others his/her genitals.	Wants to be nude in public after the parent says "no".	Refuses to put on clothes. Secretly shows self in public after many scoldings.
Interested in watching people doing bathroom functions.	Interest in watching bathroom functions does not wane in days/weeks.	Refuses to leave people alone in bathroom, forces way into bathroom.
Interested in having/birthing a baby.	Boys interest does not wane after several days/weeks of play about babies.	Displays fear or anger about babies, birthing or intercourse.
Uses "dirty" words for bathroom and sexual functions.	Continues to use "dirty" words at home after parent says "no".	Uses "dirty" words in public and at home after many scoldings.
Interested in own feces.	Smears feces on walls or floor more than one time.	Repeatedly plays or smears feces after scolding.
Plays doctor inspecting others' bodies.	Frequently plays doctor after being told "no".	Forces child to play doctor, to take off clothes.
Puts something in the genitals or rectum of self or other for curiosity or exploration.	Puts something in genitals or rectum of self or other frequently or after being told "no".	Any coercion, force, pain in putting something in genitals or rectum of self or other child.
Plays house, act out roles of mommy and daddy.	Humping other children with clothes on.	Simulated or real intercourse without clothes, oral sex.

© 1994 Toni Cavanagh Johnson, Ph.D.

REFERENCES

- FRIEDRICH, W., GRAMBSCH, P., DAMON, L., KOVEROLA, C., HEWITT, S., LANG, R., & WOLFE, V. (1992). The Child Sexual Behavior Inventory: Normative and Clinical Comparisons. *Psychological Assessment*, 4.3, 303-311
- Gil, E. and Johnson, T.C., (1993) *Sexualized Children: Assessment and Treatment of Sexualized Children and Children Who Molest*, Rockville, Md., Launch Press.
- JOHNSON, T. C. (1988). Child perpetrators - children who molest other children: preliminary findings. *Child Abuse and Neglect*, 12, 219-229.
- JOHNSON, T.C. (1990). Child Sexual Behavior Checklist. In Gil and Johnson (1993) See above.
- JOHNSON, T.C. (1991) *Understanding the Sexual Behaviors of Children*, *SIECUS Report*, August/September

Behaviors Related to Sex and Sexuality in Kindergarten Through Fourth Grade Children

Toni Cavanagh Johnson, Ph.D.
South Pasadena, California

Natural and Expected	Of Concern	Seek Professional Help
Asks about the genitals, breasts, intercourse, babies.	Shows fear or anxiety about sexual topics.	Endless questions about sex. Sexual knowledge too great for age.
Interested in watching/peeking at people doing bathroom functions.	Keeps getting caught watching/peeking at others doing bathroom functions.	Refuses to leave people alone in bathroom.
Uses "dirty" words for bathroom functions, genitals, and sex.	Continues to use "dirty" words with adults after parent says "no" and punishes.	Continues use of "dirty" words even after exclusion from school and activities.
Plays doctor, inspecting others' bodies.	Frequently plays doctor and gets caught after being told "no".	Forces child to play doctor, to take off clothes.
Boys and girls are interested in having/birthing a baby.	Boy keeps making believe he is having a baby after month/s.	Displays fear or anger about babies or intercourse.
Show others his/her genitals.	Wants to be nude in public after the parent says "no" and punishes child.	Refuses to put on clothes. Exposes self in public after many scoldings.
Interest in urination and defecation.	Plays with feces. Purposely urinates outside of toilet bowl.	Repeatedly plays with or smears feces. Purposely urinates on furniture.
Touches/rubs own genitals when going to sleep, when tense, excited or afraid.	Continues to touch/rub genitals in public after being told "no". Masturbates on furniture or with objects.	Touches/rubs self in public or in private to the exclusion of normal childhood activities. Masturbates on people.
Plays house, may simulate all roles of mommy and daddy.	Humping other children with clothes on. Imitates sexual behavior with dolls/stuffed toy	Humping naked. Intercourse with another child. Forcing sex on other child.
Thinks other sex children are "gross" or have "cooties". Chases them.	Uses "dirty" language when other children <i>really</i> complain.	Uses bad language against other child's family. Hurts other sex children.
Talks about sex with friends. Talks about having a girl/boy friend.	Sex talk gets child in trouble. Romanticizes all relationships.	Talks about sex and sexual acts alot. Repeatedly in trouble in regard to sexual behavior.
Wants privacy when in bathroom or changing clothes.	Becomes very upset when observed changing clothes.	Aggressive or tearful in demand for privacy.
Likes to hear and tell "dirty" jokes.	Keeps getting caught telling "dirty" jokes. Makes sexual sounds, e.g. moans.	Still tells "dirty" jokes even after exclusion from school and activities.
Looks at nude pictures.	Continuous fascination with nude pictures.	Wants to masturbate to nude pictures or display them.
Plays games with same-aged children related to sex and sexuality.	Wants to play games with much younger/older children related to sex and sexuality.	Forces others to play sexual games. Group of children forces child/ren to play.

of these topics. At times children engage in solitary sexual behaviors, at other times similar age children engage in exploratory behavior together or make up games involving sexual themes in which groups of children engage together. Curiosity about sex is natural and is engaged in with liveliness and good humor. Children engaged in sex play mutually agree to participate and are generally giggly and silly. When one child wants to stop, the other/s stop also. If discovered in sexual behaviors a child may feel guilty or ashamed but this passes, if the adult treats it as natural.

Areas of Concern

Concern arises when the child focuses on sex and sexuality to a greater extent than 1) other areas of the child's environment or, 2) his or her peers. Sexual interest should be in balance with the curiosity and exploration of all other aspects of the child's life. Most sexual behaviors related to "looking and touching" go underground or stop as children learn that many adults are unaccepting of much of their overt exploration and curiosity. When a child continues to do sexual things in the view of adults who say "no", this raises concern. Most sexual behaviors by young school-aged children are engaged in with children of similar age, usually within a year or so, younger or older, of their own age. The wider the age range between children engaged in sexual behaviors, the greater the concern. Sex play usually occurs between friends and playmates. A child who keeps asking unfamiliar children or children who are uninterested to engage in sexual activity, raises concern. Children who appear anxious, tense, confused about sexual issues, or who are continuously involved in sexual activity, or children who do not understand others' admonitions against overt sexual behavior, also raise concern.

If a child shows several behaviors, or the behavior persists in spite of interventions, professional advice is recommended.

When to Seek Professional Consultation

When anger, anxiety, tension, fear, sadness, coercion, force, ongoing destructive or aggressive impulses, or compulsive interest and activity are associated with sexuality, professional advice should be sought.

Generally, there is little concern about peer sexual exploration yet there can be manipulation and coercion between same-aged peers. When assessing peer sexual behaviors which are considered problematic, the every day relationship between the children is the best measure of how the children interact. If a child is regularly aggressive and controlling in interactions with another child, this relationship may be the same when sexual behaviors are occurring. Sexual behaviors between children where one is pressuring the other to engage in the behaviors can be very serious. If other children repeatedly complain about a child's sexual behavior even after the child has been spoken to, an assessment by a professional is advisable.

CHILD SEXUAL BEHAVIOR CHECKLIST (CSBCL)

Second Revision

The Child Sexual Behavior Checklist (CSBCL) was specifically developed as an assessment tool for children twelve years and younger referred for assessment of sexual behavior problems. The CSBCL has four parts. The first three parts refer to the child's behavior during the last three months and is completed by a parent/caregiver. Part IV is filled out by the therapist or evaluator with the parent/caregiver, when indicated.

The CSBCL offers a descriptive history or summary record of a child's sexual behaviors from the perspective of the parent/caregiver. When treatment related to sexual behavior problems will be implemented, it provides the baseline data from which to develop a treatment plan. The plan can be developed based on the specific areas of difficulty the child is experiencing. Target sexual behaviors can be chosen from the data provided by the CSBCL. Progress can be measured by repeated assessment with the measure. Many professionals use it as an intake tool for children receiving treatment for sexual abuse. It provides a framework for discussion with the parents/caretakers and alerts them to behaviors to be brought to the attention of the therapists during the course of treatment. The CSBCL can be used as a baseline for determining a child's functioning when entering foster, group, residential care or inpatient treatment. Without specific questioning and documentation, the sexual behavior problems of children often remain obscured due to adult caretakers' reticence to discuss the issue. Out-of-home caretakers of children often need to be sensitized to children's potential problem areas.

Part I of the CSBCL contains over 150 behaviors of children related to sex and sexuality ranging from natural and healthy childhood sexual exploration to behaviors of children experiencing severe difficulties in the area of sexuality. Behaviors related to toileting are included as these may be part of the clinical picture of a child with sexual behavior problems. The behaviors are grouped by type for ease of evaluation.

Part II asks about aspects of the child's life which might increase the frequency of sexual behaviors, e.g. access to pornography, nudity, abuse history, sleeping arrangements and whether the child has seen violence between people he or she knows. It should be evaluated for potential factors which can be modified to decrease sexual behavior problems.

Part III provides a more detailed description of sexual behaviors engaged in with other children. Question five in Part III is important to assess in relation to the information provided in the rest of the CSBCL. If treatment for sexual behavior problems is indicated, the degree of correspondence between the caretaker's description of the child's sexual behaviors and his or her perception of whether the child has a sexual problem will be important. It is critical that the caretakers and therapists have a shared understanding of the child's issues related to sexuality and have agreed upon treatment goals.

After the parent/caretaker has filled out the CSBCL, the therapist or evaluator should review it with the respondent, clarifying any answers and preliminarily assessing if the child may have sexual behavior problems.

Part IV should be completed by the therapist/evaluator with the parent/caregiver if it appears the child may have a sexual behavior problem. This section is comprised of characteristics of children's sexual behaviors which raise concern. The seriousness of the child's sexual behavior problems increases in direct proportion to the number and type of the characteristics which fit the child's sexual behaviors.

Gil, E. and Johnson, T. C. Sexualized Children: Assessment and Treatment of Sexualized Children and Children Who Molest. Launch Press, 1993.

Johnson, T. C. Sexualized Children: Assessment of Sexual Behavior Problems in Preschool and Latency-aged Children. Yates, A., Ed. Child and Adolescent Psychiatric Clinics of North America, 1993.

© Copyright Toni Cavanagh Johnson, Ph.D. 5/10/94

1101 Fremont Ave., Suite 104 • S. Pasadena, CA 91030 • (818)799-4522 • FAX (818)790-0139

Psychotherapy, Training and Consultation • Therapeutic Games and Publications

Natural and Expected	Of Concern	Seek Professional Help
Draws genitals on human figures.	Draws genitals on one figure and not another. Genitals in disproportionate size to body.	Genitals stand out as most prominent feature. Drawings of intercourse, group sex.
Explores differences between males and females, boys and girls.	Confused about male/female differences after all questions have been answered.	Plays male or female roles in a sad, angry or aggressive manner. Hates own/other sex.
Takes advantage of opportunity to look at nude child or adult.	Stares/sneaks to stare at nude persons even after having seen many persons nude.	Asks people to take off their clothes. Tries to forcibly undress people.
Pretends to be opposite sex.	Wants to be opposite sex.	Hates being own sex. Hates own genitals.
Wants to compare genitals with peer-aged friends.	Wants to compare genitals with much older or much younger children or adults.	Demands to see the genitals, breasts, buttocks of children or adults.
Wants to touch genitals, breasts, buttocks of other same-age child or have child touch him/her.	Continuously wants to touch genitals, breasts, buttocks of other child/ren. Tries to engage in oral, anal, vaginal sex.	Manipulates or forces other child to allow touching of genitals, breasts, buttocks. Forced or mutual oral, anal, or vaginal sex.
Kisses familiar adults and children. Allows kisses by familiar adults and children.	French kissing. Talks in sexualized manner with others. Fearful of hugs and kisses by adults. Gets upset with public displays of affection.	Overly familiar with strangers. Talks/acts in a sexualized manner with unknown adults. Physical contact with adult causes extreme agitation.
Looks at the genitals, buttocks, breasts of adults.	Touches/stares at the genitals, breasts, buttocks of adults. Asks adult to touch him/her on genitals.	Sneakily or forcibly touches genitals, breasts, buttocks of adults. Tries to manipulate adult into touching him/her.
Erections	Continuous erections	Painful erections
Puts something in own genitals/rectum due to curiosity and exploration.	Puts something in own genitals/rectum frequently or when it feels uncomfortable. Puts something in the genitals/rectum of other child.	Any coercion or force in putting something in genitals/rectum of other child. Anal, vaginal intercourse. Causing harm to own/others genitals/rectum.
Interest in breeding behavior of animals.	Touching genitals of animals.	Sexual behaviors with animals.

© 1994 Toni Cavanagh Johnson, Ph.D.

REFERENCES

- FRIEDRICH, W., GRAMBSCH, P., DAMON, L., KOVEROLA, C., HEWITT, S., LANG, R., & WOLFE, V. (1992). The Child Sexual Behavior Inventory: Normative and Clinical Comparisons. *Psychological Assessment*, 4.3, 303-311
- GIL E. and JOHNSON, T.C., (1993) *Sexualized Children: Assessment and Treatment of Sexualized Children and Children Who Molest*, Rockville, Md., Launch Press.
- JOHNSON, T. C. (1988). Child perpetrators - children who molest other children: preliminary findings. *Child Abuse and Neglect*, 12, 219-229.
- JOHNSON, T.C. (1990). Child Sexual Behavior Checklist. In Gil and Johnson (1993) See above.
- JOHNSON, T.C. (1991) Understanding the Sexual Behaviors of Children, *SIECUS Report*, August/September.

Some Life Span Behavioral Symptoms Associated With Victims of Sexual Abuse*

Infancy/Early Childhood <u>Under 4 Years of Age</u>	Middle and Late Childhood <u>5 -10 Years of Age</u>	Early Adolescents <u>11-14 Years of Age</u>
Fearful	Sudden onset of anxiety	Guilt
Night terrors	Depression	Low self-esteem
Shame	Insomnia	Isolation
Clinging behavior	Conversion hysteria	Poor body image
Developmental delay	Weight gain/loss	Staring blankly
Suspicious physical findings	Sudden school failure	Cruelty to others
Staring blankly	Truancy	Mood swings
Mood swings	Run-away	Withdrawn
Cruelty to others	Sudden irritability	Lying
Whining	Excessive bathing	Cheating
Withdrawn	Psychosomatic problems	Aggression
Secretive	Suspicious physical findings	Secretive
Day dreaming	Staring blankly	Daydreaming
Sexual preoccupation	Cruelty to others	Sexual preoccupation
Compulsive twirling	Mood swings	Sexual abuse of younger children
Elevated blood pressure	Withdrawn	Suicidal ideation
Sleep disorder	Lying	Depression
Psychosomatic problems (rash, pain in leg, etc.)	Cheating	Truancy
Inability to learn	Secretive	Run-away
	Daydreaming	Seductive behavior
	Sexual preoccupation	Sexual identity issues
	Seductiveness	Pregnancy
	Low self-esteem	

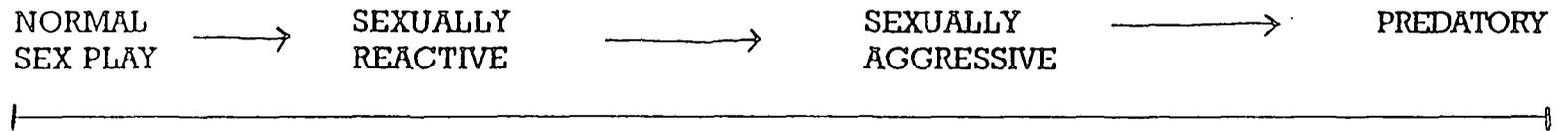
* Compiled from a review of the literature and is not to be considered a complete listing.

Pamela Langelier, Ph.D.



ABUSE REACTIVE CHILDREN

by Kee MacFarlane



1. Age difference between Children

2. Size or power difference between children

3. Difference in status

4. Type of Sexual Activity

5. Dynamics of Sexual Behavior



DEVELOPMENTAL CONSIDERATIONS IN ASSESSING FOR CHILD MALTREATMENT

Prepared by:
Allison F. DeFelice, Ph.D.
Assessment & Resource Center (ARC)

I. Overview of Developmental Stages

- A. Infancy: 0-18 mos
- B. Toddler: 18 mos-3 years
- C. Preschool: 3-6 years
- D. Elementary: 6-12 years
- E. Adolescent: 12-17 years

II. Sexual Development: Normal v. Problematic Sexual Behavior

III. Specific Interview Considerations

- A. Expectations / Pre-Screening
- B. Setting
- C. Language

INFANCY: 0 - 18 MONTHS

- Critical period for attachment / “bonding”
- Importance of “fit” between care giver & child
- Tremendous strides in sensorimotor skills
- Demonstrates memory and anticipation
- Begins to imitate
- Cannot be interviewed, can be observed and engaged

TODDLER-TIME: 18 MONTHS - 3 YEARS

Language & Cognitive Development

- ⊙ Understands language far better than can express self verbally
- ⊙ Becomes progressively more talkative, and more clearly understood by adults: 300 words at 2 → 900 words at 3
- ⊙ Egocentric: self-centered, assume that you know what they know
- ⊙ Concrete
- ⊙ Focus on one central aspect of a situation
- ⊙ Focus on the state of things at the moment: cannot classify by hierarchies (stronger, bigger, first, last)
- ⊙ Symbolic representation is emerging, leads to progressively more complex symbolic play
- ⊙ Lack representation of self in symbolic play (i.e., can't reliably use two dolls to imitate something that happened to self)

Social & Emotional Development

- ⊙ Seeks adult approval
- ⊙ Finds separation extremely difficult
- ⊙ Starts to assert independence; concept of "I" emerges
- ⊙ Concept of gender identity emerges, but is not fixed
- ⊙ Displays affection

PRESCHOOL: 3 TO 6 YEARS:

Language & Cognitive Development

- Develops concepts of colors, numbers, prepositions
- Superficial, often erroneous causal relationships:
-- “My dad can fix anything because he has a work shirt.”
- Can’t shift perspective:
-- “You can’t see me because my eyes are closed.”
- Fantasy / Reality blurred, magical thinking is active
- Still egocentric
- Moral development is more marked: right / wrong, truth / lie as concepts are established by the end of this period
- Can use words to express feelings
- Complex relationships between objects not well understood: can organize by hierarchy somewhat
- Time is still not well-understood (e.g., yesterday, today, tomorrow, long time ago, short time ago, soon, later)
- Representation of self emerges
- Extensive use of symbolic play
- Can remember events, for years; won’t tell all in single interview
- Can provide “who,” “what,” “where,” and often “how,”
- Can’t provide “when” or “how many” reliably (except 1x vs. > 1x)

Preschoolers, contd.: Social & Emotional Development

- Responds well to praise & encouragement
- ⊕ Still sees the family as central
- ⊕ Wider social network, more relationships
- ⊕ Identifies with parents & likes to imitate them
- ⊕ Tends to be protective of the parents
- ⊕ Displays independence
- ⊕ Child's "world view" is applied and modified
- ⊕ Gender identity is made permanent
- More "suggestible" than older children & adults

ELEMENTARY SCHOOL-AGE: 6 TO 12 YEARS

Language & Cognitive Development

- Uses language that reflects the growing ability to understand abstract concepts
- Is able to separate fantasy from reality
- Has strong likes & dislikes / is opinionated
- Child's view of self takes on larger importance
- Moral development expands considerably
- Cognitive & emotional complexities are comprehended
- Sequencing of events improves: concept of beginning, middle, & end
- Sense of time improves, but still is problematic; best organized around context (e.g., what was on t.v., what others were doing, or significant calendar events)

Social & Emotional Development

- Can be very independent & self-assured at times, still dependent on adult guidance
- Teachers & peers gain in importance
- Strong sense of "fairness"
- Family still very important, but may begin to have conflicts between family & peer values

ADOLESCENCE: 12 - 17 YEARS

Language & Cognitive Development

- Can often communicate like an adult
- ⊖ Understands and communicates abstract ideas
- Understands symbolic reasoning
- ⊖ Able to reason, generalize, form hypotheses and test them
- Capable of introspection, considering how things are and how they might be if. . .

Social & Emotional Development

- Often doesn't think of consequences of words or acts (even though they are capable!)
- ⊖ Idealistic
- ⊖ Doesn't feel understood
- ⊖ Independent / Dependent
- Often doesn't trust adults; strong sense of peer identity
- ⊖ Concerned with personal morality code
- ⊖ Concerned with meaningful interpersonal relationships

Developmental pre-screening: How young is too young, and what expectations are appropriate?

Infancy: No involvement is expected of the infant. Assessment is through physical signs or eyewitness observation only.

Very Young Children (18-36 mos) Stage 1 Interview: Very young children's actions and their few words give clues to possible abuse, but there is heavy emphasis on the assessor to anchor and structure this information within the child's status and history.

Young Children (3-4 years) Stage 2 Interview: These young children can participate in abuse assessment, but this is a period of transitioning skills. Carefully evaluate the current status of these children's capabilities to ensure that the best match between interview style and the skills of the child is offered.

Early Elementary School-Aged Children (5-6 years) Stage 3 Interview: Most of these children are able to respond to standardized interview formats; however, there are still important interview abilities they do not possess (e.g., date / time concepts)

**STAGE 2 ASSESSMENT:
PRE-SCREENING OUTLINE**

Language

articulation, vocabulary, length of utterance

Concepts

who, what, where

Attention Span

Memory

narrative ability

scaffolding necessary

Play

use of symbols

representation of self

Real/Pretend

right/wrong

True/Lie

Suggestibility

Correct Me

Friedrich's Data
Frequency of Sexual Behaviors and Discriminating Items Endorsement Percentage

Friedrich, W.N., et al. (1992). Child sexual behavior inventory: Normative and clinical comparisons. *Psychological Assessment*, 4(3), 303-311.

$p < .05$
 $.01$ $.001$

No. ^a	Item (abbreviated)	Normative overall	Clinical overall	F	p
10.	Puts mouth on sex parts	.1	8.2	4.46	.0001
15.	Asks to engage in sex acts	.4	11.6	4.29	.0001
7.	Masturbates with object	.8	11.2	5.45	.0001
17.	Inserts objects in vagina/anus	.9	11.2	4.34	.0001
9.	Imitates intercourse	1.1	14.1	4.50	.0001
14.	Sexual sounds	1.4	13.1	4.42	.0001
30.	French kisses	2.5	13.1	2.60	.01
28.	Undresses other people	2.6	18.0	6.70	.0001
29.	Asks to watch explicit TV	2.7	15.0	3.23	.0014
19.	Imitates sexual behavior with dolls	3.2	17.5	3.65	.0003
2.	Wants to be opposite sex	4.9	10.2	3.64	.0006
22.	Talks about sexual acts	5.7	31.6	6.13	.0001
1.	Dresses like opposite sex	5.8	6.8	ns	—
8.	Touches others sex parts	6.0	25.7	7.48	.0001
16.	Rubs body against people	6.7	22.3	4.20	.0001
31.	Hugs strange adults	7.3	28.1	4.90	.0001
32.	Shows sex parts to children	8.1	24.8	4.89	.0001
12.	Uses sexual words	8.8	30.6	5.98	.0001
33.	Overly aggressive, overly passive	10.4	35.4	7.17	.0001
27.	Talks flirtatiously	10.6	15.0	2.01	.04
13.	Pretends to be opposite sex	13.0	14.1	ns	—
4.	Masturbates with hand	15.3	28.6	4.33	.0001
21.	Looks at nude pictures	15.4	18.4	3.62	.0004
20.	Shows sex parts to adults	16.0	18.0	3.36	.0009
3.	Touches sex parts in public	19.7	21.8	2.94	.0035
34.	Interested in opposite sex	23.0	33.5	4.65	.0001
18.	Tries to look at people undressing	28.5	33.5	2.04	.04
6.	Touches breasts	30.7	30.6	2.76	.0062
26.	Kisses nonfamily children	33.9	29.6	ns	—
23.	Kisses nonfamily adults	36.2	39.3	ns	—
25.	Sits with crotch exposed	36.4	36.0	ns	—
24.	Undresses in front of others	41.2	42.7	ns	—
11.	Touches sex parts at home	45.8	42.2	3.09	.0022
5.	Scratches crotch	52.2	45.1	ns	—
35.	Uses opposite sex toys	53.9	29.1	ns	—

^a The preferred order of the items in the scale are identified in this column (e.g. Item 1. *Dresses like the opposite sex*).

Friedrich's Data
Frequency of Sexual Behaviors--Normal Population (Percent Endorsement)

Friedrich, W.N., et al. (1991). Normative sexual behavior in children. *Pediatrics*, 88 (3), 456-464.

No.	Item (Abbreviated)	Overall	2-6, Boys	2-6, Girls	7-12, Boys	7-12, Girls
10.	Puts mouth on sex parts	0.1	0.4	0.0	0.0	0.0
15.	Asks to engage in sex acts	0.4	1.2	0.0	0.0	0.6
7.	Masturbates with object	0.8	0.8	0.8	0.0	1.7
17.	Inserts objects in vagina/anus	0.9	0.0	2.8	0.0	0.6
9.	Imitates intercourse	1.1	0.8	0.4	2.4	1.1
14.	Sexual sounds	1.4	0.4	0.8	3.9	0.6
30.	French kisses	2.5	1.6	4.0	2.4	1.7
28.	Undresses other people	2.6	4.4	4.4	0.5	0.0
29.	Asks to watch explicit television	2.7	0.0	1.6	6.8	3.4
19.	Imitates sexual behavior with dolls	3.2	0.8	4.0	1.5	7.5
2.	Wants to be opposite sex	4.9	7.3	7.5	1.9	1.1
22.	Talks about sexual acts	5.7	2.4	2.8	9.2	10.3
1.	Dresses like opposite sex	5.8	6.0	9.5	3.4	2.9
8.	Touches others' sex parts	6.0	8.9	5.6	4.9	4.0
16.	Rubs body against people	6.7	8.5	8.3	4.4	4.6
31.	Hugs strange adults	7.3	6.5	14.3	2.4	4.0
32.	Shows sex parts to children	8.1	15.7	7.5	4.4	2.3
62.	Uses sexual words	8.8	4.8	1.2	19.9	12.1
33.	Overly aggressive, overly passive	10.4	8.1	17.5	6.3	8.6
27.	Talks flirtatiously	10.6	8.5	15.9	2.9	14.9
13.	Pretends to be opposite sex	13.0	16.9	20.6	2.9	8.0
4.	Masturbates with hand	15.3	22.6	16.3	11.2	8.6
21.	Looks at nude pictures	15.5	11.3	7.9	27.2	18.4
20.	Shows sex parts to adults	16.0	25.8	17.9	9.7	6.9
3.	Touches sex parts in public	19.7	35.5	19.0	15.5	2.9
34.	Interested in opposite sex	23.0	21.0	20.6	19.9	32.8
18.	Tries to look at people undressing	28.5	33.9	33.3	27.7	14.9
6.	Touches breasts	30.7	43.5	48.4	11.7	9.2
26.	Kisses nonfamily children	33.9	41.1	55.2	9.7	21.3
23.	Kisses nonfamily adults	36.2	41.1	52.4	18.9	26.4
25.	Sits with crotch exposed	36.4	35.1	59.1	15.5	29.9
24.	Undresses in front of others	41.2	49.6	61.9	21.4	23.0
11.	Touches sex parts at home	45.8	64.1	54.4	36.4	18.4
5.	Scratches crotch	52.2	58.1	67.9	40.8	34.5
35.	Boy-girl toys	53.9	63.3	71.4	30.6	42.5
Additional items (Dec-Jan)						
42.	Touches animal sex parts	1.3	4.5	0.0	0.0	0.0
37.	Mouth on mother's breast	2.6	0.0	7.7	0.0	0.0
40.	Overly friendly with strange men	7.1	4.5	11.5	2.9	8.0
36.	Stands too close	11.6	6.8	15.4	14.7	8.0
41.	Shy about undressing	38.7	29.5	32.7	50.0	52.0
43.	Walks around nude	41.9	47.7	65.4	20.6	12.0
38.	Walks around in underwear	52.9	54.5	75.0	44.1	16.0
39.	Shy with strange men	64.5	63.6	80.8	47.1	56.0

SUMMARY OF SEXUAL DEVELOPMENT IN CHILDREN

Eliana Gil, 1993

(in Gil and Cavanagh Johnson's Sexualized children: Assessment and treatment of sexualized children and children who molest)

Pre-School 0-4	Young School-Age 5-7	Latency/Pre-adolescence 8-12
Limited peer contact Self-exploration Self-stimulation	Increased peer contact Experimental interactions Inhibition	Increased peer contact Experimental interactions Disinhibition/inhibition
Touches/rubs own genitals (random) Watches, pokes Shows genitals Interested/asks about bathroom functions Uses dirty language Plays house--mom/dad Plays doctor (imitative) May insert/stops with pain (inserting is rare)	Touches self (specific) Watches, asks Inhibited (privacy) Repulsed by/drawn to opposite sex Tells dirty jokes Plays house Kissing, holding hands May mimic/practice	Touches self/others Mooning Exhibitionistic Kissing/Dating Petting Touches others' genitals Dry humping Digital or vaginal intercourse or oral sex

Dynamics of Age-Appropriate Sexual Play	Dynamics of Problematic Sexual Behavior
Spontaneity Joy Laughter Embarrassment Sporadic levels of inhibition and disinhibition	... themes of dominance, threats, coercion, force ... children might appear agitated, anxious, fearful, intense ... child may have higher levels of arousal, participate in habitual sexual activity, be unresponsive to caretaker's limits or distractions

CONDUCTING INVESTIGATIVE INTERVIEWS OF ALLEGED
SEXUAL ABUSE VICTIMS

Michael E. Lamb and Kathleen J. Sternberg
National Institute of Child Health and Human Development
Phillip W. Esplin
Private Practice, Phoenix, AZ

Prepared for Child Abuse and Neglect.

Correspondence and reprint requests should be addressed to: Michael E. Lamb, Section on Social and Emotional Development, National Institute of Child Health and Human Development, 9190 Rockville Pike, Bethesda, Maryland 20814.

Phone: (301) 496-0420; Fax: (301) 480-5775

E-mail: Lamb@ssed.nichd.nih.gov

ABSTRACT

Children are often the only available sources of information about possible abusive experiences. Research has shown that children can, in fact, be remarkably competent informants, although the quality and quantity of the information they provide is greatly influenced by the ways in which they are interviewed. In this article, we briefly review the factors that influence children's competence and describe ways in which investigative interviewers can maximize the quality of the information they obtain from alleged witnesses and victims.

CONDUCTING INVESTIGATIVE INTERVIEWS OF ALLEGED SEXUAL ABUSE VICTIMS

Sex crimes against children are not a new phenomenon, though there have been dramatic increases in the number of alleged victims over the last several years. The increased awareness of sexual abuse has in turn fostered extensive efforts to improve the quality of forensic investigation, with researchers and practitioners eager to identify reliable means of determining whether or not children have been abused. Many experts once believed that medical or physical evidence would prove definitive, though these hopes have not been borne out. Indeed, the misidentification of victims on the basis of physical symptoms, such as anal dilatation, now known to be unreliable indicators of prior abuse has fostered systematic reevaluation of forensic and social welfare practices (e.g., Butler-Sloss, 1988) and has led in turn to a focus on children as sources of information about their experiences (Lamb, 1994). Sex crimes against children are extremely difficult to investigate precisely because the only evidence often consists of the victims' and suspects' accounts of the alleged events. Alleged perpetrators are likely to deny or misrepresent their behavior, and thus children become crucial sources of information. Unfortunately, children's statements are not always easy to elicit or interpret and can often be misinterpreted or misused. The incidents Ceci and Bruck (1995) discuss, along with recent increases in the numbers of children who allege that they have been victims of sexual abuse, underscore the need for reliable techniques to enhance the quality and quantity of information obtained from young alleged victims and witnesses. As many frustrated interviewers, lawyers, and judges can attest, however, children's accounts of their experiences are frequently quite skeletal and even contradictory, and this can raise doubts about the children's competence, especially when the offenses are serious and the possible consequences for alleged perpetrators are severe. Not surprisingly, this realization often prompts questions about the alleged victims' competence and credibility, and as a result considerable research has been conducted on the memorial, communicative, and social tendencies and abilities that influence children's competence as informants.

As Lamb, Sternberg, and Esplin (1994) noted in their review, five central factors

profoundly affect children's capacities as witnesses. First, children tend to be reticent with unfamiliar adults, and this may make them uncommunicative. Second, children are used to being tested by adults ("What color are my shoes?", "Do you remember what we were going to do today?") but are seldom treated by adults as unique sources of otherwise unavailable information. Both of these characteristics make it necessary to motivate potential witnesses to be as informative and detailed as possible. Third, children have poorer linguistic skills than adults; they may use words idiosyncratically, their vocabularies are more restricted, and their sentences tend to be abbreviated, shorn of extensive elaboration. Fourth, their memories are not as good as those of adults, with the amount of information remembered gradually increasing with age. In addition, probably because they have had fewer experiences with which to associate new information to make it more memorable, children tend to forget more rapidly than adults do, and this makes it especially important to conduct investigative interviews as soon as possible after the alleged events have taken place. On the other hand, the memories of children are not more prone to error than those of adults, so that, although they may remember less, they are about as accurate, making roughly the same proportion of errors as adults or older children do. As with adults, furthermore, information retrieved from recognition memory is more prone to error than freely recalled information, and it is thus important to retrieve as much information as possible from recall memory when conducting forensic interviews. Fifth, although both children and adults are suggestible, preschoolers appear especially susceptible, particularly to post-event contamination. Suggestions are less likely to affect children's responses when they pertain to central or salient details of salient events or to appearances rather than the sequence of events. By contrast, suggestions may be more influential when the memory is not rich or recent, when the questions themselves are so complicated that the witness is confused, and when the interviewer appears to have such authority or status that the witness feels compelled to accept his or her implied construction of the events. We must also avoid holding children to a higher standard than adult witnesses, while simultaneously questioning their competence and credibility. Adults, like children, respond to coercion, suggestion, and manipulation, and children are not well served by the implicit assumption that they hold within their minds more information than they are able to provide. It is especially important to interview young children

as soon as possible after the alleged or suspected events (the passage of time may affect both memory and the susceptibility to suggestion) and to maintain an electronic record of the interview to help refute post hoc allegations that the child's account contains details wittingly or unwittingly suggested by the interviewer¹.

Fantasy, memory strategies and deficiencies, suggestibility, and communicative abilities importantly affect the accounts provided by young children of their experiences but children can and do remember important details of incidents that they have observed or experienced. Although their accounts can be manipulated, sensitive interviewers who are aware of children's capacities and deficiencies can avoid many of the problems posed by questions that force children to operate at or beyond the limits of their capacities. Linguistic and memorial difficulties do not make children incompetent witnesses, but an understanding of their capacities and limitations should influence the ways in which children are interviewed and the ways in which their accounts are interpreted. Likewise, the demonstrable fact that investigative interviews with young children can be rendered worthless by inept practice should not blind us to the substantial literature demonstrating that reliable information can be elicited from young children who are competently interviewed. Our goal in this brief article is to articulate strategies for eliciting as much reliable information as possible from young children. This emphasis reflects our firm belief that the informativeness of interviews with child victims is strongly influenced by the skill and expertise of the interviewers and that skillful interviewers can help make children into reliable and invaluable informants.

A variety of professional groups and researchers have offered recommendations regarding the most effective ways of conducting forensic or investigative interviews (APSAC Guidelines, 1990; Fisher & Geiselman, 1992; Jones, 1992; Lamb et al., 1994, 1995; Memorandum of Good Practice, 1992; Raskin & Esplin, 1991a; Raskin & Yuille, 1989). As Poole and Lamb (in press) pointed out, these statements reveal a substantial degree of consensus regarding the ways in which investigative interviews should be conducted, and the recommendations offered in this paper reflect this remarkable consensus. We suggest ways in which forensic interviewers can obtain the greatest amount of reliable information from young

children, offering recommendations that are informed by research conducted in both laboratory analog and field settings, even though for ease of exposition we refer to few of the relevant studies directly.

RESEARCH ON INVESTIGATIVE INTERVIEWS

Unfortunately, agreement about the goals and desired characteristics of investigative interviews have not ensured that forensic interviews are done uniformly well. In field research on front-line investigative interviews, Lamb, Hershkowitz, Sternberg, Esplin, Hovav, Manor, and Yudilevitch (1996) and Sternberg, Lamb, Hershkowitz, Esplin, Redlich, and Sunshine (1996) distinguished among 10 types of interviewer utterances, including three that involved focusing the child's attention, sometimes in a way that suggested a desired response, and two that involved non-directive prompts (open-ended invitations and facilitators). The three types of focused utterances lay along a continuum of risk, in that they varied with respect to the degree of suggestive influence they exerted on children's responses while tapping the child's recognition memory. We found that, in investigative interviews, invitations elicited responses from children that were, on average, three times longer and three times more detailed than did any of the more focused prompts; the superiority of open-ended utterances was apparent regardless of the age of the children being interviewed. Because focused questions draw information from recognition rather than recall memory, furthermore, it is more likely to be inaccurate, although the value can be maximized and the risks minimized if each focused question (tapping recognition memory) is followed by (paired with) an open-ended question placing the burden back on recall memory. Unfortunately, focused utterances are much more common in the field than open-ended questions are. In the field sites studied, more than 80% of the interviewer utterances were focused whereas only 6% were invitations. Research in the United States, the United Kingdom, and Israel shows that the over-reliance on focused questions is evident regardless of the children's age, the nature of the offenses, the professional background of the interviewers, or the utilization of props and tools like anatomical dolls (Craig, Sheibe, Kircher, Raskin, & Dodd, 1996; Lamb, Hershkowitz, Sternberg, Boat, & Everson, 1996; Lamb, Hershkowitz, Sternberg, Esplin, Hovav, Manor, & Yudilevitch, 1996; Sternberg, Lamb, Hershkowitz, Esplin, Redlich, & Sunshine, 1996; Walker & Hunt, in press; Westcott, Davies, & Horan, 1998). Overall, narrative

responses are more desirable because they are more detailed, because they are more accurate, and because they are necessary for systematic evaluation of credibility using techniques like the Criterion-Based Content Analysis procedure (Hershkowitz, Lamb, Sternberg, & Esplin, 1997; Lamb, Sternberg, Esplin, Hershkowitz, Orbach, & Hovav, 1997; Raskin & Esplin, 1991a, 1991b).

Changing interview practices is quite difficult, however, as our own experiences illustrate quite well. Recognizing that forensic interviewers tended to be too reliant on focused questions, we urged interviewers attending workshops we conducted to use more open-ended questions in their interviews, particularly when beginning the substantive phase of the interview when narrative accounts of the alleged abuse are very important. In intensive training seminars (approximately 40 hours in length) for groups of investigators who had agreed to participate in our studies, we described memory processes, reviewed children's linguistic and memory capacities, discussed factors influencing suggestibility, and suggested that interviews be organized so as to include rapport-building phases, substantive phases, and closure phases in succession. We also reviewed videotapes of forensic interviews that illustrated the appropriate and inappropriate use of both open-ended and focused questions. Participants were encouraged to ask questions and a great deal of time was devoted to discussions. In addition, we described the conceptual bases of Statement Validity Analysis and Criterion-Based Content Analysis as we expected that familiarity with these techniques might improve interview quality, as suggested by Undeutsch (1982, 1989) and Raskin and Yuille (1989). Written feedback was later provided on transcripts of interviews conducted after the training.

In spite of our consistent emphasis on the importance of obtaining as much information as possible from free recall memory, the interviewers who participated in our first few studies continued to rely on focused questions to elicit information from children (Lamb, Hershkowitz, Sternberg, Esplin, Hovav, Manor, & Yudilevitch, 1996; Sternberg, Lamb, Hershkowitz, Esplin, Redlich, & Sunshine, 1996). These unexpected findings underscored how difficult it was for many of these interviewers to obtain information from children. Each interview is unique and involves a tough "juggling act" on the part of an interviewer who is trying to determine what may have happened to the child while attempting to ask non-leading questions. The challenges

are exacerbated when interviewers have had little experience working with children, receive little or no formal training, conduct investigative interviews of alleged victims infrequently, and rarely review their interviews.

In light of these difficulties, we designed a study which required forensic interviewers to follow very specific "scripts" in the rapport-building phases of their interviews (Sternberg, Lamb, Hershkowitz, Yudilevitch, Orbach, Esplin, & Hovav, 1997). The goal of this study was to evaluate the relative effectiveness, in forensic rather than analog contexts, of two techniques for motivating young witnesses to provide detailed accounts of alleged experiences of sexual abuse. In half of the interviews, investigators who were naive with respect to the experimental hypotheses used a script containing many open-ended utterances to establish rapport, whereas in the other interviews the same investigators used a script involving many direct questions. Both introductory scripts took about seven minutes to complete and both included the identical open-ended statement to initiate the substantive phase of the interview. When the resulting interviews were examined, we found that children who had been "trained" in the open-ended condition provided two and one-half times as many details and words in response to the first substantive utterance as did children in the direct introduction condition. Children in the open-ended condition continued to provide more information in response to subsequent invitations, suggesting that the initial training was successful in conveying the interviewers' desire for detailed description of the alleged events. Evidently, children who had the opportunity to practice providing lengthy narrative responses to open-ended questions in the introductory phase of the interview continued this pattern after their interviewers shifted focus to the alleged incidents of abuse.

We were quite impressed that the richness of children's accounts could be influenced by the interrogatory style modeled in brief introductory segments of the interview, and that a single carefully worded prompt could elicit so much information from the children in both conditions. In Sternberg et al.'s (1997) study, the first substantive question yielded an average of 38 details from children in the direct introduction condition and 91 details from children in the open-ended introduction conditions. In an earlier non-experimental study involving interviews by the same group of investigators interviewing children of the same age who had experienced similar types

of abuse, the average invitation yielded only 5 details, and the first invitation in that study yielded an average of only 6 details (Lamb, Hershkowitz, Sternberg, Esplin, Hovav, Manor, & Yudilevitch, 1996). The discrepancy between these averages underscores the value of detailed interview protocols, and of encouraging interviewers to use prompts that are as open-ended and non-suggestive as possible.

Interestingly, although the open-ended training influenced the response style of the children who participated in this study, it had little effect on the interviewers' style of questioning after the first substantive question was posed. In other words, even when children provided lengthy responses to the first open-ended substantive question, interviewers did not continue to ask open-ended questions but rather shifted to more focused questions. This unexpected finding suggested that it might be valuable to script additional open-ended questions throughout the substantive phase of the interview and thus we developed increasingly detailed scripts for the entire interview (including substantive and non-substantive sections) that are currently being tested in the field.

Preliminary findings suggest that these extended scripts indeed improve the overall informativeness of forensic interviews. Interviewers retrieve more information using open-ended questions, conduct better organized interviews, and are more likely to follow focused questions with open-ended probes (pairing), as we suggested. Interviewers clearly have difficulty internalizing recommended interview techniques and may need more explicit guidelines than those typically provided in training sessions or manuals, however intensive. In field settings, interviewers who follow scripts seem to elicit more information from recall memory and to avoid more potentially dangerous interviewing practices than do interviewers who improvise, despite the apparent disadvantages of inflexible standardized scripts. In addition, we cannot overemphasize the value of continued peer review, training, and the systematic analysis of videotaped and transcribed interviews.

Evaluation of the information obtained in an investigative interview can only proceed when there is a complete electronic record-- preferably a videotape--not only of the child's responses but also of the prompts by which they were elicited and the relative location of details derived from recall memory and those details elicited by more suggestive prompts (Lamb,

1994). (A suggestive utterance 20 minutes into the interview clearly does not reduce the value of a narrative description provided at the beginning of the interview, for example). Although there has been considerable professional fear that electronic records permit defense attorneys to unfairly impugn the value of children's testimony, the electronic record of a competent interview is clearly of greater value to prosecutors than to defense attorneys because it permits illustration of the entire interview process and prevents the selective and unfair focus on single responses or suggestive questions taken out of context. Furthermore, electronic records of interviews conducted competently shortly after the alleged events provide a permanent record of information obtained from a witness whose ability to remember the events is certain to decline over time, and whose account may easily be affected by post-event contamination in the course of repetitive interviewing by professionals and family members (Ornstein, Larus, & Clubb, 1992). Although electronic records cannot replace in vivo testimony at the time of trial, they can prove to be remarkably damning pieces of evidence in the eyes of juries, judges, and even defendants.

The findings reported by Sternberg et al. (1997) are consistent with the results of laboratory/analog studies suggesting that motivational and contextual factors play an important role in shaping children's reports of experienced events (Paris, 1988; Saywitz et al., 1991). Along with the results of our ongoing research, they also suggest that, even in authentic forensic interviews, it is possible to entrain response styles that enhance the richness of information provided by children by providing them with an opportunity to practice a narrative style and by reinforcing this style in the pre-substantive portion of the interviews. Richly detailed accounts of abusive events facilitate the more effective investigation of crimes and provide child protection workers with more information upon which to base their evaluations. The results of this study also highlight the value of having interviewers clearly communicate their expectations concerning the child's role. On the other hand, the studies we have conducted thus far have several important limitations. First, although open-ended interview procedures elicit more information from children of all ages studied, we have not been able to evaluate the accuracy of the information provided. It would thus be valuable to compare the direct and open-ended interview scripts in an analog study in which children described known events. Second, we do

not yet know whether our findings can be generalized to children under five years of age. Although there is consensus among researchers and clinicians that children under five are the most difficult to interview, systematic field research on preschoolers in forensic contexts is scarce.

As noted above, several studies are currently being conducted to explore further the utility of open-ended questions in the substantive phase of the interview. These studies should help determine when it might be necessary to use more focused utterances, perhaps paired with follow-up open-ended probes as suggested by Lamb et al. (1995) and Jones (1992). In the interim, we offer below some suggestions regarding the structure, organization, and content of investigative interviews based on the results of relevant laboratory/analog, developmental, and field studies.

CONDUCTING INVESTIGATIVE INTERVIEWS

The purpose of investigative interviews is to explore and evaluate alternative hypotheses, and interviewers should thus prepare themselves by gathering as much information as possible about the alleged incidents, the interviewee's capacities and propensities, and their motivations to be honest, deceptive, or misleading (Green, 1991; Myers, 1994; Raskin & Yuille, 1989; Perry & Wrightsman, 1991). Careful preparation enables interviewers to refine and evaluate their hypotheses as their interviews progress.

Because preschoolers, and even children in the early elementary grades, use language more idiosyncratically and less maturely than older children, it is also crucial to evaluate children's linguistic styles and skills informally before interviews with them begin. Interviewers may want to pay attention to informal conversations between children and familiar adults accompanying them in order to gauge linguistic competence. This information can later help interviewers: a) determine whether and when rapport has been established; b) frame questions using developmentally and individually appropriate language; c) evaluate fluency when describing neutral topics (Raskin & Yuille, 1989; Saywitz, 1987; Walker, 1993); and d) protect interviewers from becoming exasperated by the brevity of children's responses and then being tempted to ask too many focused questions, which not only reduce the amount of information obtained, but may also lead witnesses to impeach themselves.

Because they are also unused to being treated as informants and may be reticent with or afraid of strangers and investigators, young children need to be motivated much more carefully and extensively than older children and adults (Saywitz, 1987). Not only does their performance depend on feeling comfortable enough with interviewers to describe intimate and possibly embarrassing events, it also depends on their recognition that these adults really do value what they have to say. In most everyday contexts, adults "test" children by asking questions to which they already know the answers, whereas in forensic interviews children are potential sources of novel information. Furthermore, because children often feel obliged to agree with or at least respond to adults' questions or assertions (Hughes & Grieve, 1980), some investigators recommend explaining to children in the pre-substantive phase that answers like "I don't know" or "I can't remember" are acceptable, and that children should correct interviewers who appear to misunderstand them (Memorandum of Good Practice, 1992). All experts agree that interviewers must avoid pressuring children to acquiesce and encourage them to dispute false suggestions..

To establish rapport while simultaneously fostering a response set in which descriptions from recall memory rather than yes/no responses predominate, we recommend that children be asked to recall and describe some recent meaningful event, such as their last birthday party or a memorable holiday, in detail. Reviewing that party or holiday and encouraging children to "really tell everything" about it graphically illustrate that the interviewers expect to hear detailed narrative accounts and are interested in the children's experiences. If children provide very brief accounts or only describe part of the birthday party, interviewers can encourage children to provide more information, thereby "training" them to provide detailed accounts (e.g., of the sexual allegation), while informally evaluating their linguistic, expressive, and descriptive capacities. As explained above, our research confirms that such training leads to increases in the amounts of information provided by alleged victims in response to the first substantive utterance by interviewers (Sternberg et al., 1997).

After completing the rapport-building phase of the interview, investigators need to guide children in a non-suggestive fashion to focus on the allegations of sexual abuse. This is not always easy, especially with young children, and may require extensive creativity on the part of

interviewers, who must explain the scope of information needed, rather than assume that the children know what information is relevant. The transition from the rapport-building to the substantive portions of the interview can often be accomplished by saying something like: "I understand that something may have happened to you yesterday. Please tell me about that." Unfortunately, however, children's responses are often very brief and interviewers must thus probe further to signal that they are interested in detailed descriptions of specific incidents. Interviewers can pursue further information from recall memory by referring to a salient component of the child's account (e.g., "Earlier you said something about a bed. Tell me everything about that." or "You mentioned that it happened at Grandma's house. Tell me everything that happened from the minute that you got to Grandma's.") Investigators can also elicit more information by feigning confusion ("Gee, I'm confused. You said that Mr. B. was in your bed. Tell me how that happened.") By asking children for more information and by feigning confusion, interviewers can empower children to be better informants by conveying interest in complete, detailed accounts.

Although open-ended questions are most likely to encourage accurate accounts of events children have experienced, these accounts are often incomplete, especially when preschoolers are being interviewed. As a result, it is often necessary to begin asking focused questions quite early in the interviews of young children (e.g., Lamb et al., 1994; Myers, 1994; Saywitz, 1987; Spencer & Flin, 1990). Whenever it is necessary to use questions that focus the child's attention on certain events, people, or places, however, they should be followed by ("paired with") open-ended questions designed to elicit free narratives about the topic to which the interviewer wishes to direct the child's attention (Jones, 1992; Lamb et al., 1994, 1995; Raskin & Esplin, 1991a). For example, "Did anything ever happen in the living room?" can be followed by "Tell me everything that happened there." This strategy reduces reliance on recognition memory, which is more prone to errors of commission, and emphasizes recall memory where the more plentiful errors of omission are less likely to impeach witness credibility (Memorandum of Good Practice, 1992). Investigators who employ such techniques, therefore, are less likely to misinterpret ambiguous or acquiescent responses to their own statements.

For both evidentiary and protective purposes, it is often necessary to determine whether

children have been abused on one or multiple occasions, yet children's responses may often be unclear in this regard. Although children may be capable of describing specific incidents of abuse, whether or not they do so may depend on the types of questions interviewers ask. The results of our recent field study suggest that the types of questions posed by interviewers partially determine whether children provide "general" descriptions of abusive experiences or accounts of specific incidents (Sternberg et al., 1996). Children know that adults typically expect relatively brief responses to their questions, and thus respond to prompts such as "Tell me what's been happening?" with summaries or scripts. Interviewers might determine whether multiple incidents occurred by asking: "Did this happen one time or more than one time?" Young children find it relatively easy to answer this question, whereas questions like "How many times", often lead children to impeach themselves. When children respond "more than one time," interviewers can probe for additional information by using time or location cues, such as references to "the first time", "the last time", or "the time it happened in the barn". Unless they are probed in this manner, children may not go beyond a general description of their abusive experiences. The interview scripts we have developed and are currently refining in field studies are designed to assist interviewers in obtaining the greatest amount of information from young children, whether about a single experience or several such experiences.

Although we clearly believe that open-ended prompts should be employed more frequently than they typically are, it is important to recognize that even the most skillful investigators use direct and leading questions when interviewing young children and that the inclusion of such questions does not invalidate the testimony, provided that steps are taken to limit potential damage by framing focused questions carefully, avoiding coercive repetition, or by pairing direct or leading questions with open-ended prompts so as to return the child to recall (rather than recognition) memory.

The status of suggestive utterances is even more problematic, but not dissimilar. Children, like adults, are clearly susceptible to suggestion, and at least in experimental contexts, preschoolers appear especially susceptible (Ceci & Bruck, 1993), particularly to a form of suggestion--post-event contamination--which involves the incorporation into later reports of incorrect details suggested to them between the time of the incident and the time of the interview

(Ceci, Ross & Toglia, 1987a, 1987b). In the face of repeated suggestion and coercion, it would not be surprising if children incorporated erroneous information into their accounts, although this should not blind us to the facts that even 3- to 5- year-olds are often resistant to noncoercive suggestion (Goodman & Aman, 1990; Goodman, Aman, & Hirschman, 1987; Goodman, Bottoms, Schwartz-Kennedy, & Rudy, 1991; Goodman, Rudy, Bottoms, & Aman, 1990; Goodman, Wilson, Hazan, & Reed, 1989) and that responses to single suggestive questions do not necessarily render children's entire statements dubious or invalid, just as adults' statements are not invalidated by their suggestible responses to some utterances. Suggestive utterances should be avoided whenever possible. When a child fails to address certain issues in response to open-ended and directive prompts, however, it may be necessary for investigators to ask leading questions. For example, the police may have obtained persuasive evidence (such as photographs, confessions, or medical examination results) suggesting vaginal penetration that the alleged victim fails to mention. In such cases, a leading question may be necessary. The potential damage attributable to a leading or suggestive question will be minimized if: a) the interviewer waits until the end of the interview (i.e., until she/he has obtained narrative accounts of the incident and after exhausting less-damaging strategies); b) the suggestion is as limited as possible ("Did anything ever happen to your vagina?" is better than "Did he do anything to your vagina?", which is, in turn, better than "Did he ever put anything in your vagina?", and so on); and c) a positive response to the suggestive or leading prompt is immediately followed by an attempt to elicit further information from recall memory by pairing (Jones, 1992; Lamb et al., 1994; Spencer & Flin, 1990).

CONCLUSION

We have attempted in this brief article to review our knowledge of the factors that influence children's ability to provide reliable account of past experiences, and to show how interviewers can take advantage of children's strength, tendencies, and limitations when conducting investigative interviews. There is a gradual increase with age in the likelihood that young children can be found competent to testify, however. Few developmentalists would wonder, for example, whether a 1-year-old could be competent or assume that (absent other disabilities) a 12-year-old is likely to be incompetent. Disagreement might well emerge,

however, concerning the age at which most children could be presumed competent. Most children of or under the age of 3 lack the communicative and memorial capacity to be competent witnesses, although competence rapidly increases over the remaining preschool years and Jones and Krugman (1986) have persuasively documented the ability of one three-year-old victim to provide compelling information about her experiences and to identify her abuser. The rate of change in competence appears to decrease substantially once children attain 6 years of age, with the majority of children in this age group being capable of providing useful information when questioned competently (see Lamb et al., 1994, for a review). Indeed, we have attempted to show in this article that children are often more competent informants than adults realize. Interviews conducted in ways that clearly communicate the unique purposes of investigative interviews, minimize the burden placed on children's capacities, and take maximal advantage of children's abilities and our growing knowledge of memory and communication demonstrate that children can be invaluable sources of information. Because alternative sources of information about alleged or suspected events are seldom available, only improvement in the average quality of investigative interviews are likely to bring about improvements in our ability to protect children.

FOOTNOTE.

1. See Ceci and Bruck (1993, 1995), Lamb et al. (1994), Perry and Wrightsman (1991), and Poole and Lamb (in press) for a review of the studies supporting the statements made in this paragraph.

REFERENCES

- American Professional Society on the Abuse of Children (1990). Guidelines for psychosocial evaluation of suspected sexual abuse in young children. Chicago, IL: Author.
- Butler-Sloss, E. (1988) Report of the Inquiry into child abuse in Cleveland 1987. London, England: Her Majesty's Stationery Office.
- Ceci, S.J., & Bruck, M. (1993). Suggestibility of the child witness: A historical review and synthesis. Psychological Bulletin, 113, 403-439.
- Ceci, S.J., & Bruck, M. (1995). Jeopardy in the courtroom: A scientific analysis of children's testimony. Washington, DC: American Psychological Association.
- Ceci, S.J., Ross, D.F., & Toglia, M.P. (1987a). Suggestibility of children's memory: Psychological issues. Journal of Experimental Psychology: General, 116, 38-49.
- Ceci, S.J., Ross, D.F., & Toglia, M.P. (1987b). Age differences in suggestibility: Narrowing the uncertainties. In S.J. Ceci, M.P. Toglia, & D.F. Ross (Eds.), Children's eyewitness memory (pp. 79-91). New York: Springer-Verlag.
- Craig, R.A., Sheibe, R., Kircher, J., Raskin, D.C., & Dodd, D. (1996). Effects of interviewer questions on children's statements of sexual abuse. Unpublished manuscript, University of Utah, Salt Lake City.
- Fisher, R.P., & Geiselman, R.E. (1992). Memory-enhancing techniques for investigating interviewing: The cognitive interview. Springfield, IL: Charles C. Thomas.
- Goodman, G.S., & Aman, C. (1990). Children's use of anatomically detailed dolls to recount an event. Child Development, 61, 1859-1871.
- Goodman, G.S., Aman, C., & Hirschman, J. (1987). Child sexual and physical abuse: Children's testimony. In S.J. Ceci, M.P. Toglia, & D.P. Ross (Eds.), Children's eyewitness memory (pp. 1-23). New York: Springer-Verlag.
- Goodman, G.S., Bottoms, B.L., Schwartz-Kenney, B.M., & Rudy, L. (1991). Children's testimony about a stressful event: Improving children's reports. Journal of Narrative and Life History, 1, 69-99.
- Goodman, G.S., & Reed, D.S. (1986). Age differences in eyewitness testimony. Law and Human Behavior, 10, 317-332. .

Goodman, G.S., Rudy, L., Bottoms, B., & Aman, C. (1990). Children's concerns and memory: Issues of ecological validity on the study of children's eyewitness testimony. In R. Fivush & J. Hudson (Eds.), Knowing and remembering in young children (pp. 249-284). New York: Cambridge University Press.

Goodman, G.S., Wilson, M.E., Hazan, C., & Reed, R.S. (April, 1989). Children's testimony nearly four years after an event. Paper presented to the Eastern Psychological Association, Boston, MA.

Green, A.H. (1991). Factors contributing to false allegations of child sexual abuse in custody disputes. In M. Robin (Ed.), Assessing child maltreatment reports: The problems of false allegations (pp. 177-190). New York: Haworth Press.

Hughes, M., & Grieve, R. (1980). On asking children bizarre questions. In M. Donaldson, R. Grieve, & C. Pratt (Eds.), Early childhood development and education (pp. 104-114). Oxford, England: Blackwell.

Hershkowitz, I., Lamb, M.E., Sternberg, K.J., & Esplin, P.W. (1997). The relationships among interviewer utterance type, CBCA scores, and the richness of children's responses. Legal and Criminological Psychology.

Jones, D.D.H. (1992). Interviewing the sexually abused child. Oxford: Gaskell.

Jones, D. P. H., & Krugman, R. D. (1986). Can a three-year-old child bear witness to her sexual assault and attempted murder? Child Abuse and Neglect, 10, 253-258.

Lamb, M.E. (1994). The investigation of child sexual abuse: An interdisciplinary consensus statement. Child Abuse and Neglect, 18, 1021-1028.

Lamb, M.E., Hershkowitz, I., Sternberg, K.J., Boat, B., & Everson, M.D. (1996). Investigative interviews of alleged sexual abuse victims with and without anatomical dolls. Child Abuse and Neglect, 20, 1239-1247.

Lamb, M.E., Hershkowitz, I., Sternberg, K.J., Esplin, P.W., Hovav, M. Manor, T., & Yudilevitch, L. (1996). Effects of investigative style on Israeli children's responses. International Journal of Behavioral Development, 19, 627-637.

Lamb, M.E., Sternberg, K.J., & Esplin, P.W. (1994). Factors influencing the reliability and validity of the statements made by young victims of sexual maltreatment. Journal of

Applied Developmental Psychology, 15, 255-280.

Lamb, M. E., Sternberg, K. J., & Esplin, P. W. (1995). Making children into competent witnesses: Reactions to the amicus brief In Re Michaels. Psychology, Public Policy, and the Law, 1, 438-449.

Lamb, M.E., Sternberg, K.J., Esplin, P.W., Hershkowitz, L, Orbach, Y., & Hovav, M. (1997). Criterion-based content analysis: A field validation study. Child Abuse and Neglect, 21, 255-264.

Memorandum of Good Practice (1992). London, England: Her Majesty's Stationery Office.

Myers, J.E.B. (1994). The Backlash. Thousand Oaks, CA: Sage Publications.

Ornstein, P.A., Larus, D.M., & Clubb, P.A. (1991). Understanding children's testimony: Implications of the research on children's memory. In R. Vasta (Ed.), Annals of child development (vol. 8, pp. 147-176). London: Jessica Kingsley.

Paris, S. G. (1988). Motivated remembering. In F.E. Weinert & M. Perlmutter (Eds.), Memory development: Universal changes and individual differences (pp. 221-242). Hillsdale, N.J.: Erlbaum.

Perry, N.W., & Wrightsman, L.S. (1991). The child witness. Newbury Park, CA: Sage Publications.

Poole, D. A., & Lamb, M. E. (in press). Investigative interviews of children: A guide for helping professionals. Washington, DC: American Psychological Association.

Raskin, D.C., & Esplin, P.W. (1991a). Statement validity assessments: Interview procedures and content analyses of children's statements of sexual abuse. Behavioral Assessment, 13, 265-291.

Raskin, D.C., & Esplin, P.W. (1991b). Assessment of children's statements of sexual abuse. In J. Doris (Ed.), The suggestibility of children's recollections (pp. 153-164). Washington, DC: American Psychological Association.

Raskin, D., & Yuille, J. (1989). Problems of evaluating interviews of children in sexual abuse cases. In S.J. Ceci, M.P. Toglia, & D.F. Ross (Eds.), Perspectives on children's testimony (pp. 184-207). New York: Springer-Verlag.

Saywitz, K.J. (1987). Children's testimony: Age-related patterns of memory errors. In S.J. Ceci, M.P. Toglia, & D.F. Ross (Eds.), Children's eyewitness memory (pp. 36-52). New York: Springer-Verlag.

Saywitz, K.J., Goodman, G.S., Nicholas, E., & Moan, S.F. (1991). Children's memories of physical examination involving genital touch: Implications for reports of child sexual abuse. Journal of Consulting and Clinical Psychology, *59*, 682-691.

Spencer, J., & Flin, R. (1990). The evidence of children. London, England: Blackstone Press.

Sternberg, K.J., Lamb, M.E., & Hershkowitz, I. (1996). Child sexual abuse investigations in Israel. Criminal Justice and Behavior, *23*, 322-337.

Sternberg, K.J., Lamb, M.E., Hershkowitz, I., Esplin, P.W., Redlich, A., & Sunshine, N. (1996). The relationship between investigative utterance types and the informativeness of child witnesses. Journal of Applied Developmental Psychology, *17*, 439-451.

Sternberg, K.J., Lamb, M.E., Hershkowitz, I., Yudilevitch, L., Orbach, Y., Esplin, P.W., & Hovav, M. (1997). Effects of introductory style on children's abilities to describe experiences of sexual abuse. Child Abuse and Neglect.

Undeutsch, U. (1982). Statement reality analysis. In A. Trankell (Ed.), Reconstructing the past: The role of psychologists in criminal trials (pp. 27-56). Stockholm: Norstedt & Sons.

Undeutsch, U. (1989). The development of statement reality analysis. In J.C. Yuille (Ed.), Credibility assessment (pp. 101-120). Dordrecht, The Netherlands: Kluwer.

Walker, A. G. (1993). Questioning young children in court: A linguistic case study. Law and Human Behavior, *17*, 59-81.

Walker, N., & Hunt, J.S. (in press). Interviewing child victim-witnesses: How you ask is what you get. Unpublished manuscript, Creighton University, Omaha, NE.

Westcott, H., Davies, G., & Horan, N. (1988, March). Evaluating investigative interviewss for suspected child sexual abuse carried out by English police officers. Paper presented to the American Psychology-Law Society Conference, Redondo Beach, CA.



FORENSIC INTERVIEW VS. CLINICAL INTERVIEW

<u>POINTS OF COMPARISON</u>	<u>FORENSIC</u>	<u>CLINICAL</u>
1. PURPOSE:	FACT FINDING OF UNCONTAMINATED INFORMATION	ASSESSING THE CHILD'S PSYCHOLOGICAL STATE
2. PROFESSIONAL'S ROLE:	FACT FINDER	ADVOCATE
3. RELATIONSHIP:	INVESTIGATOR/ INTERVIEWER	THERAPIST/ CLIENT
4. CLIENT:	JUDICIAL SYSTEM	CHILD/FAMILY
5. PERSPECTIVE:	OBJECTIVE/NEUTRAL	PRO-CHILD
6. TECHNIQUE:	LEGALLY DEFENSIBLE/ STRUCTURED SETTING	THERAPEUTIC/ UNSTRUCTURED
7. ASSUMPTIONS:	MULTIPLE HYPOTHESIS OBJECTIVE REALITY	TRUSTWORTHINESS OF CHILD; SUBJECTIVE REALITY
8. STRUCTURE:	SHORTER IN LENGTH AND SESSIONS/ RECORDED	LONGER IN LENGTH AND SESSIONS/



**Sweetwater County Child Advocacy Team
Protocol for Interviewing Children**

Child's Name _____

Date _____ Time _____

NOTES

Rapport Building

Greet Child by Name & Introduce Everyone in the Room

Explain roles (discreetly), i.e. *"Our job is to talk to kids and make sure they're safe."*

Explain child is not in trouble.

Get child's permission to ask questions and to take notes.

Developmental Assessment

Young Child:

Provide acceptable distraction (crayons, puzzle, doll, etc)

Assess verbal abilities:

Have child explain something to you (favorite toy, movie, pet, friend, etc.)

"What kind of movies do you like to watch?"

"Who lives in your house?"

"Where does everyone sleep?"

Assess time sequencing abilities

"What happens before you go to bed?"

"Tell me about what you do after you wake up in the morning."

Assess developmental abilities (colors/numbers of crayons, above/below, inside/outside, etc.)

Have child identify colors of crayons

Have child identify number of crayons

Assess suggestibility—*"didn't you say this was green?"* or mistakenly name a color

Assess knowledge of concepts: over / under, inside / outside, next to / behind / on top of.

Don't use "beneath," "underneath," or "above."

Older Child:

Assess verbal abilities:

Have child explain a favorite to you (movie, TV show, book, pet, friend, etc.); or ask about something you notice about the child, (i.e. Broncos jacket, etc.)

"What do you like to do when you get home from school?"

"What kind of movies do you like to watch?"

Have child explain a something to you (favorite toy, movie, pet, friend, etc.)

"Who lives in your house?"

"Where does everyone sleep?"

Memory Episodes

Ask questions to assess memory and timeframe abilities:

"What did you do this summer?"

"What did you get for Christmas?"

"What did you do in school yesterday?"

"What did you do at home yesterday?"

"What are you going to do after you leave here today?"

State something incorrectly to give child opportunity to correct.

Establish need to tell the truth

Younger Child:

Ask child if knows the difference between the truth and a lie.

Fact vs. Non-fact

"If I said this crayon was wrong color is that the truth or a lie?"

Real vs. Unreal

"Is stuffed animal / cartoon character real or not real?"

Deception

"If I told _____ that you had broken these crayons would that be the truth or a lie?"

Promise that what we say will be the truth, and establish that they will tell the truth also. Possibly make a deal, maybe shake hands on it.

Give permission to say "I don't know." Possibly ask

question they can't answer: *"What is my middle name?"*

State *"If you know the answer but don't like to talk about it, let me know. I'm good at helping kids talk about things."*

Give permission to correct. *"Sometimes I might mess up, so if I say anything that's not true, correct me okay?"*

State *"If I ask a question more than once, it's not that I didn't believe you, it's that I want to make sure I got it right."*

Older Child:

Ask the child to explain difference between the truth and a lie.

Establish that they will tell the truth.

Give permission to say "I don't know."

Give permission to correct. *"Sometimes I might mess up, so if I say anything that's not true, correct me okay?"*

State *"If you know the answer but don't like to talk about it, let me know. We'll figure out how to make it the easiest for you."*

Child's Name: _____

Family Information

Names and relationships of all people in home and other relevant caregivers

Explore child's activities and feelings associated with parents, caregivers and alleged suspects.

"What do you do with _____?"

"What do you like most/not like about _____?"

"Is there anything special that _____ likes to do with you?"

Disclosure

Younger Child:

Introduce anatomical drawings, preferably gingerbread.

Have child identify body parts and what they are used for.

"Has anyone talked to you about private parts?" Ask names for different parts. Put an X on drawings and identify using child's language. Odd terms, may ask *"Who else calls it that?"*

If a child cannot identify private parts, ask *"Do you go swimming? What parts of the body does a swimming suit cover, your hand, your leg, etc."*

Get disclosure started (in general terms):

"Do you know why you are here today?"

"Did anyone tell you why you were coming today?"

"Did anyone tell you what to say?" / "Did anyone tell you what not to say?"

"I heard that you said something happened to you. Can you tell me what happened?"

"Has something happened to you that bothered you?"

"Did someone make you do something you didn't like?"

Secrets

"Sometimes grown-ups do things with kids and make it a secret. What do you know about that?"

"Has anyone told you to keep a secret / or not tell about something that happened to you?"

"Has anyone ever made you play any game you are not supposed to talk about?"

Child's Name:

When no disclosure

Younger Child:

Use drawings:

Allow child to point on anatomical drawing to demonstrate what happened.

"Those places that a swimsuit cover, is it ok for someone to touch you there? Is it ok to touch someone there? Has anyone touched you there? Has anyone asked you to touch them there?"

"Is it okay for anyone (else) to touch your private parts?"

"Has there ever been any touching or tickling or rubbing or poking that you didn't like?"

"Has anyone touched your _____ (fill in with child's name for private part)?"

"Can you point to the part of his body that touched you?"

(Then be sure to state out loud for video.)

Get child to describe actions in third person (i.e. *"and then he took her hand and..."*)

Use dolls to let child show you what happened.

Allow child to write down what happened.

Older Child:

Talk about reasons kids may not want to disclose (i.e. embarrassment, fear of repercussions, belief they are in trouble, etc.) and look for openings.

Get child to describe actions in third person (i.e. *"and then he took her hand and..."*)

Use dolls to let child show you what happened.

Allow child to write down what happened.

If still no disclosure but believe something happened, consider using SCS Three Session Assessment

Prompts (throughout disclosure)

"Then what happened?" or "What happened next....?"

Where

Type of place...car, house, apartment, indoors/outdoors, etc. (May crate drawing of place)

"Who lives at that house/apartment?"

"Where were you in the:"

House

Room

"Where was he/she?"

Description:

Interior/exterior

Furniture, lights

Toys

Child's Name: _____

Colors of significant items

Pictures

Objects of child's focus

"What else was there?"

"What did you look at when...?"

"How is it that you were there at _____?"

Location of other significant persons (i.e. mom, dad, siblings)

"Was anyone else there / see it?"

"Was there ever a time when he almost got caught?"

"Did anyone ever interrupt / walk in?"

Numerous locations?

Who

Relationship to child.

Description:

Clothes...on or off / up or down? Suspects and child's clothes.

"What did he/she look like?"

"Who else knows (suspect)?"

"Who else knows what happened?"

"Who did you first tell what happened?"

"Did (suspect) say anything to you about telling or not telling?"

"What did you think would happen if you told?"

What

Clarify body parts touched (may use drawings) using *"what happened"* questions.

Reciprocal acts:

"Did he/she make you...?"

Clothes

"What clothes were you wearing?"

"How were your clothes when..."

"Inside or outside clothing?"

"On / off?"

"Pulled up or pulled down?"

"How did they get that way?"

Determine penetration ("inside or outside or both?")

If inside: *"How do you know?"*

"How did it feel?"

Suspect statements made

"Did he/she say anything during this time?"

Arousal indicators present?

Sounds (include those external to scene)

Smells

Both or other hand location

Child's Name: _____

Suspect body movement
Observation of suspect's face
Ejaculated?
Description of suspect's genitals (if appropriate)
Clarify number of times
label first and last time, anytime that was different or
unique
Younger Child
Avoid numbers
Older Child
Clarify "More than _____ times, less than _____
times."

When

Time of day
Other events of the day / day before / next morning?
Child's activities before and after incident
Other events near same date
Occurrence with respect to other calendar events in child's
life (i.e. holidays, school breaks, etc.)

How it ends

"How does it end?"
"How do you know when he / she is through?"
"Where does suspect go then?"

Other Evidence

Pictures taken or movie camera present?
Pictures of other children seen?
Did child ever give his/her name to offender?
Did child ever leave any belongings at offender's home or
with offender?
Was offender drinking alcohol before any incident?

Opportunity to correct

Offer opportunity to disclose and correct any previously made false
statement without fear of angry response.

"Did anyone instruct the child to make false statements?"
*"Is everything you told me correct?" "Is ther anything you
told me that you were mistaken about?" "Is there anything
you need to change?"*

Additional Disclosure

*"Is there anything else that you can tell me that I haven't
asked about yet?"*
*"What have I forgotten to ask?" (Also time for other
interviewer to ask lingering questions.)*

Child's Name: _____

Closing the Interview:

- Allow child to ask questions.
- Thank child for talking to you.
- Affirm child was right in telling.
- Reaffirm child is not in trouble "It's not your fault."
- Give Business Card & invite child to call if needed.

Child's Name: _____



CENTER FOR CHILD PROTECTION
 CONTINUED QUALITY IMPROVEMENT
 PEER REVIEW
 VIDEO TAPE INTERVIEWS

SW: _____

DATE REVIEWED: _____

MR # _____

AGE _____ SEX _____

	YES	NO	N/A	COMMENTS
1. RAPPORT BUILDING				
a. Appropriate tone of voice				
b. Appropriate body language				
c. Appropriate length				
2. CREDIBILITY ASSESSMENT				
a. Colors/objects				
b. Right/Wrong				
c. Truth/Lie				
d. Age appropriate				
3. INTRODUCTION TO TASK				
a. Why at CCP				
b. Appropriate tone				
c. Appropriate body language				
4. INFORMATION GATHERING				
a. Logical Sequence of questions				
b. Sufficient context of circumstances				
c. Clarification				
5. ANATOMICALLY DETAILED DOLLS				
a. Use of dolls				
b. Appropriate introduction				
c. Appropriate use of dolls				
d. Camera conscious use of dolls				
6. CLOSURE				
a. Appropriate length 3-7 min.				
b. Questions elicited from child				
c. Preparation for physical exam/concerns about their body				
d. Thank you				

NATIONAL CHILDREN'S ADVOCACY CENTER
PROGRESS NOTE FOR DEVELOPMENTAL ASSESSMENT

CLIENT NAME:

DATE:

LENGTH OF SESSION: TYPE: Ind. _____ Fam. _____ Other _____

PRESENT AT SESSION:

MAJOR CHANGES SINCE LAST VISIT:

MENTAL STATUS/BEHAVIORAL OBSERVATIONS:

DEVELOPMENTAL ASSESSMENT:

- a. Speech and Language:
- b. Measurement/Time:
- c. Social Relatedness (over friendly/withdrawn):
- d. Knowledge of DOB, address, city/state of residence:
- e. Basic concepts of first, last, always, beside, before, inside, outside, etc.:
- f. Numbers Skills:
- g. Kinship (family members/who is considered in family):
- h. Perspective taking (ability to abstract ideas and concepts):
- i. Knowledge of color (common and uncommon):
- j. Feeling vocabulary (limited/moderate/extensive):
- k. Exhibits understanding of truth vs. lie:

IMPRESSIONS:

PLAN (include developmental areas in need of further exploration):

NEXT SESSION SCHEDULED:

Signature: _____ Date:

Evaluating the Disclosure for Reliability

- Evaluating the reliability of a child's statements, behaviors and emotions during a Forensic Evaluation
 1. Consistency of statements
 2. Specific details
 3. Developmental factors
 4. Emotional content
 5. Behavioral Checklist results
 6. Collaborative information/confirmatory factors
 7. Motivational factors
 8. Alternative explanations







Maintaining Wellness & Preventing Burnout

Roe Bubar, J.D.

March 2001

Effective Strategies

- **Pick Your Battles...Letting Go of The Rest**
- **Oxygen Mask...Put Yours on First!**
- **Humor**
- **Recognizing the Slippery Slope of Negativity**
- **Exercise & Balance**
- **Having a Life**
- **Support Systems**

What Really Works..Attitude

- **One Step At A Time..A moment in History**
- **Resiliency: Healing for Children & Families I**
- **Finding Hope in the Field**
- **Child Victims are Tomorrow's Everything**
- **Commitment to Self-Care Not Giving Up On Your Dreams**
- **Commitment to Self-Love; We Can Only Change Ourselves**
- **Creativity**

Long-term Wellness

- **Spirituality & Balance**
- **True Colleagues; Taking Care of One Another**
- **Being Around Children**
- **Professional Projects**
- **Respite & Silence**
- **Rethinking How We Take Care of Professionals**
- **My Prescription for Burnout**





INTERROGATING CHILD MOLESTERS

BY BLAINE MCILWAINE

Interrogation is the Answer to Resolving Many Cases

- Use interrogation wisely !
- Do not use interrogation if you are not reasonably convinced of the persons guilt.
- Interrogation is work !



Interrogation Environment

- Where you conduct the interrogation will impact on your success at obtaining a confession.
- Seek out a quiet and private location if at all possible.
- Avoid a location with distractions .
- Use a chair with no arm rests and no rollers.

INTERROGATING CHILD MOLESTERS

- What type of molester do you have ?
- What type of evidence has been established?
- Where do you intend to conduct the Interrogation ?
- What information / evidence can you verbalize or display during the interrogation?
 - Witness statements
 - Medical histories
 - Physical evidence

COMMON PROBLEMS IN INTERROGATIONS

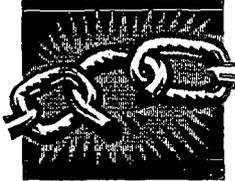
- Overcoming fear, embarrassment or guilt. Note there is a difference between regret and remorse.
- Loss of manliness , family reprisals etc.
- Poor Interrogation environment or tactics, or the wrong interrogator.
- The difficulty of verbalizing the details of the sex act itself.

Use of Defense Mechanisms

- Rationalizations
 - I have been under a lot of stress
 - I was just ...
- Projections
 - She is mad at me
 - She is promiscuous
- Disassociation
 - I don't know why she is saying this

Linkage to the Case

- When a person tells a story they may link themselves to the crime
- If they do you can analyze the story they give you.
- Look for inconsistencies, gaps in the story etc.



Non Linkage to Case

- Without a story that links them to the case you have nothing to analyze or attack.
- Thus you must analyze the case facts and attempt to develop a theory about how and why the crime was committed.



No fish would ever get caught if it kept its mouth shut.

- This statement is true in fly fishing and in life in general.
- In a lawful manner you have to get the offender talking.
- You may have to get him listening before you get him talking



Why do some interrogations fail?

- Because the interrogator either runs out of questions or runs out of things to say.
- Or the subject shuts down the communication process.



THEMES KEEP THE CONVERSATION FLOWING

- Themes allow you to get around awkward silences and to bridge gaps or stalls in the interrogation.
- Memorize and utilize good credible themes that you have confidence in and that the offender will understand.



NOTE: *Interrogation is not a cross-examination!*

MERE questioning does not get confessions -



THEMES GET CONFESSIONS

(Suggestions aimed at selling suspect on the idea of telling the truth).

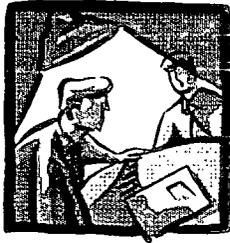
Why do People Confess ?



- Some just want to tell their side of the story
- Others are hoping if they cooperate they will get preferential treatment.
- Some are looking for notoriety, forgiveness or other reasons.

Tenacity and Intuition are also determinants of Confessions.

- When you are ready to end the contact, give it 5 more minutes!
- Remember they are just as tired as you are.
- Trust your instincts when it comes to direction and pursuit in the interrogation.



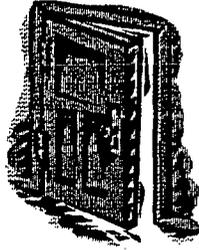
You go into every contest expecting to Win!



- Good *preparation* and a winning *attitude* will help gain a successful result even in the toughest cases.
- When the going gets tough the tough get going!

Confidence Case Facts and Themes

- This 'trid of strength' is the weapon we bring to the interview room every time we conduct an **Interrogation.**



CONFIDENCE CASE FACTS AND THEMES

- Confidence must be displayed from start to finish. Confidence embraces attitude.
- Case facts and the completeness of the investigation must be constantly stressed.
- Themes must be carefully selected utilized for each specific interrogation

THEMES IN CHILD ABUSE CASES

- Opening theme - You are a good person in a difficult situation
- Criminal Justice theme - I will bring your cooperation to the attention of the Prosecutor. (Do not make promises or offer counseling Vs. prosecution).
- Self respect theme - You won't be able to live with yourself until you regain it by unburdening (admitting) yourself.

**THEMES IN CHILD ABUSE
CASES**

- Power of the sex drive - viewing of pornography, lack of sex in their life, etc.
- Don't give up on yourself- I wouldn't be here wasting my time on you if I thought badly of you.
- Center on the victim - either blame the victim or ask the subject if he (she) wants this child to testify in court.

**THEMES IN CHILD ABUSE
CASES**

- Presentation of a credible closing theme.
- Use either an effective closing statement or present a good/bad closing option.
- Whatever you choose - this should be the last thing you verbalize before attempting to gain the confession.

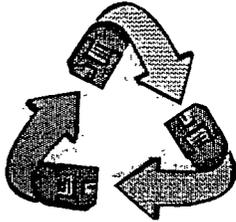
**THEMES IN CHILD ABUSE
CASES**

- **GOOD / BAD CLOSING OPTION**
- Before the contact you should have reviewed the case facts for theme development. Add whatever was brought up by the offender during the interview to the known case facts and present two different options or reasons why the case occurred.. One paints the offender in a sympathetic tone while the other paints him in an unfavorable tone.

THEMES IN CHILD ABUSE CASES

- **CLOSING STATEMENT** - Briefly sum up the information/evidence you have already verbalized. Expand whatever theme you feel worked the best. Finalize by telling the subject that whatever his actions with the child, it was only one small part of his overall life history., and he can now clear both the child's name and his own by telling what happened.

R P M 's



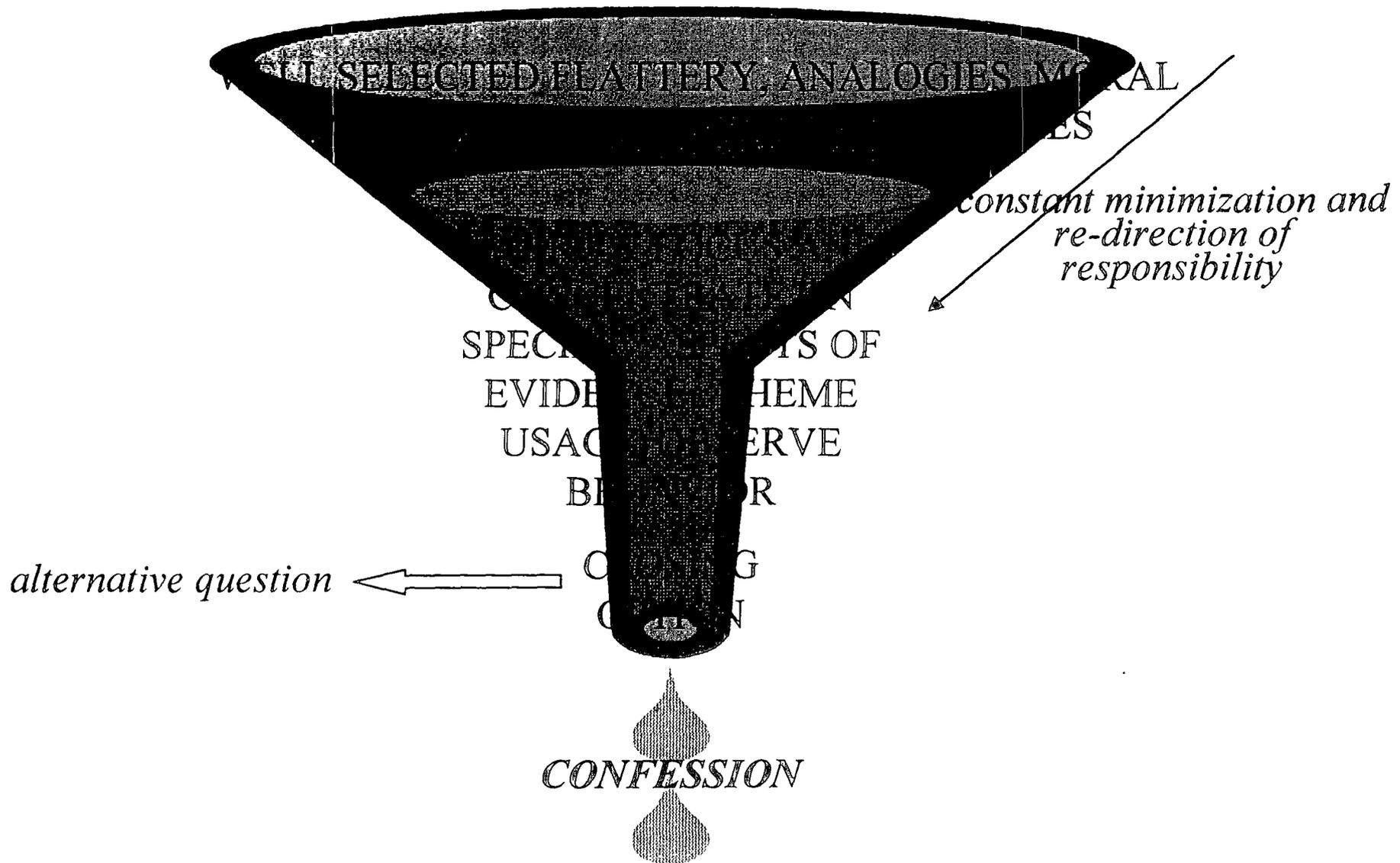
- Rationalize the offenders actions to him.
- Project the blame for his crime elsewhere.
- Minimize the crime and its impact throughout the contact.

Alternative Interrogation Approaches

- Change in interviewer or in location.
- Take suspect to the scene of the crime.
- Use traditional stories and examples.
- Use your native language during the interrogation.
- Set up a second contact with suspect for polygraph.

ELEMENTS OF INTERROGATION

FUNNEL APPROACH







NCJRS
National Criminal Justice
Reference Service

www.ncjrs.org

[Corrections](#)

[Courts](#)

[Drugs and Crime](#)

[International](#)

[Juvenile Justice](#)

[Law Enforcement](#)

[Victims of Crime](#)

[Statistics](#)

[More Issues in
Criminal Justice](#)

[In the Spotlight](#)
[Hate Crime](#)

[View All Subjects](#)



*• A New Look . . .
for Criminal Justice Information*

**Researching just got easier.
NCJRS has updated its Web site
to serve you better.**

- NEW!** ◦ Specialized subtopics make it easier and faster to access the information you need.
- NEW!** ◦ In the Spotlight. Find reference information on selected issues in criminal justice.
- Comprehensive databases. The NCJRS databases present over 160,000 titles with full citations and abstracts and more than 1,500 full-text online publications.
- Redesigned homepage showcases the latest resources, research reports, grants and funding, and event calendar.

www.ncjrs.org
Relevant. Reliable. Timely.

and More Resources ◦



RECOMMENDED READING RESOURCES

⇓ SOME PREVENTION AND INTERVENTION BOOKS FOR CHILDREN:

The Right Touch, by Sandy Kleven, L.C.S.W., Published by Illumination Arts Publishing Co., Bellevue, WA. (A read-aloud story)

It Happens To Boys Too, by Jane A.W. Satullo, M.A. and Roberta Russell, Ph.D., Published by the Rape Crisis Center of Berkshire County, Pittsfield, MA.

A Little Bird Told Me About My Feelings, by Marcia K. Morgan, Published by Equal Justice Consultants & Educational Projects, Eugene, Oregon. A story coloring book for ages 4-10 years.

My Very Own Book About Me! by Jo Stowell, MA, M. Ed. And Mary Dietzel, R.N, M.S.W., Published by Lutheran Social Services, Spokane, Washington. (a personal safety activity & coloring book)

A Very Touching Book.. for little people and for big people.. by Jan Hindman, Published by Alexandria Associates, Ontario, Oregon.

⇓ FOR PARENTS, FAMILY SUPPORT SYSTEM & VICTIM ADVOCATES:

Helping Your Child Recover From Sexual Abuse by Caren Adams, M.A. and Jennifer Fay, M.A., Published by University of Washington Press. A handbook with information about what to say, how to help, and what children do and say when they have been sexually abused.

Beginning To Heal – A First Book for Survivors of Child Sexual Abuse, by Ellen Bass and Laura Davis, Published by Harper Perennial. For teens and adults who were abused as children.

Allies in Healing: When the Person You Love Was Sexually Abused as a Child, by Laura Davis.

The Courage to Heal, by Ellen Bass and Laura Davis. Also Courage to Heal Workbook for adult survivors of child sexual abuse.

↓↓ ***FOR VICTIM ADVOCATES, COMMUNITY LEADERS, SOCIAL AND MENTAL HEALTH SERVICES PROVIDERS:***

The Spirit Weeps, by Tony Martens, Published by Nechi Institute, Edmonton Alberta, Canada. Characteristics and Dynamics of Incest and Child Sexual Abuse; A Native Perspective by Brenda Daily and Maggie Hodgson. 1988
TO order: Neichi Institute, Box3884, Postal Station D, Edmonston, AB, T5L 4K1, CANADA, Phone: 403-458-1884

When The Victim Is A Child, Second Edition, Published by the National Institute of Justice, U.S. Department of Justice. Review of research on consequences of child sexual abuse, capabilities of children as witnesses and impact of court process on child victims. 1992

The Child Victim As Witness – Research Report by the Office of Juvenile Delinquency Prevention, U.S. Department of Justice. 1994

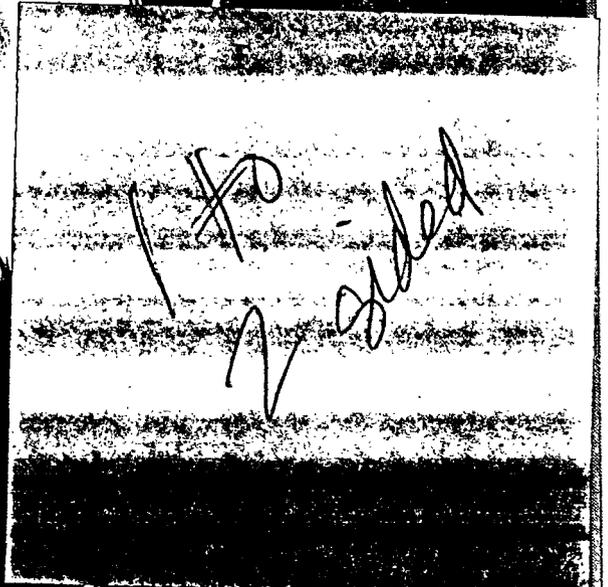
Child Sexual Exploitation: Improving Investigations and Protecting Victims, A Blueprint for Action, 1995, Office of Victims of Crime, U.S. Department of Justice.

Ghosts in The Nursery – Tracing the Roots of Violence, by Robin Karr-Morse and Meredith S. Wiley, Published by the Atlantic Monthly Press. Discussion on how child abuse and neglect in the first two years of life affects violent behaviors of children.

A Gathering of Wisdoms - Tribal Mental Health: A Cultural Perspective, by the Swinomish Tribal Mental Health Project, Swinomish Tribe in Washington. An in-depth report on the development and implementation of cultural mental health services.

TRAINER COPY

DO NOT REMOVE



With a
Unique Perspective
by Brenda Daily
and Maggie Hodgson

T. MCGUE 88

Copyright © 1988 Tony Martens
Brenda Daily
Nechi Institute

All rights reserved.

Inquiries about the use of the material in this book should be directed to the publisher.

Published by: Nechi Institute
Box 3884, Postal Station D
Edmonton, AB
T5L 4K1
CANADA
(Phone 403-458-1884)

Book Design and Layout: Wordsmith Communications

Cover Illustration: Terry McCue

"The Secret Loser" with permission of Nadine Callihoo Oshanyk

Canadian Cataloguing in Publication Data

Martens, Tony, 1956-
Characteristics and dynamics of incest and child sexual abuse

Cover title: The spirit weeps.
Includes biographical references.
ISBN 0-9693440-2-3
Fourth Printing 1997

1. Incest. 2. Child abuse. 3. Child molesting. 4. Indians of North America. I. Daily, Brenda, 1948- II. Hodgson, Maggie, 1944- III. Nechi Institute on Alcohol and Drug Education. IV. Title. V. Title: The spirit weeps.

HQ71.M37 1991 362.74 091-091206-8

Printed and Bound in Canada

Chapter 11

The Roots of the Problem in Native Communities

by Brenda Daily

Introduction

In order to understand some of the present day factors which have impact on Native families which are experiencing family violence and child abuse, it is helpful to have some knowledge of the historical context from which Native people have emerged.

This chapter gives a brief overview of significant historical forces which have influenced Native families and culture, and the differing kinds of legal status held by Native people. It also deals with elements unique to Native experience (eg. the role of "elders", Native spirituality), and with substance abuse, which are important factors in helping Native families deal with problems of abuse.

Historical Influences on Native Culture

First Contact

Just as there were many Indian nations co-existing on the North American continent at the point of European contact, there were also many cultures. Culture (ie. the customary beliefs, social norms and material traits of a racial, religious or social group) is not a fixed entity; it is a moving, transforming dynamic force which is impacted by time and the introduction of new concepts and beliefs.

European cultures contained many beliefs and values that differed from Native concepts. Not the least of these were ideas about family, starting with the basic understanding of what family was. Because Europeans became the dominant race on the North American continent, they were able to impose their values and beliefs onto Native peoples.

It is important for us to acknowledge that this is still affecting Native families and the individuals within those units. Government policy regarding Native people affects the decisions that can be made for and by Native people regarding problem solving with troubled families.

emotional because it stems from experiences which were sometimes painful.

Native Spirituality

There is often great diversity in the spiritual beliefs of the members of a single family. In examining the issue, it can be helpful to clarify who believes what. Some Native individuals follow the traditional path. Others no longer understand, accept or desire traditional concepts or beliefs. The latter have adopted and are satisfied with the definitions of the non-Native world. They may range from being practising Catholics to Born Again Christian fundamentalists.

In some cases, differing spiritual beliefs within a family may be an area of high tension and emotional pain.

Characteristics of Natives in Incestuous Families

Negative Self Image

The general problem of low self esteem and negative self-image among all the members of incestuous families is compounded among Native people by a variety of factors. For example, the self image of one or both parents has probably been affected by racial stereotyping and/or prejudice. In addition, many Natives have experienced some form of institutionalization such as residential school, foster care, or imprisonment. These experiences have affected their problem-solving abilities, parenting skills, and ability to trust and form intimate relationships.

Native adults are also usually handicapped by low levels of formal education (only 18% graduate from high school) and, in cases where English is their second language, by language difficulties as well. All of these factors increase their sense of isolation and negative image of themselves.

Native male offenders often have subscribed to a very "macho" image of male sexuality. This may be an attempt, at least in part, to compensate for feelings of inferiority. The Native male may feel that his sense of manhood is threatened by a precarious employment status, economic insecurity, and a sense of powerlessness in a white male dominant society. As a result, he may react in his own home by wanting to hold a superior position, to be in control and have his needs met, and by blaming others for what he is doing.

In addition, some Native males have had their sense of sexual identity shaped by time spent in jails or other institutions where sex and power were tied together. In such environments, where manhood is equated with toughness, they have needed to suppress many of their feelings. They may have been assaulted or coerced into sexual activity by the promise of status or physical survival. Later, they may feel very ashamed of these activities and worry that they are gay.

Native people are also often affected by high stress linked to low income, housing problems, and crises within the family such as deaths. All of this may be complicated by other forms of abuse and violence occurring at the same time. There is a high probability that one or more family members has a problem with drugs or alcohol, and that one or both parents grew up in homes where there were alcohol-related problems.

Sexual Innocence

Native women who were raised in convents or residential schools often have little or no knowledge about sexuality. Sometimes they have been taught very distorted concepts. They do not have the experience of sexuality being discussed in the open. Indeed, the whole topic of sexuality may be acutely embarrassing, and the subject avoided. Some view all sex as painful or disgusting, and cannot distinguish between "good touch" and "bad touch." They may see sexual abuse as punishment for sinful thoughts or actions and blame themselves for it.

For example, in one case when a mother was told by her daughter that she was being abused by male relatives, she slapped her daughter for having "bad ideas." Her first reaction was to place the blame on the child. Later the woman disclosed that she had been sexually abused at the onset of puberty. Because at that time, when she was beginning to have thoughts about sex and curiosity about men, she believed the abuse was a punishment for these "bad" thoughts. Her interpretation for her own abuse carried over to her feelings about her daughter's abuse.

Later, she was able to clarify for herself that her thoughts and her daughter's thoughts did not make bad things happen and that the abusers were responsible for their actions.

Denial In Native Communities

Many factors combine to strengthen the atmosphere of denial in Native families where incest or child sexual abuse is

occurin
allows t

Contr

The

The
and de
this p
Famili
Chi
is cher
Black
and re
adapt t

The
subseq
contin
comm

Lo

T
reluct
bring
the fa
seen
seen
betwe
towar
educa
the R.

F

In
serve
come
or oth
A
comm
and t
great
offen
and
mem
years

occurring. Unfortunately, denial is a defense mechanism that allows the abuse to continue.

Contributing Factors

The Force of Habit

The habit of denial can develop in response to the pervasive and devastating impact of alcohol on Native families. (I discuss this problem in much greater detail below in *Dually Affected Families*.)

Children who grow up in a home where one or more parents is chemically addicted live by rules (identified by Dr. Claudia Black (1982) as "Don't Talk, Don't Feel, Don't Trust") that support and reinforce delusion and denial. In order to survive, children adapt to the dysfunction around them by denying that it exists.

These children unconsciously carry these rules and the subsequent coping behavior into their adult lives where they continue to impact their work, private lives, families, friends and communities, often with devastating effect.

Loyalty to the Community

The historical experience of Native people makes them very reluctant to reveal sexual abuse problems to outsiders. Fear of bringing in alien, outside *white* others creates pressure to keep the family secret. The R.C.M.P., social workers, (who are often seen as "baby stealers"), and the legal justice system can all be seen as oppressors rather than helpers. The victim may be torn between her desire for the abuse to end, and feelings of loyalty towards her own people. This is slowly changing due to public education within the Native community with social workers and the R.C.M.P.

Fear of Gossip

In other cases, the fear of gossip and lack of confidentiality has served to keep individuals from disclosing to professionals who come from the community. This fear can be aggravated by family or other alliances.

Also, because of the reality of the extended family in Native communities, the number of individuals affected by the incest, and the pressure on the victim to deny that it has occurred, can be greater. The family circle might include the victim(s), non-offending parent, the offender, aunts, uncles, nieces, nephews and grandparents. All or any combination of these family members may have shared the same dwelling over a period of years.

If denial is present throughout this extended circle, the victim is faced with tremendous pressure not to disclose her abuse, and if she does reveal it, to recant later.

Group Denial

Sometimes helpers will encounter entire communities that are aware, at some level, that sexual abuse is occurring but are denying it at the same time. Consider the following statement by a victim.

"I was really scared to tell anyone about what had happened to me. I knew that after I told, something bad would happen. When I told a worker what had happened they talked to my mom and dad about it, and my dad said I was lying. After they found out they wouldn't talk to me any more, and the people within my community wouldn't talk to me neither. Before telling anybody about what my dad did it still felt like I didn't belong. Nobody in my community wanted to hear about sexual abuse and I think that no one was open to listening to it."

This comes from a letter written by a fifteen year old girl who, prior to disclosure, felt alienated not only from her family, but from the community as a whole. She indicated in counselling that she believed the community was not willing and ready to hear about the sexual abuse that was occurring within it. As a result she saw herself as ostracized and pushed away, even before disclosure occurred.

After disclosure, the worker she had informed was not prepared to deal with the allegation of sexual abuse and was not supported by council or the community in respect to helping this child. Consequently, the child was told to forget the issue as she would create problems not only for herself and family but for the community as well. This confirmed her original beliefs and increased her emotional pain.

In cases such as this, once the "community's secret" has been broken, and group denial is no longer possible, helpers must be sensitive to the pain that the whole community may be feeling.

Socialization

Sometimes the mother (or other female members of the family) has suffered from sexual abuse and sees it as "a woman's lot." She probably has blocked and denied the pain around her own abuse and does not want to, or cannot feel her child's pain.

Also, if incest has been occurring for three generations in a family, many members may have internalized a concept of "this is how it is."

"Spiritual" Connections to Denial

For many reasons, including the historical circumstances which surround the question of traditional Native spirituality, dealing with "spiritual" connections to abuse is extremely sensitive. However, as we saw in the chapter addressing the characteristics of the offender, hiding behind or manipulating spiritual beliefs can become a strong defense for the offender, especially when people become very cautious of challenging another's behaviors. In such cases, it can be helpful if we remind ourselves that it is the offense we are confronting, not the spiritual beliefs.

For example, a man who was recognized as an Elder, and who conducted traditional sweatlodge ceremonies, was discovered to be touching some of the children attending these functions. His actions in regard to molesting these children were not the result of his spiritual beliefs, but members of his community were terrified to confront him because of his position and status. Their denial of the sexual abuse, therefore, was prompted by fear.

There have also been incidents in Native situations when a child victim's symptoms of abuse such as crying, clinging to the non-offending parent, nightmares, acting out etc. have been attributed to "bad medicine" (the result of someone having "cursed" the child.)

In one case, a five year old child was being consistently molested when she was left with her grandfather. Her mother, who had also been molested by him as a child, said that her daughter's behaviors and vaginal discharge were the result of Bad Medicine which her ex-husband was directing at her daughter for reasons of vengeance.

In this situation, we see denial and rationalizing by the mother as a means of protecting herself against her own pain and the sense of powerlessness in having to deal with her own abuse and that of her daughter, by the same man. Since she was helpless as a child, the reoccurrence of the same situation probably *feels* like a curse.

This issue, of symptoms being attributed to a negative use of spiritual power, is also highly sensitive. A helper who deals with this will have to clarify his or her own beliefs and emotions prior to responding. It is highly likely that a non-Native person would be challenged if he or she disputed the claim.

In all cases where someone is faced with abuse which has a "spiritual" component or justification, it would be useful to seek out several individuals who are knowledgeable about Native spirituality. It is important to remember that these people may have varying opinions about the same situation. Hearing about the beliefs of others can assist us in clarifying our own.

Dually Affected Families: Substance Abuse and People Abuse

A dually affected family is one in which both substances abuse (alcohol, drugs, inhalents) and people abuse are occurring. The incidence of both kinds of abuse being present in Native families is high. Therefore, it is important for helpers to understand the relationship between the two in order to move the family into recovery.

Alcoholism

It has been said that Native people are 100% affected by alcoholism. This means that somewhere within the family circle, someone is an alcoholic. The remaining individuals are "affected" by the disease even if they are not drinking.

The definition of an alcoholic referred to here is the generally used one, which states that the person is an alcoholic or addict when the use of alcohol and/or other drugs interferes in any significant area of a person's life, and he or she continues to use alcohol and/or drugs in spite of the consequences. The consequences include damage to the emotional, physical, mental and spiritual health of the individual.

Although they are linked, sexual abuse and substance abuse consist of separate, distinct behaviors or actions; tipping a bottle to your mouth is not the same as touching a child's vagina. Both actions, although they involve very different choices, may stem from similar feelings: loneliness, fear, worthlessness. Both kinds of behavior fail to resolve the problems or meet the real needs of the individuals involved.

Helpers who are working with sexual abuse in Native communities need to familiarize themselves with substance abuse treatment. It will be necessary for them to learn about the issues, explore the resources available in their area, and research referral methods and treatment centers that specialize in Native clientele. In addition, they should learn about the theories subscribed to in these treatment centers such as the Disease Concept of Alcoholism, and the twelve steps within the treatment program offered by Alcoholics Anonymous.

Because alcohol and drugs act to lower inhibitions, we often witness or hear about extreme kinds of people abuse in Native communities. It is important that this is not interpreted as a cultural norm or construed to fit the myth of the "ignorant savage." Sometimes the Native Community's lack of knowledge and resources to deal with these extremes is interpreted as

cond
C
wher
that
respo
abus
excus
a wid
subst

Mini

Blar

Ratic

M
abus
envir
other
abusi
abus
If
prior
arour
emoti
unde
T
from
famil
interv
T

1.

condoning attitudes which support this myth.

Often, if an individual abuses a child or other people only when he has been drinking, he will excuse his behavior by saying that it is a result of the drinking. This helps the offender to avoid responsibility for his actions and enables him to continue the abuse. Sometimes an offender will drink or use drugs as an excuse to touch a child sexually. In any case, the offender employs a wide range of defense mechanisms to justify his abuse of both substances and people. A few examples are given below.

Some Defense Mechanisms Operating in Dually Affected Families		
	Substance Abuse	Sexual Abuse
Minimizing	"I only had a couple of drinks."	"I only touched her a couple of times."
Blaming	"If my boss would get off my back I wouldn't drink."	"If my wife wasn't such a nag, I wouldn't have to turn to my child."
Rationalizing	"A few drinks helps calm my nerves and then I don't yell at anyone."	"My child and I both need affection and touching. Parents need to teach their own children about sex."

Many people believe that if a person stops drinking the sexual abuse will end. Although this isn't necessarily true, sobriety is the environment necessary to permit progress in working on the other behaviors. Ideally, an offender needs treatment for both the abusive behaviors. However, **it is essential that the substance abuse is treated first.**

If an offender begins to receive treatment for sexual abuse prior to gaining sobriety he will not be able to resolve his issues around these behaviors because the alcohol or drugs serve to block emotions. Dealing with the emotional issues, is at the core of understanding why the sexual abuse was occurring.

This points to a need for increased dialogue among workers from the areas of alcohol and addictions, and sexual abuse and family violence, and for improved coordination of their intervention and treatment goals.

The treatment indications for a dually affected family are:

1. Separate the individuals and get everyone to safety.

2. Begin treatment for the substance abuse.
3. Stabilize the sobriety.
4. Begin treatment for the sexual abuse.
5. Aftercare.

If other members of the family such as the victim, non-offending spouse or siblings are also abusing substances, they also need to gain sobriety before they can deal with the sexual abuse. Individuals within the family should not enter the same addictions treatment center at the same time, however, as their issues around the abuse will interfere with their goal of gaining sobriety.

Finally, it is important for all the family members to receive education about alcoholism and addictions, even if they are not abusing substances themselves. They need to examine and explore their own attitudes and feelings about addictions in a supportive environment such as counselling or treatment. Al-anon and Al-ateen programs which work from the Twelve Step program, can also provide support.

It is also essential for all the members of families impacted by alcoholism to understand the difference between enabling behaviors (those which protect the user from the harmful consequences of his actions), and non-enabling behaviors (those which allow the user to experience the results of his choices).

Children of Alcoholics (C.O.A.'s)

Recently C.O.A.'s have been identified as a group of individuals who share many common characteristics, emotions and behaviors. For example, as adults, they run an increased risk of becoming an alcoholic, or marrying one. (Dr. Black)

When we examine the past events of children who grew up in a dysfunctional family, we find that they have suffered many losses ranging from the very real visible ones such as Christmas celebrations, birthdays, pets, friends and loved ones, to less tangible ones such as dignity, joy, safety and peace.

Often these children have never had a chance or place to grieve these losses. They have "stuffed" their sadness in an attempt to survive and cope. As adults, they still carry the sadness but do not understand its source. To be healed, they need to grieve, to do the emotional work necessary to release the pain and reach peace.

Many people have been assisted through treatment and the support of special groups offered through "Adult Children of Alcoholics" (A.C.O.A.'s). New literature is available on the subject which can provide knowledge and awareness.

Inh:

T
"sniff
dama
depen
abus

B
risk
treat
be pr

A
Amer
inhal
addic
train
Howe
R
Natic

The

V
dysfu
exper
patte
reasc

If
in ch
the i
Low
limit
powe
surfa

U
them
comp
sens
Only
relat
them

Inhalent Abuse: A Special Case

The abuse of inhalents (gas, glue, solvents etc.) through "sniffing" or "huffing" can lead to permanent irreversible brain damage. The severity of brain disorders among inhalent abusers depends on the substance (or combination of substances) being abused and the length and frequency of use.

Because children who abuse inhalents, run an extremely high risk of organic brain disorders, they usually require specialized treatment. Some of them must be stabilized with drugs which can be prescribed only by a competent psychiatrist.

At the present time there are no treatment models in North America to borrow or learn from in dealing with the problem of inhalent abuse; the whole area is new and uncharted. Traditional addictions treatment centers are hard pressed to find the staff or training to deal with the special needs of inhalent abusers. However, for now, they provide the only treatment available.

Research into the problem is presently being conducted by the National Native Treatment Director of Solvents and Abuse (1988).

The Untreated Professional

Workers who grew up in an alcoholic or otherwise dysfunctional home, (A.C.O.A.'s), need to clarify how this experience affects their roles as professionals. They have learned patterns of co-dependency and caring for others. This may be the reason they are attracted to the role of caregiver as an adult.

If they are untreated for their own pain and losses experienced in childhood, they will experience many problems in dealing with the issues they must face through their role as a professional. Low self esteem, high expectations, an inability to establish clear limits or boundaries, confusing and overwhelming feelings of powerlessness, frustration and anger are all issues which may surface in work-related situations and may need to be examined.

Untreated A.C.O.A.'s live with a dread of loss of control in themselves and others and may be over controlling as a way of compensating. Also, they often have difficulty maintaining a clear sense of self and can easily become enmeshed in others' problems. Only by working through and resolving their own problems related to childhood experiences, will they achieve health for themselves, and effectiveness in assisting others to health.

Conclusion

The relationship of substance abuse and people abuse is a new area that is still being charted.

The challenge for people working in Native communities is to continue to explore and search for solutions which encompass these two dynamics. We cannot ethically or morally ignore their co-existence.

Healing will increase as the problems are identified, the silence is broken and the dialogue begins between members of the various professions which address these issues.

This challenge points to hope and a new life in recovery. As yesterday's child finds wholeness and health, the future of tomorrow's children is secured.

Introdu

I
S
Nati
knov
land
"The
J
Nor
brin
and
pow
in t
prob
rule
Dr.
abu
choo
app
ever
Wor
(C.F
of s
its
juv

we





Pergamon

Child Abuse & Neglect, Vol. 24, No. 2, pp. 269-271, 2000
Copyright © 2000 Elsevier Science Ltd
Printed in the USA. All rights reserved
0145-2134/00/\$-see front matter

PII S0145-2134(99)00125-8

SPOTLIGHT ON PRACTICE

EDITORIAL: DISCLOSURE OF CHILD SEXUAL ABUSE

DAVID P. H. JONES

Park Hospital for Children, Oxford, UK

SMITH AND COLLEAGUES report the results from the National Women's Study concerning the participants' disclosure of childhood sexual abuse experiences which they remember prior to their 18th birthday. This is a very important study of an area which attracts a great deal of opinion, commentary, and heated debate. As Smith and colleagues point out, much of the existing research is based on clinical samples or otherwise non-representative groups of persons. Here we have a large non-clinical population sample, the National Women's Study in the USA, in which predictors of disclosure and rates of disclosure or non-disclosure could be explored.

The overall message which Smith and colleagues wish to convey is the likelihood of disclosure in an individual case is not easy to predict, and that multiple factors are probably at work in the individual situation. This study's strength lies in its size and the representativeness of its sample. Other research is needed if we are to explore and understand the nature of different influences, internal and external, which can affect a person's disclosure and experience of child sexual abuse.

Smith and colleagues found that 28% of the 288 women who retrospectively reported at least one rape prior to their 18th birthday had never told anyone about their experience until the research interview; 47% of the women had not told anyone for more than 5 years after the event had occurred. The most common person whom they told was a friend. The authors define rapid disclosures as ones which occur within a month of the event, coinciding with a natural break in the data. Only a quarter told anyone within this time frame. The authors conclude that children who actually do disclose rape experiences are relatively atypical and we should not be surprised at the fact of delayed disclosure.

Smith and colleagues then attempted to find factors which predict rapid versus delayed disclosure of experiences. Some interesting findings emerged. Older children and those raped by strangers, and those having experienced a single event were more likely to report their experience within the first month. By contrast those with a family relationship with the perpetrator and who were younger at the time of the abusive experiences were more likely to delay disclosure or not tell anyone (until the research interviews). Use of threats and force and injury to the victim or the use of a weapon were all unrelated to delay in disclosure. Neither did the authors find any clear link between the type of disclosure (rapid or delayed) and other indicators of the severity of the assault.

Requests for reprints should be sent to David P. H. Jones, Park Hospital for Children, Old Road, Headington, Oxford OX3 7LQ, UK.

They suggest that severity may operate to motivate help seeking in different ways among individual children; sometimes severe assaults prompting help seeking, and in other cases inhibiting children's statements. The authors therefore warn against generalizations about the likelihood of disclosure which are based on the severity of the assault, because from these data such assumptions would be unwarranted.

The authors point out that this study was conducted with adult women, who during childhood, had not been exposed to child assault prevention education programs which became common in the USA during the 1980s. It may be that the current experience of children will influence their readiness to describe personal sexual experiences to friends and others. The authors have examined this among the same sample, though do not report these results here, indicating that younger women may be more likely to report childhood experiences of sexual abuse than were older women, but nonetheless the overall rate is still quite low. As the authors note, whether children now, who have been exposed to such programs, are more likely to talk about their experiences than children not exposed to prevention programs is an empirical question which has not yet been satisfactorily answered.

Disclosure is a word which has been used in different ways in the literature concerning child sexual abuse. Smith and colleagues use the term in relation to those women who had not previously told anyone about the experience of child rape which they had just described in interview. In the study, the women were first asked if they had told anyone about the incident, then, if they had, whom they had told and how long before they had told someone. The current study is about the women's experience of telling anyone about their childhood rapes; not reporting to authorities. In the field of child sexual abuse, sometimes the word disclosure is used to describe a child telling someone (as in this study), sometimes to describe making a statement to the authorities, and at other times it is used to describe those children who make statements indicating the possibility of sexual abuse during a formal interview, and a further use is in relation to so-called disclosure work. In the last use the term is being used to describe work with children designed to facilitate disclosure on the presumption that a child has had an experience but is unable to recount it. A further problem arises because "disclosure" may be used to describe the person's own memory of having conveyed their experience to another person (as in this study) or alternatively the term is used to describe a statement with sufficient substance included to cause an authority such as the Social Services Department, or a Police Department to determine whether a child may have been harmed or an offense committed. Clearly there is an enormous variation in the use of "disclosure." This has caused some to recommend jettisoning the word entirely because of its imprecision and liability to misuse. These critics emphasize the need to say exactly what is meant when using the term disclosure.

What does seem to be established by the current study is that among a non-clinical population sample of women who were sexually abused during childhood, telling someone about their experience is more likely to be delayed beyond a month than not. Further, there is enormous variation in the correlates of telling someone, though some patterns have emerged (younger age and knowing the perpetrator) as independently predictive of delay. Qualitative studies which are able to track the individual experiences of children and their perception of the influences upon them which led to their disclosure of information are needed in order to complement the picture obtained from this very impressive quantitative study of disclosure in the field of childhood rape (e.g., Berliner & Conte, 1995; Prior, Lynch, & Glaser, 1994; Sharland, Seal, Croucher, Aldgate, & Jones, 1996; Wade & Westcott, 1997). The practitioner needs access to both quantitative and qualitative studies in order to assist their work with individual children. Notwithstanding the value of the research which has already been conducted it is still necessary to heed Smith and colleagues' warning that "our understanding of what leads some children to disclose and others to keep silent remains poor and requires continued investigation." It may be added that presuming clear patterns exist which can be applied to all children may be misleading, and that the practitioner would be best informed by the knowledge of the variability and multiplicity of influences on the individual to disclose.

REFERENCES

- Berliner, L., & Conte, J. (1995). The effects of disclosure and intervention on sexually abused children. *Child Abuse & Neglect*, 19, 371-384.
- Prior, V., Lynch, M., & Glaser, D. (1994). *Messages from children: Children's evaluation of the professionals' response to child sexual abuse*. London: NCH Action for Children.
- Sharland, E., Seal, H., Croucher, M., Aldgate, J., & Jones, D. P. H. (1996). *Professional intervention in child sexual abuse*. London: Her Majesty's Stationery Office.
- Wade, A., & Westcott, H. (1997). No easy answers: Children's perspectives on investigative interviews. In H. Westcott & J. Jones (Eds.), *Perspectives on the memorandum: Policy, practice and research in investigative interviewing*. Aldershot: Ashgate Publishing Ltd.

WASHOE TRIBE OF NEVADA AND CALIFORNIA

CHILD ABUSE PROTOCOL

I. INTRODUCTION

A. Purpose

The purpose of the protocol is to ensure the safety and welfare of the Native American children within the jurisdiction of the Washoe Tribe.

B. Application of the Law and Child Abuse

The Law defines an abused child as someone whose parent or other legally responsible person inflicts serious physical injury or allows someone else to inflict, or commit or allow a sexual offense. A legally responsible person could be a baby-sitter, neighbor, family friend, or caregiver who sometimes assumes responsibility for the child or visits his home. A sexual offense specifically includes, but is not limited to: exhibitionism, disrobing, fondling of breasts or genitals, as well as vaginal, anal, or orogenital intercourse as well as variations or combinations of the aforementioned offenses.

C. Maltreatment

Maltreatment addresses a parent or caregiver who abuses drugs or alcohol to the point of being unable to adequately care for the child, fails to provide adequate food, clothing, shelter, education, medical care, or supervision, or inflicts or allows harm to be inflicted, including emotional battering and harsh corporal punishment.

D. Coordination With Departments and Agencies

Coordination with the various departments and/or agencies is necessary to ensure the following:

1. Children are protected;
2. Rights of all are protected;
3. Appropriate interviews are performed;
4. Children and their families receive the best quality of service;
5. All needs of the child and family are addressed;
6. There is no duplication of services by departments and/or agencies;
7. The effectiveness of each department and/or agency's role is maximized;
8. In appropriate cases a prosecution will be pursued and a defendant dealt with according to the law as supported by facts.

WASHOE TRIBE OF NEVADA AND CALIFORNIA

E. Role Clarification

This protocol is designed to clarify roles and responsibilities of respective departments and/or agencies and to suggest a formal procedure to handle child abuse cases.

II. INVESTIGATIVE TEAM

A. Definitions

1. SOCIAL SERVICES

The Social Services Department is designated by the Washoe Tribe and operates under P.L. 93-638 Contract, and the Washoe Tribal Law and Order Code in the investigation of reports of child abuse or neglect.

2. CHILD PROTECTIVE TEAM

A multi-disciplinary group consisting of professionals who staff individual cases and make recommendation for individual and family treatment plans. *Teams consist of the members of four police departments. All are active.*

3. INVESTIGATOR

The Social Worker/Probation Officer and/or Law Enforcement Officer assigned to investigate a report of child abuse or neglect.

4. WASHOE TRIBE LAW ENFORCEMENT/BUREAU OF INDIAN AFFAIRS

The Washoe Tribal Police serve in misdemeanor jurisdiction of all Washoe Tribal Lands with the BIA handling felony cases.

5. PROBATION

The Probation Office is designated by the Washoe Tribe and operates under a P.L. 93-638 Contract, and the Washoe Tribal Law and Order Code in the investigation of reports of child abuse or neglect in the absence of the Social Worker.

WASHOE TRIBE OF NEVADA AND CALIFORNIA

B. REPORTING OF CHILD ABUSE

Persons specifically required to report child abuse include:

1. ANY PERSON WHO IS A:

- a. Physician, surgeon, dentist, podiatrist, chiropractor, nurse, dental hygienist, optometrist, medical examiner, emergency medical technician, paramedic, or health care provider;
- b. Teacher, school counselor, instructional aide, teacher's aide, teacher's assistant or bus driver employed by any tribal, Federal, public or private school;
- c. Administrative officer, supervisor of child welfare and attendance, or truancy officer of any tribal, Federal, public or private school;
- d. Child day care worker, Headstart teacher, public assistance worker, worker in a group home or residential or day care facility, or social worker;
- e. Psychiatrist, psychologist, or psychological assistant;
- f. Licensed or unlicensed marriage, family, or child counselor;
- g. Person employed in the mental health profession;
- h. Law enforcement officer, probation officer, worker in a juvenile rehabilitation or detention facility, or person employed in a public agency who is responsible for enforcing statutes and judicial orders; and
- i. Judge, attorney, court counselor, clerk of the court, or other judicial system official.

2. ANY PERSON WHO KNOWS, OR HAS REASONABLE SUSPICION, THAT:

- a. A child was abused in Indian country; or
- b. Actions are being taken, or are going to be taken, that would reasonably be expected to result in abuse of a child in Indian country.

WASHOE TRIBE OF NEVADA AND CALIFORNIA

C. PENALTY FOR NOT REPORTING

1. Those persons mandated to report a known or suspected case of abuse or neglect who knowingly fail to do so, or willfully prevent someone else from doing so, shall be subject to a fine not more than \$5,000 or imprisoned for not more than 6 months or both.
2. Any person who supervises a person described in Section (B)(1) above, who inhibits or prevents that person from making an abuse or neglect report, shall be subject to a fine not more than \$5,000 or imprisoned for not more than 6 months or both.

D. PROCESS OF REPORTING

1. PERSONS REPORTING

Any person who believes a child was/is sexually, physically, or emotionally abused and/or neglected reports to Washoe Tribal Police and/or to Washoe Social Services Department; Alpine County cases are to be reported to Alpine Social Services, Probation, or the Sheriff's Department. Reports shall be made immediately within a maximum 24 hour time period.

Call emergency number 911 to receive proper assistance.

2. COORDINATION OF REPORTS

The Social Worker/Probation and/or designated Police Officer shall screen the report. Coordination between the Social Worker and designated Police Officer shall occur prior to contact with the child and/or family. The report can be submitted in writing or by phone. Anonymous calls are acceptable.

3. ANONYMOUS REPORTS

Any person who has a reasonable cause to suspect that a child has been abused, neglected or abandoned shall be encouraged to report the abuse, neglect or abandonment even if such report is anonymous.

WASHOE TRIBE OF NEVADA AND CALIFORNIA

4. ABUSE & NEGLECT REPORTS

The following information shall be included in the written report:

- a. Names, addresses and tribal affiliation of the child and his parents, guardian or custodian;
- b. Child's age;
- c. Nature and content of the child's abuse or neglect;
- d. Previous abuse or neglect of the child or his siblings, if known;
- e. Name and address of the person alleged to be responsible for the child's abuse or neglect, if known;
- f. Name and address of the person or agency making the report.

5. CONFIDENTIALITY OF INFORMANT

The identity of any person making a report shall not be disclosed, without the consent of the individual, to any person other than a court of competent jurisdiction or the Social Worker/Probation Officer of an Indian Tribe, a State or the Federal Government who needs to know the information in the performance of such employee's duties, also as provided by existing laws and regulations as well as the Federal Privacy Act, where applicable.

6. INTERVIEW

The interview is conducted by a designated Police Officer and/or Social Worker/Probation Officer. The decision whether to remove the child is made at this time by the Social Worker and/or designated Police Officer. If the allegations are unfounded, the case is documented and closed.

WASHOE TRIBE OF NEVADA AND CALIFORNIA

7. MEDICAL COORDINATION

All cases of child abuse and neglect are referred by the Social Worker/Probation Officer and/or Tribal Police Officer to the nearest medical facility for a medical examination by a physician. Coordination of medical examination shall occur between Physician, Social Worker/Probation Officer and/or Law Enforcement.

8. CENTRAL REGISTRY

The Law Enforcement Department shall maintain a central registry of reports, investigations and evaluations made under this Code. The registry shall contain the information furnished by tribal personnel throughout the tribal territory, including protective service workers, probation officers, caseworkers and Indian Child Welfare Program employees. Data shall be kept in the central registry until the child concerned reaches the age of eighteen (18) years (unless the children's court orders that individual records shall be kept on file beyond that date in order to protect other siblings). Data and information in the central registry shall be confidential and shall be made available only with the approval of the Director of the Social Services Department to: the children's court, social service agencies public health, law enforcement agencies, licensed health practitioners, and health and educational institutions licensed or regulated by the tribe. A request for the release of information must be submitted in writing, and such request and its approval shall be made part of the child's file.

9. INVESTIGATION AND REMOVAL

The only persons authorized to remove are the Social Worker/ Probation Officer and a Police Officer. The child abuse or neglect report shall be investigated within one, court, working day by the Social Services Department or other appropriate agency, unless the children's court directs otherwise.

10. FAMILY INTERVIEWED

An interview of the family is conducted by the Social Worker/ Probation Officer and designated Police Officer. The information is assessed in the form of a case.

WASHOE TRIBE OF NEVADA AND CALIFORNIA

11. AUTHORITY TO REMOVE

If the person investigating a report of child abuse or neglect finds that the grounds for removal have been met, such person may remove the child from the home in which the child is residing and place the child in a temporary receiving home or other appropriate placement.

12. COURT HEARING

Children who have been removed from their homes and placed in an emergency foster home will have a Juvenile Jurisdictional Hearing within 72 hours. A petition will be filed by the Social Worker/ Probation Officer and presented to Washoe Tribal Court. All relevant information to the case will be presented to the Court. The prosecutor may or may not be involved.

13. TREATMENT PLAN

A treatment plan is developed by the Social Worker/Probation Officer and/or client with in-put from the Child Protective Team (CPT). Appropriate referrals are made to designated departments and/or agencies.

14. CHILD PROTECTION TEAM MEETINGS

Regularly scheduled CPT meetings will provide the means to monitor treatment plans with regular written reports submitted to Social Services by any referring department.

WASHOE TRIBE OF NEVADA AND CALIFORNIA

III. ROLE OF THE SOCIAL WORKER/PROBATION OFFICER

- A. The Washoe Tribal Social Worker will receive reports of suspected child abuse and neglect.
- B. All suspected child abuse cases reported to Social Services shall be cross-reported as soon as possible by phone or in writing to the appropriate Law Enforcement Department.
- C. Social Services and Law Enforcement will work cooperatively to complete a child abuse investigation; initially interviewing victims and/or families together whenever possible to minimize the number of interviews for the victim.
- D. Social Worker will complete an assessment of each family member for the following reasons:
 1. To determine risk to the child/victim remaining in his/her home;
 2. To provide immediate crisis intervention services and other services as needed. Those services are:
 - a. Crisis intervention,
 - b. Assessment,
 - c. Emergency foster home,
 - d. Intake history, and
 - e. Counseling.
- E. Social Worker will request the assistance of Law Enforcement Officers when protective custody appears in order to ensure the safety of the child. The Social Worker is responsible for preparing the child for foster care placement and for helping the child in the transition.

WASHOE TRIBE OF NEVADA AND CALIFORNIA

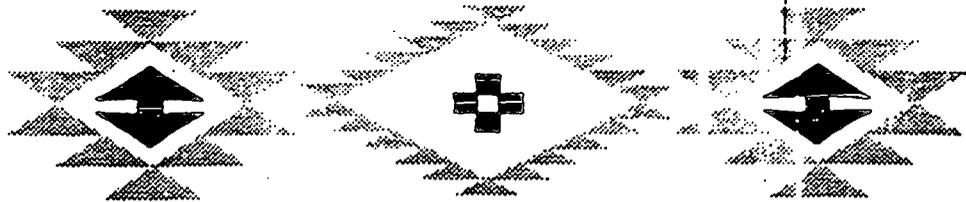
IV. ROLE OF LAW ENFORCEMENT

- A. All suspected child abuse reports made to Law Enforcement shall be cross-reported as soon as possible to Washoe Social Services/Probation.
- B. All abuse cases reported to Law Enforcement shall be investigated with the intent of reviewing the matter for criminal prosecution. All police reports, medical reports, police background checks and all pertinent information will be copied and shared verbally and in writing between Social Services and Law Enforcement for purposes of prosecution/treatment.
- C. Law Enforcement Officers will decide as to whether they will place suspects in protective custody.
- D. Designated Tribal Law Enforcement Officers assigned to an investigation will be responsible to preserve and maintain all pertinent evidence, provide for medical examinations and collect written statements. Tribal Law Enforcement Officers shall refer the matter to the Prosecutor, Law Enforcement and Bureau of Indian Affairs, as appropriate in the particular circumstance. BIA and FBI are responsible for forwarding cases to the US Attorney's Office for prosecution.



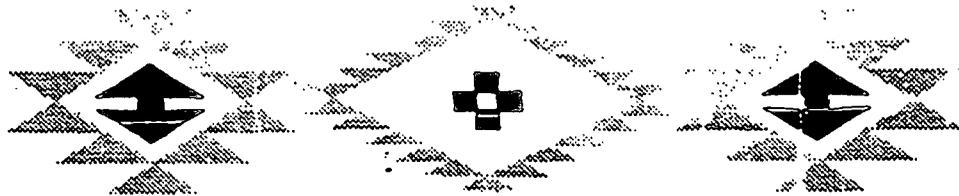


CONFEDERATED TRIBES
OF THE WARM SPRINGS RESERVATION



EXECUTIVE
SUMMARY

UNIFORM HANDBOOK
ON CHILD ABUSE
AND NEGLECT



EXECUTIVE SUMMARY UNIFORM HANDBOOK ON CHILD ABUSE AND NEGLECT

INTRODUCTION

The abuse and neglect of children is a fact of life on the Warm Springs Reservation, as it is in all American communities. A prior history of abuse or neglect as a child has a very high correlation with teenage and adult alcohol and drug abuse, low student achievement, domestic violence, suicide, and criminal behavior. We now know that abused and neglected children tend to become parents who in later life abuse and neglect their own children. If our community fails to reduce the incidence of child abuse, the ongoing abuse of children, and the other serious social problems which are associated with abuse, will continue to grow. In 1986, a total of 235 cases of domestic violence involving children were reported in our community. In 1987, the number of cases increased to 272. At this rate of increase, a new case of child abuse or neglect in our community will be reported each and every day in 1998.

All forms of child abuse, whether physical abuse, neglect, emotional abuse or sexual abuse, are harmful to children and, in the long run, are harmful to the whole community due to ongoing cycles of abuse, delinquency, drug and alcohol addiction, crime, school failure, domestic violence and suicide which stem from abusive or neglectful childhoods. There are three primary goals of our response to child abuse and neglect:

1. To prevent child abuse and neglect
2. To provide timely and effective intervention and treatment for victims and families

3. To ensure that offenders are held accountable for abuse or neglect either through criminal prosecution, civil action, treatment or other appropriate consequence.

OVERVIEW

It is the policy of the Confederated Tribes of the Warm Springs Reservation that our children have both a need and a right:

1. To be and feel wanted.
2. To be born healthy.
3. To live in a healthy environment.
4. To have basic emotional needs for love, security, protection, acceptance, faith, independence, guidance and control provided.
5. To have continuous loving care.
6. To be protected from physical or emotional harm or threat of harm.
7. To acquire the intellectual and emotional skills necessary to achieve individual aspirations and to cope effectively in our society, and to acquire knowledge of the unique cultural and historical foundations and practices of our society which provide a foundation and balance to life.
8. To be assured family and societal environments which provide self esteem, self reliance and interpersonal skills.
9. To remain secure and as close as possible to their normal social and family setting, including recognition of the extended family and Tribal membership and heritage.
10. To receive care and treatment through facilities, programs and services which are appropriate to their needs.

Our cultural and traditional values have been considered within the context of the problem of child abuse and neglect. The whip-man tradition reflected principles of child rearing which are quite different from modern ways. Children were rarely punished by their own parents or

family. When punishment was given, it was a time after the wrong was done and therefore not given in the anger of the moment. Punishment was a consequence of poor behavior or wrong doing. Punishment was not injurious. No child would be punished to the point of injury. Punishment was a lesson, a discussion of the nature and seriousness of the wrong. The degree of punishment was appropriate to the degree of wrong committed, and the standards for such punishment were determined by the society, not by the parents. The whip-man was selected by the community, and he alone determined the degree of punishment.

In order to establish a clear guideline or distinction between acceptable and unacceptable behaviors and practices involving children, the Tribal Council identifies those behaviors which are indicative of abuse and or neglect, based on our community's traditional cultural and social values, as follows:

1. The infliction of or the allowing of inflicted physical injury to a child caused by other than accidental means, including any physical injury which appears to be at variance with the explanation given for it, including injuries sustained as a result of excessive corporal punishment.
2. Failure to supply or the allowing of a failure to supply adequate food, clothing, shelter, health care, or protection from harm, including such failure based on financial grounds or incapacity due to intoxication or dysfunction which is the result of alcohol or drug use.
3. Committing or allowing to be committed against a child by any adult or older juvenile any sexual offense including criminal offenses such as rape, sodomy, incest, and sexual contact with an intent to abuse, including consensual activity, and including any sexual activity with or in the presence of a child which is physically or emotionally harmful or unnatural requiring protection of the child.

4. Failure to provide or the allowing of a failure to provide adequate care, supervision or guardianship of a child by specific acts or omissions which carry a substantial risk of physical or emotional harm which threaten the health, safety and welfare or morals of the child including circumstances requiring the intervention of the Tribal Police, Youth and Family Services or the Juvenile Court.

5. The foregoing behaviors shall not include the good faith treatment of a child by spiritual means in accordance with the tenets and practices of traditional Indian religion or good faith parental, teacher or custodial discipline in accordance with traditional Indian culture which does not cause physical injury to a child.

It is the policy of the Confederated Tribes of the Warm Springs Reservation that in our community, stopping child abuse and neglect before it starts, or intervening early with services or support in families at risk is as important as providing treatment to victims, punishing offenders and rehabilitating families. Prevention and early intervention efforts are not only less expensive in the long run, they substantially contribute to breaking the cycle of child abuse and neglect. The Confederated Tribes assert jurisdiction, in the spirit of dual sovereignty, in all criminal child abuse and neglect cases, including those where federal prosecution is probable or desirable.

CHILD ABUSE PREVENTION PROGRAMS AND SERVICES

This manual advocates the following child abuse prevention and early intervention programs and services:

- Legislative Advocacy: It is important that our community continue to stress its needs, including child welfare and abuse prevention services,

so that these needs receive a higher priority at budget time. Additionally, a concerted effort should be made to identify other federal domestic assistance programs that target money for supplemental services.

Public Awareness Campaigns: Community awareness of child abuse and neglect issues can be an effective means of emphasizing prevention and early intervention services. Often, someone in the community is aware of early family problems. Encouragement and referral by the community at the earliest stage reduces the chances for abusive incidents.

Community Support Networks: For there to be effective services and utilization of those services by families at risk, there must be a climate of support and understanding within the Tribal community. Such support offers a climate of cooperation, understanding, maximum use of local resources and traditional community values.

Family Planning: Sensitive family planning can assist families in making decisions which maximize family functioning and minimize stress caused by unexpected or unwanted additions to the family.

Parent Education Programs: Parenting skills are learned. Most people learn how to parent from how they themselves were raised. New parents may be inexperienced, lacking in knowledge of normal child development, child rearing practices or appropriate discipline. Learning what to expect in raising children, anticipating their common needs and problems, and the appropriate parenting skills required, can help prepare new parents for the experience of raising a family.

Community and Recreation Services: The sense of social and geographic isolation in families can be reduced by providing community activities and recreation opportunities for both children and parents. Such programs also provide outlets for stress and a relief from family pressures.

Health Services: The IHS can provide a variety of services for families at risk including immunization, first aid, physical examination, health and nutrition counseling and emergency medical treatment.

Family Counseling: Stress in a man/woman relationship is a common factor in families at risk. Family counseling can help work out such difficulties in the relationship and thus reduce stress in the family.

Homemaker Services: Visiting homemakers can provide a variety of needed services within families at risk. Teaching inexperienced parents child care skills, home management and home-making skills and providing help with such chores during periods of stress or emergency can keep a family functioning during difficult times.

Day Care Services: Placing children in a day care center can often relieve some of the tension and stress of continuous child care responsibilities and do much to improve the relationship between a child and mother.

Crisis Intervention and Parents Anonymous: A 24 hour crisis telephone number that families in stress can call for counseling, advice assistance or referral, or just to calm down when parents are temporarily unable to cope can prevent an unintended and spontaneous abusive incident.

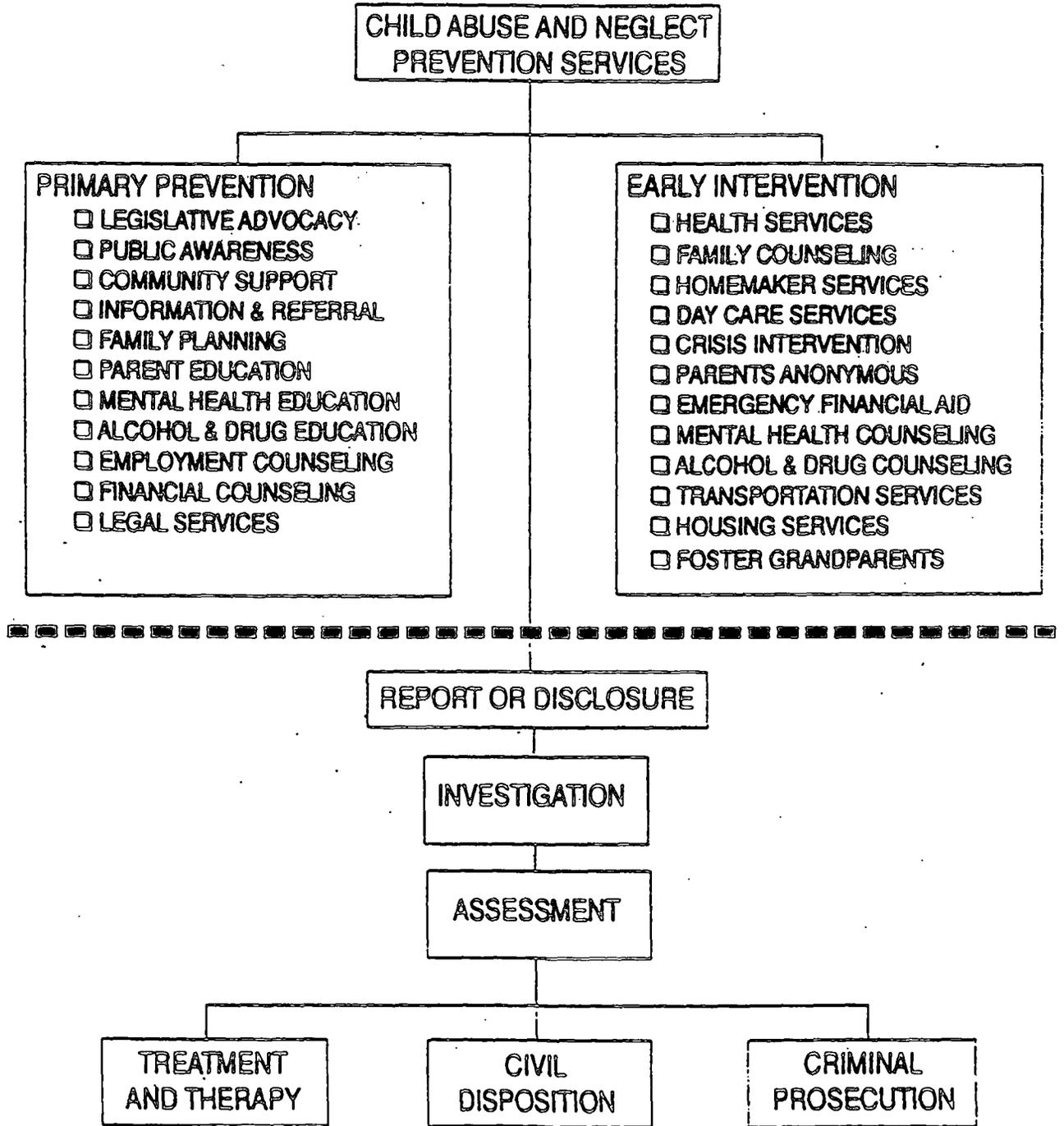
Emergency Financial Aid: Temporary financial difficulty can cause a great deal of stress and may contribute to neglectful behaviors. Emergency financial assistance can bridge these periods and provide stability.

Mental Health Counseling: There are a variety of therapies that can be provided to help family members both individually and as a family. These services are essential to restoring stability in the family. Such services can include individual counseling, couple therapy, family counseling and group therapy.

Alcohol and Drug Counseling: Substance abuse is associated with some 80% of all child



OVERVIEW OF THE PROCESS





abuse and neglect cases. Providing drug and alcohol counseling programs for at risk family members is a very effective prevention tool.

Transportation Services: Geographic and therefore social isolation can contribute to abuse and neglect. If no family transportation is available, even obtaining counseling or other services can be nearly impossible.

Housing Services: Families in stress may be living in substandard or inadequate housing. Help can be provided to find better housing, supply some financial subsidy for adequate housing or to mobilize Tribal assistance to improve the quality of existing housing through remodeling, repair or rehabilitation.

Foster Grandparent Care: The use of available Tribal elders as foster grandparents can provide families with some respite child care and additional nurturing for the children involved. Because of the broad experience and wisdom of these elders, they are a valuable resource.

RESPONSES TO CHILD ABUSE AND NEGLECT ALLEGATIONS

Any one having direct knowledge of abusive or neglectful acts or behaviors against children, including adult family members, are required to immediately report such behavior to the Tribal Police or the Juvenile Department. Certain professionals and others who regularly come into contact with children and who have "reasonable cause to believe or suspect" an alleged case of child abuse or neglect are required to report it. Any other person may report suspected child abuse or neglect for which they have no direct knowledge, but they are not required to. In our society, failure to report direct knowledge of an act of child abuse or neglect is itself an act of child abuse and neglect. The primary goal of our reporting law is to assure the identification of problems as early as possible so that appropriate action may be taken on behalf of children and families.

Once a report is received, an investigation is begun. Figure 4 shows the investigative process. Tribal Police have the primary responsibility for investigative decisions in child abuse and neglect cases including:

Whether or not to immediately investigate the initial report or refer the matter to the Juvenile Department and Juvenile Court for initial contact.

Whether or not there is probable cause to believe that imminent danger to the child exists and that entry into the home is legal for purposes of investigating suspected abuse and neglect.

Whether or not to place a child in protective custody.

Whether or not an arrest should occur.

Whether or not federal investigators should be notified.

The Juvenile Department has the primary responsibility for child protection and family custody decisions in child abuse and neglect cases including:

Whether or not to immediately refer the initial report to Tribal Police or to investigate the matter under civil jurisdiction.

Whether there is a basis for filing a petition for civil jurisdiction and Juvenile Court authority over the matter.

Whether there is probable cause to remove a child from the home environment or should the offender/perpetrator be removed.

Whether a child should be placed under the control of the Juvenile Court.

Whether a child should be placed in temporary or long term foster care.

The decision as to whether or not the child is safe in the home may be the most crucial step in the investigative process. If the child is in immediate danger of further abuse, injury or



CONFEDERATED TRIBES

OF THE WARM SPRINGS RESERVATION

THE INVESTIGATIVE PROCESS

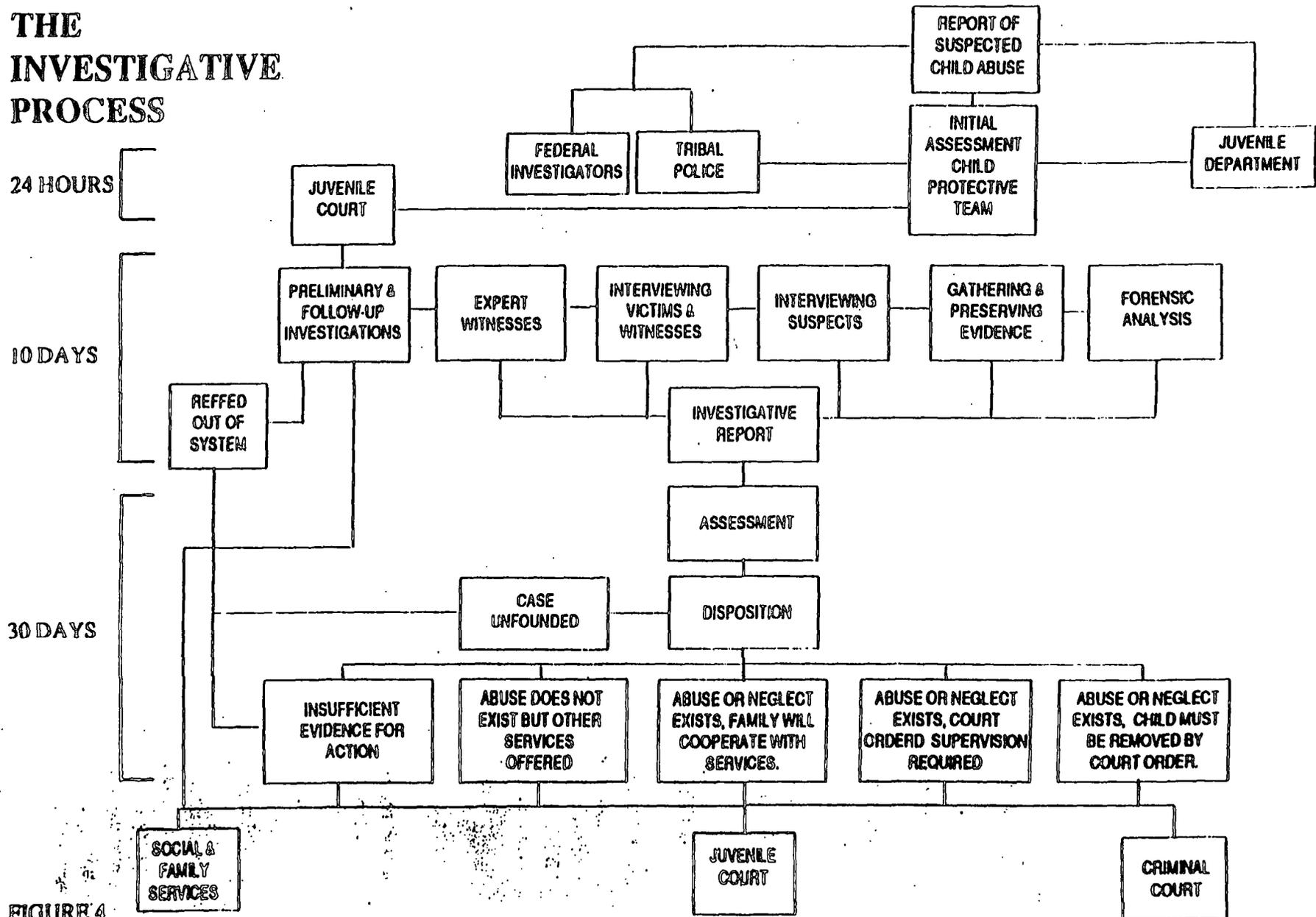


FIGURE 4

neglect, the officer must take whatever steps are necessary to insure the child's safety before proceeding with the investigation. When possible, it may be more effective to remove the alleged abuser/perpetrator. Where a child is in imminent danger of physical or emotional harm, he/she may be involuntarily removed from the home subject to a Juvenile Court hearing. Imminent means sooner than the normal time for a protective court order from the Juvenile Court to be drafted, signed and served, and that physical or emotional harm means substantive harm which can be documented by an examination by professionals. Answers to the following questions, when taken together as a group, can serve to determine the need for an immediate investigation:

- How severely was the child harmed? The more serious the harm to the child the more prompt the response should be.
- Does the child need medical attention?
- What is the age of the child? The younger the child the greater the risk.
- Has there been any previous abuse or neglect? If a pattern is established the greater the risk to the child.
- Is parental behavior a danger to the child? Parents who abuse alcohol or drugs, are actively psychotic or are aggressive and volatile are a greater risk to the child.
- Is the child alone or abandoned? The age of the child, the length of time the child has been alone, the time of day and proximity to other people must be considered when determining urgency.
- Is the situation chronic or acute? Acute situations indicate the need for a more immediate response.
- Is the child currently safe due to hospitalization or other emergency care?

When an investigation of suspected child abuse or neglect is begun, the investigator should

obtain as much information as possible concerning the nature and extent of the incident. The purpose of the investigation is to gather sufficient reliable information, evidence and facts to determine:

1. Whether abuse or neglect has occurred, and the nature or extent of injury to the child-victim
2. Whether or not and what kind of crime has been committed
3. Who is the alleged perpetrator
4. Whether the child needs immediate assistance or protection
5. What physical conditions, family problems or adult behaviors contributed to, caused or resulted in abuse or neglect
6. Whether intervention by law enforcement, the Juvenile Court or Family and Youth Services is necessary or appropriate.

ASSESSMENT AND DISPOSITION

After an investigation into alleged child abuse or neglect, an assessment of the validity of the allegation and a determination of subsequent action, if any, must be made by The Child Protective Team (CPT), which includes:

- The Juvenile Coordinator.
- The Tribal Prosecutor.
- The Chief of Police.
- The Director of Family and Youth Services.
- The Director of Indian Health Services.
- BIA Investigations.
- The Community School Consultant.

The role of the CPT is to:

1. Assess the allegations contained in a report of suspected child abuse or neglect
2. Assess the facts obtained in the investigation
3. Assess the evidence obtained in the investigation and determine whether the facts and evidence substantiate or refute the allegations, and

4. Evaluates the family and the child's short and long term needs for assistance, rehabilitation or protection

The team will examine the degree of harm to the child and how it happened. In assessing what caused the harm, the team will use all of the information and evidence gathered during the investigation regarding the incident, the child, the parents or caregivers, family functioning, the parent/child relationship and the physical setting of the home. The assessment may also consider what protective arrangements are necessary and appropriate, whether the abuser or the victim or both should be removed from the home, what conditions or controls should be placed on visitation, and if the child is to be removed from the home, whose home is recommended.

CRIMINAL COURT PROCEEDINGS

The Warm Springs Tribal Court offers the greatest opportunity for accommodation of child victims and witnesses because of the great latitude afforded Tribal Justices. By using a team approach during investigation and assessment, by assuring a speedy trial and by utilizing procedural reforms which are within the discretion of the Tribal Court, the Confederated Tribes can both improve the handling of child abuse cases and minimize the stress and trauma suffered by child victims and witnesses. The Tribal Criminal Court Process is shown in Figure 6.

The Warm Springs Tribal Court has jurisdiction over any criminal violation of a Tribal law committed by an Indian within the boundaries of the Warm Springs Reservation, or committed by a member of the Tribes outside the Reservation in the exercise of any treaty reserved right, or upon lands owned by the Confederated Tribes or held by the United States in trust for

the Confederated Tribes. The following procedures and steps in the Tribal Court process have been adopted by the Tribal Council to provide simplicity in procedure, fairness in administration, and elimination of unjustifiable expense and delay:

- Complaint and Offense Report
- Summons or Arrest Warrant
- Arraignment
- Plea Bargains and Diversion
- Pre-Trial Motions and Discovery
- Trial
- Sentencing and Restitution
- Parole and Probation

In general, federal and state steps and procedures for criminal prosecution are similar to the Tribal criminal process. However, unlike the Tribal process, federal cases may involve a grand jury procedure and prosecution by indictment or if indictment is waived by a US Attorney's information, and a possible plea bargaining step. These differences are mostly procedural involving how cases are begun in federal court.

CIVIL COURT PROCEEDINGS

The Juvenile Court approach to cases of child abuse and neglect focuses on assessing the child's need for protection from physical and psychological harm caused by abusive or neglectful parents or caretakers, the degree of family parental or custodial dysfunction and the parent's need for and acceptance of social and rehabilitative services to improve their ability to care for the child. This focus requires the Court to work closely with social service professionals in determining the appropriate response to each case in which abuse or neglect has been proven. Law enforcement officers and other investigators must understand that the Juvenile Court will attempt to handle such cases in a



CONFEDERATED TRIBES OF THE WARM SPRINGS RESERVATION

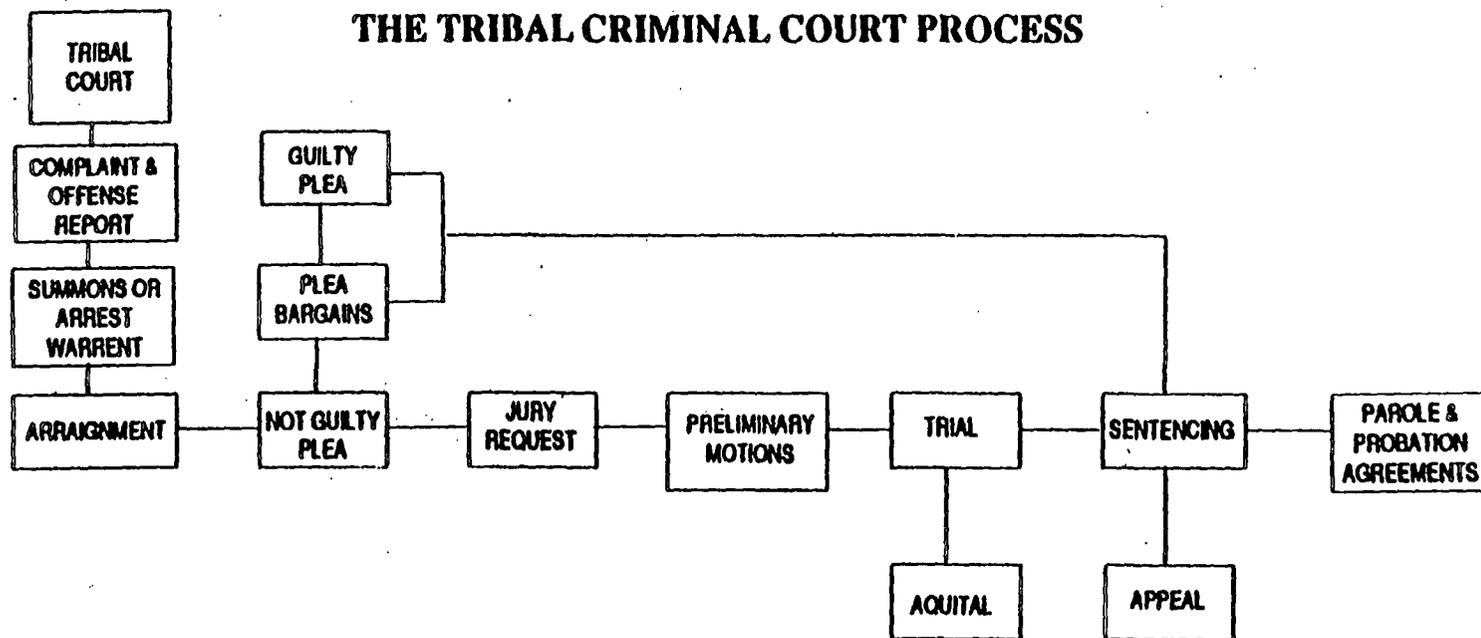


FIGURE 6

social services fashion, if possible, and will try to avoid placing a child outside the home on a permanent basis or terminating the parental rights of the natural mother and father. Competent and thorough investigations by law enforcement officers will significantly contribute to the Court's ability to determine appropriate actions in individual cases. In exercising its authority, the Juvenile Court performs a variety of functions in connection with child abuse and neglect cases. The most important of these are:

- To protect a child from further injury as a result of abuse or neglect.
- To mandate services for the family in which abuse or neglect has occurred.
- To provide a fair and impartial review of social service agency decisions.
- To protect the rights of both parents and children.

Action by the Juvenile Court is initiated to protect a child when:

- A child is discovered to be in imminent danger and the parent or caretaker is unable or unwilling to take action to protect the child.
- Attempts at treatment have been unsuccessful and the parent or caretaker has made no progress towards providing adequate care for the child, therefore continuing an unhealthy environment even though alternatives for ameliorating the situation have been tried.
- A family refuses to cooperate with the investigation and there is cause to believe that the child may be in substantial danger.
- A child is in need of non-optional medical or psychiatric care and the parent or caretaker refuses to obtain such care, excluding good faith cultural practices as defined in the WSTC.
- The parent or caretaker is unwilling to accept needed services even though the child remains in danger.
- The child has been abandoned.

- The parents or caretaker is incapacitated for any reason and unable to provide minimally sufficient care for the child and is unwilling to voluntarily relinquish custody.
- The parents or caretaker chronically fail to meet a child's basic needs, to send a child to school or to provide for the welfare of a child.

The steps in the Juvenile Court process are an organized and formal way of gathering facts and assessing circumstances leading to resolution of a case, while providing for the rights of families, parents and children. The major steps in the process are shown in figure 7.

- Preliminary Hearing
- Emergency Custody Hearing
- The Petition
- Pre-trial or Informal Diversion Conference
- Adjudicatory (Adjudication) Hearing
- Dispositional Hearing.
- Periodic reviews

In the disposition of abuse and neglect cases, the Juvenile Court has the authority to make orders or arrangements for the care, custody and control of a child or children, impose such restrictions, treatment or rehabilitation upon the family or take such other action as the Court deems appropriate to protect the interest of the child, the family and the Warm Springs Tribe. The Court has broad discretionary power with respect to these actions in the disposition of cases. The responsibility of the court is to assure substantial fairness and the protection of children.

VICTIM, FAMILY AND OFFENDER TREATMENT PROGRAMS AND SERVICES

The treatment philosophy recommended by this manual is as follows:



CONFEDERATED TRIBES OF THE WARM SPRINGS RESERVATION

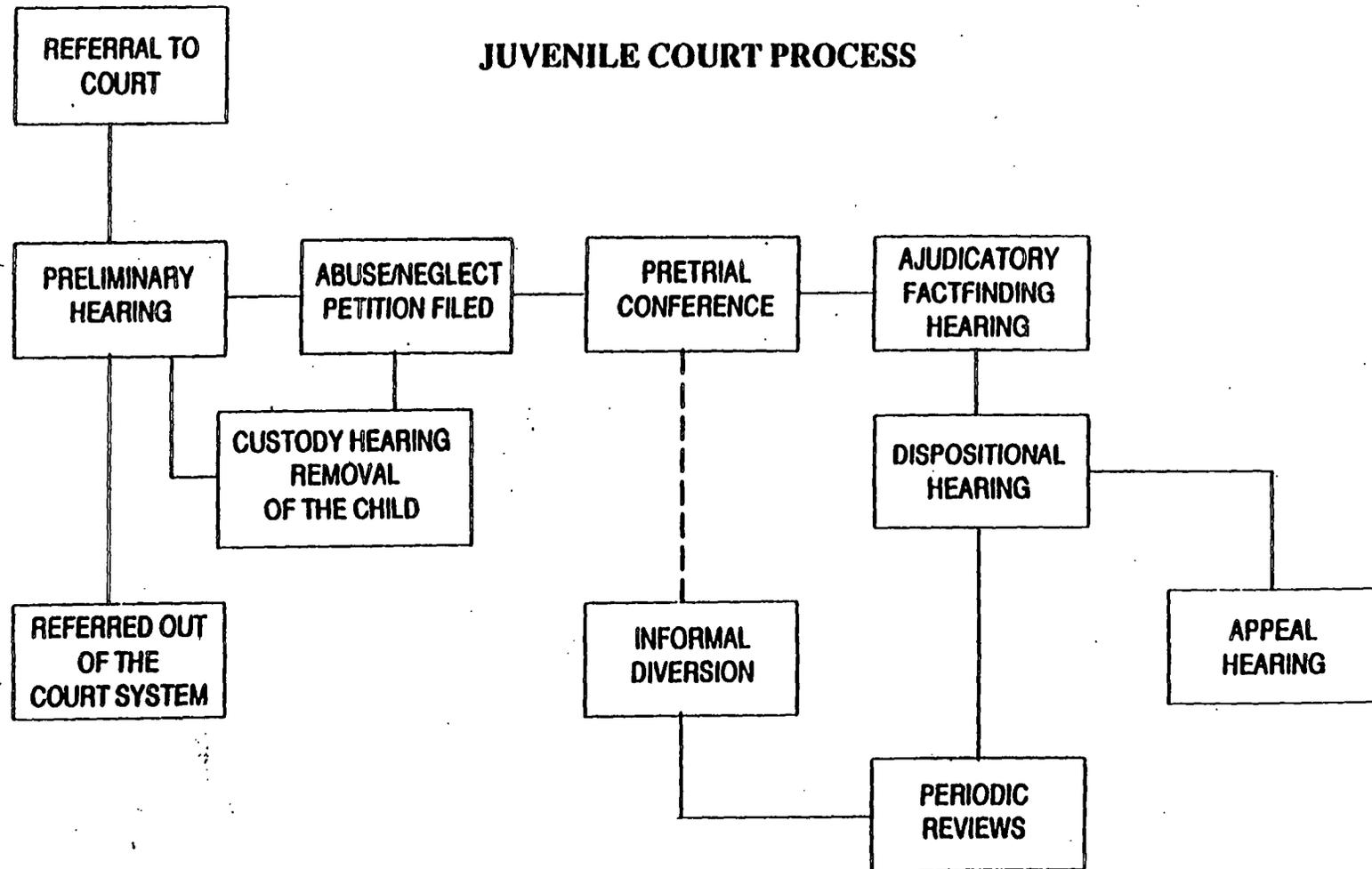


FIGURE 7





1. Child abuse and/or neglect is either the result of:

a. A deviant behavior pattern towards children which ignores the child's welfare and/or

or
b. The inappropriate conversion of external problems into abusive behavior.

2. Goals of therapy for offenders are as follows:

a. A primary goal is for offenders to learn to control their deviant behavior patterns.

b. A second goal is to place obstacles in the path of converting external problems into abusive behavior. These may include removing the offender from the home, developing a better parent-child relationship, and improving the ability of the victim to be assertive and to report any attempts at abuse or neglect. A key to minimizing the risk of reoccurrence is to strengthen the positive qualities of the parent-child relationship.

c. A third goal of therapy is for offenders and their families to learn to solve external problems in non-abusive ways. For example, the offenders need to deal with marital problems, depression and other life problems directly, without the use of inappropriate abusive acting out.

3. Offenders must take responsibility for child abuse without minimizing, externalizing or projecting blame onto others. Manipulation and denial are major behavioral overlays of the offense and the response to discovery.

4. Each parent must take responsibility for his or her own behavior and not the other's. Spouses are responsible for abuse only if they are involved in the abuse. They are responsible for denying and minimizing if they do so.

5. Child abuse is a treatable problem. Treatable is defined as helping the offender learn ways of minimizing the risk of reoffense. It does not imply cure.

6. Any dysfunctional family patterns resulting from or providing the opportunity for abuse need to be identified and changed. These may

include but are not restricted to isolation, poor communication, chemical dependencies, lack of boundaries and patriarchal entitlement.

7. Child victims are not responsible for being abused under any circumstances.

8. Child abuse is harmful to children.

9. An important goal of a child abuse program is to provide support to other professionals and to network effectively.

The most compelling reasons for committing resources to offender treatment are that:

Offenders represent a high risk group, most of whom will be released to the community at some point.

Appropriate treatment significantly reduces the likelihood of recidivism, with some offenders responding to treatment without costly incarceration.

The dynamics of many abuse cases demand an approach that includes the perpetrator in order to most effectively help his victim.

Treatment for offenders should include clinical services for both adult and juvenile offenders, and both incarcerated and on an out-patient basis. The need for juvenile services is frequently overlooked, perhaps because physical or sexual aggression in juveniles is often excused as "normal childhood exploration or acting out." It is important to provide services for this population, given the large numbers of adult offenders who report that their first offenses occurred in adolescence (with obvious implications for prevention). Victim treatment covers a wide variety of services for children that must be geared to the child's age and developmental level. Some combination of group and individual work must be available to differing age groups, with group work more feasible with adolescents (and more cost effective) and individual work more often necessary with younger victims. Any treatment program



CONFEDERATED TRIBES

OF THE WARM SPRINGS TRIBES OF OREGON

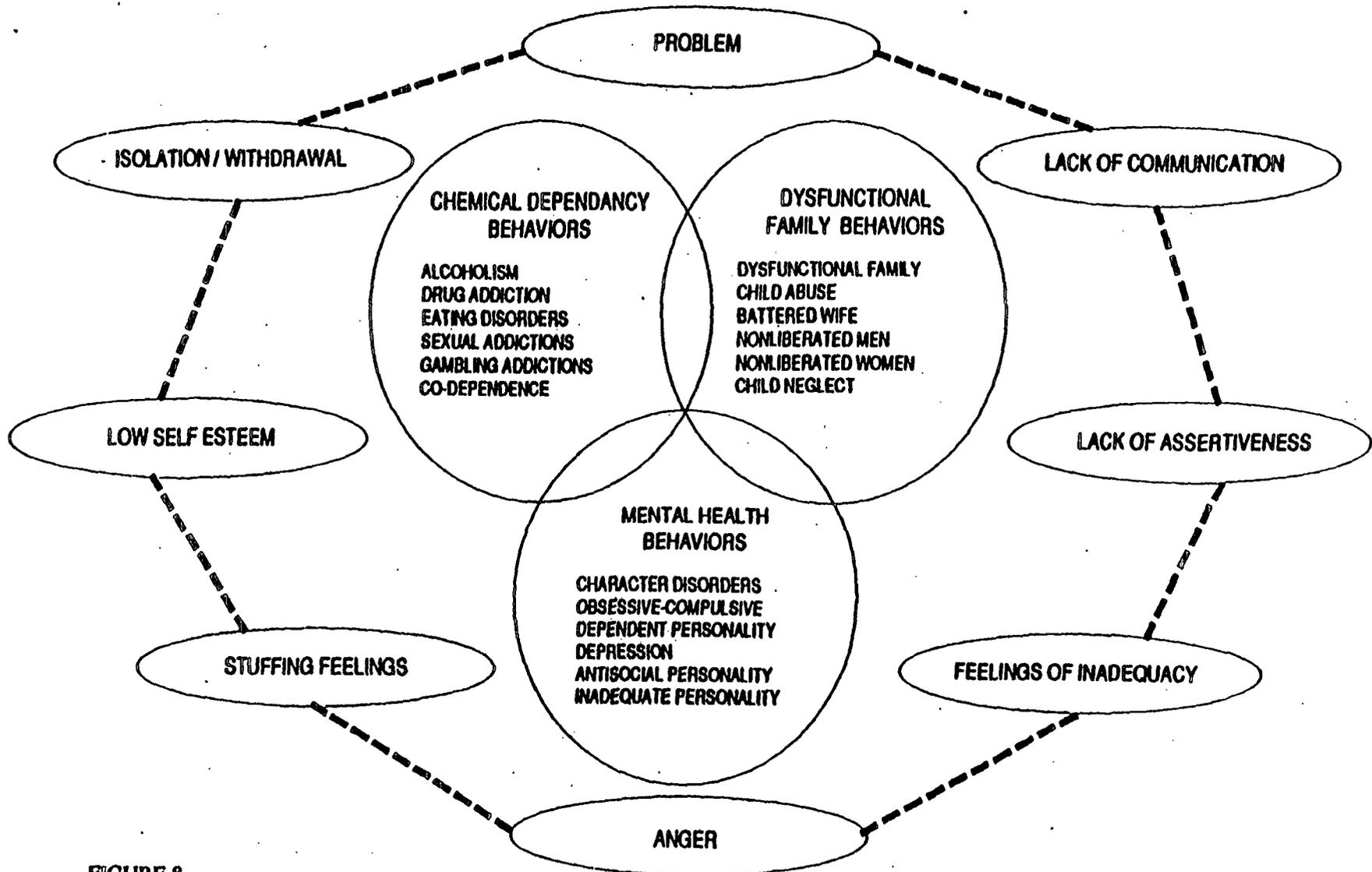


FIGURE 8



just also recognize the need, in various stages of treatment, for clinical work with different configurations within the family: couples, non-offending spouse/child, family group, and so on. Such work must be coordinated with other clinical efforts, as well as with Family and Youth Services staff and probation or corrections staff involved with the family.

Clinical experience in the most effective programs across the country for treating child abuse offenders has shown that the following differences must be accepted and assimilated into treatment programs in order to effectively treat child abuse offenders and other compulsive dysfunctional behaviors.

- Mandated Treatment
- Setting Treatment Goals
- Explicit Value Stance
- Setting Limits
- Limited Confidentiality
- Trust and Child Abuse Offenders
- Respect Versus Collusion
- Confrontation

Although offender treatment is crucial in preventing child abuse, treatment of the spouse and child is also essential, since it contributes both to their own healing and to the rehabilitation of the offender. The spouse can be key in identifying the chain of behaviors leading to abuse and in intervening to interrupt the chain. She forms an important external barrier to reoffending, whether or not the offender's victims are in the home. Though the child's treatment is focused primarily on her own recovery, in the process she should learn assertiveness and communication skills that should make reoffense or further abuse more difficult. Group treatment for abused children has been frequently recommended and well described in the literature. Unquestionably, group treatment is an effective method for treating victims.

Groups reduce isolation and facilitate peer relationships in a manner not possible in individual therapy. Therapy for abused children should be specific to the dynamics of the abuse. It should address in a hierarchy of importance the particular fears and dilemmas that such children face:

- Perception of Safety
- Empowerment
- Expression and Ventilation of Feelings
- Education About Child Abuse Offenses
- Sex Education
- Assertiveness and Communication Skills
- Guilt, Trust and Ambivalence

Perception of safety, empowerment, expression and ventilation of feelings, education about child abuse offenses, sex education, assertiveness and communication skills, guilt, trust and ambivalence are all important issues to address with an abused child. By addressing them explicitly in a sequence that supports the emerging needs of the child, the therapist can remove impediments to the child's own natural ability to heal and thus can aid and abet the child's own process of recovery from abuse.

VIII. RESPONSES TO CHILD ABUSE AND NEGLECT ALLEGATIONS

A. REPORTING LAWS AND PROCEDURES

Any one having direct knowledge of abusive or neglectful acts or behaviors against children, including adult family members, are required to immediately report such behavior to the Tribal Police or the Juvenile Department. Certain professionals and others who regularly come into contact with children and who have "reasonable cause to believe or suspect" an alleged case of child abuse or neglect are required to report it. Any other person may report suspected child abuse or neglect for which they have no direct knowledge, but they are not required to. In our society, failure to report direct knowledge of an act of child abuse or neglect is itself an act of child abuse and neglect.

1. Mandatory Reporting

Section 305.140 of the Tribal Code requires that any person whether private citizen, private official, or public official who has reasonable grounds to believe that a child with whom he has contact has suffered abuse, or that any adult with whom he has contact has abused a child shall report such information to the Warm Springs Tribal Police Department or to the Warm Springs Juvenile Department forthwith.

Teachers, doctors, health care professionals, social service workers and others who come into regular contact with children and who, by virtue of that contact, have reasonable grounds to believe a child has been abused or neglected are under a special obligation to report such information. Nothing in the foregoing shall affect the privilege usually afforded communications between psychiatrist, psychologists or

attorneys and their clients or clergymen and their parishioners. All other privileges shall not be grounds for excluding evidence regarding child abuse or the cause thereof.

Any person submitting a report in good faith as required by the Tribal Code, who has reasonable grounds for making thereof, shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making or content of such report. Any such participant shall have the same immunity with respect to participating in any judicial proceeding resulting from such report. A violation of this section shall be punishable by a fine not to exceed \$500.00.

2. Reporting Process

The primary goal of our reporting law is to assure the identification of problems as early as possible so that appropriate action may be taken on behalf of children and families. The Tribal Code provides for reporting to either the Tribal Police or to the Juvenile Department. Immediate incidents which are violent, criminal or dangerous to the child or other family members, or those situations in which the person reporting feels the child should be placed in protective custody or examined by medical personnel should be reported directly to the Tribal Police.

Suspected child abuse or neglect cases may be referred or reported to the Tribal Police or to the Juvenile Department from a variety of sources, including school personnel, physicians, nurses, neighbors, relatives, juvenile counselors and social workers. The manner in which our authorities respond to such reports can affect the willingness of such persons to stay involved in a case through the investigative and, if appropriate, the adjudicatory phases of a case. All reporters should be given support and recognition for their decision to report. The

person taking the report should elicit any concerns of the reporter concerning fear of the family's reaction, and should let the reporter know the circumstances which could result in the reporter's identity being revealed. The reporter should be informed of their legal protections under the Tribe's reporting laws, and should be assured that they will be informed of the final disposition of the case.

Whether a report is given to the Tribal Police or to the Juvenile Department, the information needed to establish a reasonable cause to believe child abuse or neglect has or is occurring is the same. Getting adequate and accurate information from a person reporting a case of suspected child abuse or neglect is the first step in an investigation. It is important to obtain as much information as possible to support subsequent steps of the investigation. This information should include:

- Name, Age, and Address of the child.
- Present Location of the child if different from above.
- Name and Address of parents of the child.
- Location where incident occurred.
- Present Location of the parents.
- Where parents can be contacted.
- The Incident or Circumstances that prompted this report.
- Name of Person alleged to be responsible for abuse or neglect
- Address of Person alleged to be responsible for abuse or neglect
- Any known History of prior incidents.
- The Present Condition of the child.
- Any Action taken to protect the child.
- Name and Address of any witnesses.
- Names and Relationships of other adult household members.
- Names and Ages of siblings who are in the home.

- Names of other individuals or agencies that know the family.
- Name, Address and Relationship or circumstance of the person reporting.
- Reporter's willingness to have name revealed to family.
- Reporter's willingness to participate in the assessment/investigation.
- Any Personal Involvement with child or family by the person reporting.
- Time and Date of the Report.

3. Victim Reports and Disclosure

The time at which children report abuse varies. Sometimes the disclosure is an attempt to prevent current abuse from continuing. In other instances the revelation comes long after its last occurrence. Motivations vary. Sometimes a school presentation or a public service announcement alerting victims to available community resources and encouraging them to seek help triggers the disclosure. Sometimes a question by a parent or remark by a friend provides an opportunity to speak out. In many cases it takes years for the child to muster the nerve to risk the anticipated consequences of disclosure.

In a substantial number of cases, a report of abuse is elicited by adults who question the child because of some unusual or suspicious behavior they have observed. It is therefore important to remember that numerous psychological and developmental factors affect how children report and describe abuse.

a. Reliability of child-victim reports

The controversy surrounding the reliability of child-victim witnesses runs from children live in a fantasy world and can not be believed to assertions that children never lie. Neither

assumption is correct. Unfounded or unsubstantiated reports from children does not mean that a child has made a false accusation. Unfounded reports may be the result of vague complaints, unfounded suspicion, incomplete investigation or lack of evidence. Rarely are they attributable to deliberate deceit or lying by children. Rather than fabricating or exaggerating incidents of abuse, children are far more likely to minimize and deny abuse because of fear. Physically abused children tend to cover up the abuse by offering alternative explanations while victims of sexual abuse recant or refuse to repeat a disclosure to avoid the pain. There is little evidence that small children are capable of fantasizing abuse experiences since imagined events normally have some basis in actual experience or knowledge. Older children might have delusions, but these are usually based on actual events and only occur in conjunction with severe and obvious psychiatric disorder.

b. Children's Memory and Suggestibility

Both adult and child witnesses are unable to remember experiences exactly as they occurred, and there is little evidence to support the conclusion that children are substantially less reliable or are more suggestible than adults. There are developmental differences in the ability of children to recall events. Children provide less information in free recall processes than adults and do require some assistance or prompting. They are unable to remember peripheral details completely but their memory for the central event is quite precise and accurate. Young children cannot provide accurate and precise information about time and sequencing. Children, like adults, will have difficulty recalling and distinguishing separate incidents of abuse if they have been repeatedly abused. What this means is that children remember differently than adults do because of less developed cognitive capacities. Children

recall less, but what they do recall is no less accurate than adults.

c. Delayed Disclosure

Like the child who accommodates the abuse by repeatedly returning to the abuser, delayed disclosure can be a troublesome issue in child abuse cases. A variety of understandable factors will cause an abused child to conceal the abuse for long periods. Fear, shame and concern about whether they will be believed are paramount in a victim's mind. Generally, victims will wait for a safe time to reveal abuse. Often the delayed disclosure will come at a time when suspicion of a child-victim's accusation is heightened, such as a custody or divorce hearing. At such times the abuser may be less of a threat due to close scrutiny and there may also be a fear in the child that the abuser may end up with custody. Another inopportune time for disclosure is during periods of behavioral problems. Serious behavior problems often result from abuse, and are a signal that the child can not tolerate the situation any longer. The likelihood of disclosure at this time is therefore strong.

d. Recanting

A common problem symptomatic of child abuse is the victim's propensity to recant or retract earlier allegations of abuse. Such retractions occur often. Keep in mind that the child's fears, which kept her from reporting, may very well come true once the abuse is disclosed. The child may not be believed. If believed, the child may be blamed. The offender may be arrested, the child's parents separated and family members or friends may take the offender's side. The child may be considered dirty or a freak, and she may never enjoy the respect of affection she once had with family and friends. The child may also be rejected openly or subtly by most

of the important people in the child's world. Such pressures are intense and difficult to withstand for adults, let alone young children. Thus it is no wonder that recanting is frequent in abuse cases.

e. Expectations of Reporting

Children do not ordinarily report abuse in order to have the offender prosecuted. Many do not even know it is a crime or that children are protected by laws. They definitely do not understand the requirements, procedures, or laws governing criminal investigations and prosecutions. Most children want the abuse to stop, and many understand punishment. But a long prison term or the break-up of the family may be unexpected, and the child may feel responsible. Investigators and prosecutors must make it clear to the child that they and not the child are responsible for the outcome of the disposition of a case. This must be communicated to the child at the outset and reinforced frequently to avoid the child's feeling responsible for harm to the offender increasing the victimization of the child.

4. Adult Reporting Reliability

Not all reports of suspected child abuse or neglect will result in official charges or actions by the Juvenile Court or Tribal Police. It may be necessary to evaluate the motives of the reporter if there is a personal involvement with the family or if there appears to be an ulterior motive for the report. It is a good idea to approach all reports with an open mind, and not to lose sight of the fact that the report itself does not prove a case of neglect or abuse.

The following questions, taken as a group, will help to focus on the possible motives and reliability of the reporter:

- Is the reporter willing to give his name, address and phone number?
- What is the reporter's relationship to the victim and the family?
- If the reporter knew of prior abuse, why is he reporting now?
- Does the reporter stand to gain from reporting or from the investigation?
- How well does the reporter know the family?
- If referred by a professional, is the agency trying to pass a case on?
- Has the reporter made previous reports? Were they valid?
- Is the reporter willing to meet with the investigator personally?
- Is the reporter bitter, angry, drunk or otherwise less than competent?
- How does the reporter know about the alleged incident?
- How much does the reporter know about the alleged incident?
- Is the report based on personal knowledge or hearsay?

B. INTAKE

Once a report is received, an investigation is begun. Figure 4 shows the investigative process. The Tribal Code provides for such reports to be received by either the Tribal Police or the Juvenile Department. Coordination and cooperation between these agencies is essential for proper investigation and disposition of cases. In addition, certain cases may immediately raise federal violation issues and in such event, BIA and FBI investigators should be notified and involved. A team approach is the most effective way of handling child abuse cases. There is a delicate balance which must be maintained between criminal investigation requirements and child protection and family custody requirements. Protection of the child, when appropriate and necessary, is the initial objective of the investigative phase. Once the safety of the child



CONFEDERATED TRIBES

OF THE WARM SPRINGS RESERVATION

THE INVESTIGATIVE PROCESS

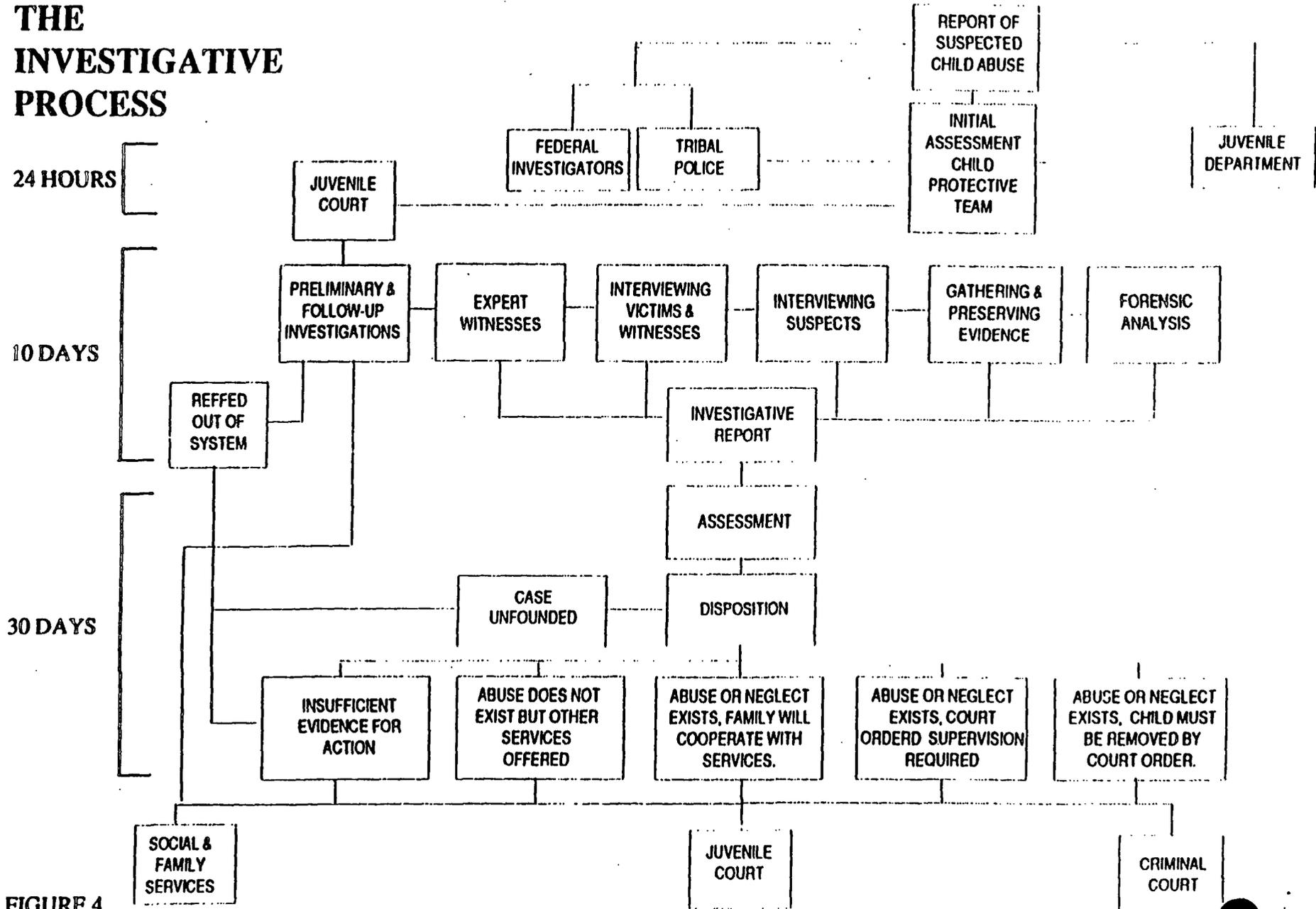


FIGURE 4

is assured, the investigation process can proceed in a normal fashion. It is the policy of the Warm Springs Tribal Council that all investigations involving federal jurisdiction be jointly investigated, and that all child abuse or neglect cases be handled through a team approach.

The traditional objective of a criminal investigation is the discovery of evidence which can be used to prove that a crime has been committed, and that a specific individual or individuals committed the crime. Child abuse and neglect investigations differ in purpose from traditional investigations in that their focus is on the protection of the child first and the identification and rehabilitation/prosecution of the abuser second.

Tribal Police have the primary responsibility for investigative decisions in child abuse and neglect cases including:

- Whether or not to immediately investigate the initial report or refer the matter to the Juvenile Department and Juvenile Court for initial contact.
- Whether or not there is probable cause to believe that imminent danger to the child exists and that entry into the home is legal for purposes of investigating suspected abuse and neglect.
- Whether or not to place a child in protective custody.
- Whether or not an arrest should occur.
- Whether or not federal investigators should be notified.

The Juvenile Department has the primary responsibility for child protection and family custody decisions in child abuse and neglect cases including:

- Whether or not to immediately refer the

initial report to Tribal Police or to investigate the matter under civil jurisdiction.

- Whether there is a basis for filing a petition for civil jurisdiction and Juvenile Court authority over the matter.
- Whether there is probable cause to remove a child from the home environment or should the offender/perpetrator be removed.
- Whether a child should be placed under the control of the Juvenile Court.
- Whether a child should be placed in temporary or long term foster care.

In considering the roles and objectives of the Tribal Police and the Juvenile Department as the designated receivers of child abuse and neglect reports, it is well to remember that while the team approach is the most effective means of assuring a proper response to child abuse and neglect, the team approach requires extensive communication from initial report or discovery until final disposition. The functions of child protection and criminal investigation are distinct and separate. Tribal Police, the Juvenile Department, the Tribal Prosecutor and the Juvenile Court need to recognize their appropriate role distinctions in a team environment.

1. Emergency Procedures and Protective Custody

In some abuse and neglect situations, it may be necessary for the investigating Tribal Police officer to take immediate action to gain entry into the home to determine whether a child is in eminent danger within the home. These situations include those in which the child is in "imminent danger" if the child remains in the home, or those in which the child requires emergency medical treatment. Police actions may include bringing a homemaker into the home, detaining the child in a medical facility,

or placing the child in an emergency foster home or juvenile shelter. Investigators are frequently required to make such determinations and therefore must be familiar with the legalities, procedures and resources available for implementing these decisions.

In many cases, the ability of the officer to gain entry will be directly related to the officer's initial approach to the family. Many times if the officer appears concerned and sympathetic to the problem and explains his role as insuring the health and safety of the child he will be able to gain voluntary entry. In some cases, however, the officer may not receive permission to enter. This can occur when no adults are present within the home and the child is too young or unwilling to open the door. It might also occur when the parents refuse to allow the officer to enter.

Under our Tribal Law, officers have a legal right to forcibly enter the home under certain circumstances, including situations in which the officer has probable cause to believe that a child inside the home is in imminent danger. Additionally, in some situations, the officer may forcibly enter a home based on his having a probable cause to believe that a crime is being committed within the home. Absent an order from the Juvenile Court that a child be taken into custody based upon a belief by the Court that a child is in need of supervision as alleged in a petition filed with the Court, an officer may take a child into custody when there are reasonable grounds to believe that there is real danger to the health, safety or welfare of the child, when reasonable grounds exist for the arrest of an adult in incidental circumstances or when there are reasonable grounds to believe that a child has runaway from a parent, guardian or custodian. Any person who takes a child into custody without a court order must prepare and

file a report to the Juvenile Court containing sufficient information to support probable cause to detain or supervise the child.

The decision as to whether or not the child is safe in the home may be the most crucial step in the investigative process. If the child is in immediate danger of further abuse, injury or neglect, the officer must take whatever steps are necessary to insure the child's safety before proceeding with the investigation. Deciding to remove a child on an emergency basis may be difficult in view of the disruptions that such removal will cause. When possible, it may be more effective to remove the alleged abuser/perpetrator. Also, whenever possible, a decision to remove a child should involve consultation with the Juvenile Coordinator or other representative of the Juvenile Court. It may also require an evaluation by an appropriate physician.

In deciding whether protective custody is warranted, the officer should be guided by facts and evidence available to support his decision considering the following factors:

- The maltreatment in the home, present or potential, is such that a child could suffer permanent damage to body or mind if left there.
- The child is in immediate need medical and/or psychiatric examination or care and the parents refuse to provide it.
- The child is already physically and/or emotionally damaged by the home environment or by individuals in the home and requires a supportive environment in which to recuperate.
- The child's age, sex, physical, or emotional condition renders him/her incapable of self-protection, or for some reason constitutes a characteristic the parent finds completely intolerable.
- The evidence suggests that the parents are torturing the child, or systematically resorting

to physical force or severe neglect or withholding care or nourishment which bears no reasonable relation to discipline or acceptable parental authority.

The physical environment in the home poses an immediate threat to the child.

In addition, the officer may consider the following findings as a signal for protective custody if they are accompanied by evidence of physical or mental injury from abuse or neglect:

Parental anger and discomfort with the investigation which will be directed towards the child in the form of severe retaliation. (Such information could be gained through a review of past parental behavior, statements and behaviors of parents during the investigative interview or from reports of others who know the family.)

Evidence that suggests that the parents are so out of touch with reality that they can not provide for the child's basic needs.

There is a history of the child being hidden by the family from the authorities.

There is a history of prior offenses or allegations of sexual abuse, child abuse or child neglect.

There is a total resistance to the investigation by the parents.

Where a child is in imminent danger of physical or emotional harm from which the parents can not or will not protect him/her, he/she may be involuntarily removed from his/her parents subject to a Juvenile Court hearing. Remember that imminent means sooner than the normal time for a protective court order from the Juvenile Court to be drafted, signed and served, and that physical or emotional harm means substantive harm which can be documented by an examination by professionals. Also remember that where appropriate, it is preferable to remove the alleged offender/perpetrator.

2. Screening & Initial Determination

It may be apparent from the information provided by a reporter that the event or incident does not describe abuse or neglect as defined and interpreted under the laws and policies of the Confederated Tribes of the Warm Springs Reservation. If it appears from the initial assessment of the information provided that the incident does not constitute abuse or neglect, no police investigation will be undertaken, the person who made the report will be so notified, and may be counseled as to what acts or omissions by parents, guardians or caretakers constitute abuse or neglect under Tribal Law.

Because the grounds for Juvenile Court jurisdiction and involvement are broader than the criminal definitions of child abuse and neglect, and because the emphasis of our Tribal Policy is on prevention and early treatment for families at risk, the Juvenile Department may continue with an investigation and evaluation. The purpose of such further investigation is to determine the level of risk within the family and make a finding thereto, to offer appropriate ameliorative services in support of the family, and to ensure that these services are being rendered effectively in conjunction with a specific treatment plan. The steps in these civil actions on behalf of children and families are discussed below.

If the agency which receives the abuse report determines from an initial assessment that the facts reported, if true, do constitute abuse or neglect as defined by Tribal Statutes, federal statutes or Tribal Policy, Then an investigation and assessment will immediately occur involving the appropriate investigative entities.

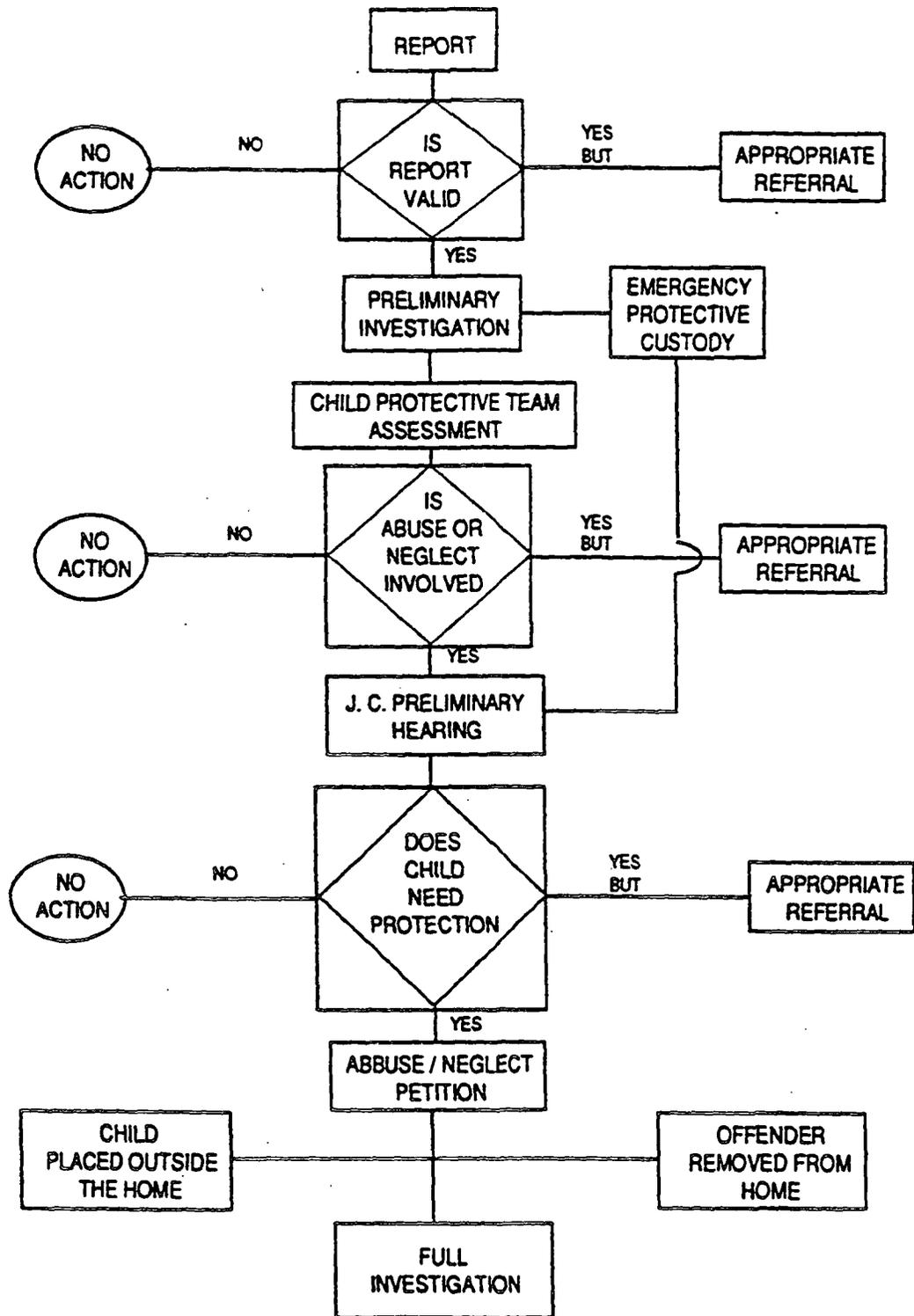
Answers to the following questions, when taken together as a group, can serve to determine the need for an immediate investigation:



CONFEDERATED TRIBES

OF THE WARM SPRINGS TRIBES OF OREGON

THE FIRST 24 HOURS



- How severely was the child harmed? The more serious the harm to the child the more prompt the response should be.
- Does the child need medical attention?
- What is the age of the child? The younger the child the greater the risk.
- Has there been any previous abuse or neglect? If a pattern is established the greater the risk to the child.
- Is parental behavior a danger to the child? Parents who abuse alcohol or drugs, are actively psychotic or are aggressive and volatile are a greater risk to the child.
- Is the child alone or abandoned? The age of the child, the length of time the child has been alone, the time of day and proximity to other people must be considered when determining urgency.
- Is the situation chronic or acute? Acute situations indicate the need for a more immediate response.
- Is the child currently safe due to hospitalization or other emergency care?

C. INVESTIGATION

When a Tribal Police officer or Juvenile Department official is assigned to investigate a possible child abuse or neglect situation, the decisions the officer or official make can have a profound impact on a child and on it's family. In severe situations these decisions may save the life of a child. The investigator must detach him/her self from the emotional aspects of a case and conduct a comprehensive and in depth investigation of every case.

When an investigation of suspected child abuse or neglect is begun, the investigator should obtain as much information as possible concerning the nature and extent of the incident. The purpose of the investigation is to gather sufficient reliable information, evidence and facts to determine 1) whether abuse or neglect

has occurred, and the nature or extent of injury to the child-victim, 2) whether or not and what kind of crime has been committed, 3) who is the alleged perpetrator, 4) whether the child needs immediate assistance or protection, 5) what physical conditions, family problems or adult behaviors contributed to, caused or resulted in abuse or neglect, and 6) whether intervention by law enforcement, the Juvenile Court or Family services is necessary or appropriate. The investigator will utilize all available sources of information including:

- Face-to-face contact with, and physical examination of the subject child.
- Contact with the child's parents or caretakers.
- Contact with the person reporting the abuse.
- Contact with others such as doctors, teachers neighbors, witnesses, etc. who may have relevant information.
- Identification and documentation of physical evidence.
- Review of collateral sources of information, such as school records, hospital records, and records from the Juvenile Department, Family Services or Tribal Police reports.
- Contact with the alleged perpetrator.

Because the Tribal Code requires an immediate investigation of reported child abuse or neglect, the investigation may take place at any hour of the day or night. The investigation may take place at any location where the child and evidence or information about suspected abuse or neglect is or may be found, including hospitals, schools, day care centers, businesses and private residences.

1. Methods and Documentation

Proper investigative procedure and documentation is one of the most important aspects of a thorough investigation. The investigator's

ability to communicate his/her findings in a logical and sequential manner is critical to any subsequent action which might occur as a result of the investigation. The following headings are designed to provide the investigator with an organizational format that should be included in the documentation process. The recommended headings are listed in the order that the information should appear in the body of the report. Keep in mind that this is not an exhaustive list and could be expanded according to the circumstances encountered by the investigator.

THE INVESTIGATIVE REPORT

Initial Information Briefly describe the situation as it was made known to you or was discovered by you. Give an overview of the progression of events and facts that are presently available.

Location Provide an exact location of the scene where the incident occurred, including street address or approximate location from cross streets. Indicate Reservation, village or town, county, and state.

Time and Date Include the time, date, and day of the week that the incident occurred. Also include the time, date and day of the week that a report or discovery of the incident was received.

Interview with Reporter or Complainant Include the time, date, and place of the interview, and the name of the interviewing investigator. Provide a detailed account of the information provided by the reporter or complainant.

Victim Indicate the name, race, sex, date of birth, current age, height, weight, home address and phone number of the victim.

Suspect/Perpetrator Provide the suspect or

perpetrator's full name, race, sex, date of birth, current age, height, weight, home address and phone number of the suspect/perpetrator. Include aliases and relationship, if any, to the victim.

Witnesses Identify any witnesses to the incident by full name, addresses and phone number. Include the witnesses' relationship to the victim. (Neighbor, family relationship, teacher, etc.)

Injuries List all of the injuries, physical and emotional, received by the victim during the incident under investigation. Also list any suspected older injuries, both physical and emotional, that may have been discovered as a result of this investigation.

Medical Attention Describe whether and when medical attention or examination was sought, the date, time, and place of the treatment or examination, others present during the treatment or examination, and the name of both the doctor and the hospital or medical facility where the medical attention or examination was received or provided. If no medical attention or examination was sought, state why.

Interview with Physician Provide the date, time and location of the interview, others present during the interview and the name of the interviewing investigator. List the full name, address, title or medical specialty and phone number of the person being interviewed. Indicate the exact nature of the injuries, including the physician's opinion as to how the injuries occurred. Also indicate if the physician was a witness to any spontaneous utterance by the child or family member.

Interview with Emergency Room Staff Provide the date, time and location of the interview, others present during the interview,

and the name of the interviewing investigator. List the full name, address, and phone number of the person being interviewed. Include any information that a member of the emergency room staff may be able to provide. Of particular importance are any spontaneous utterances by the child or a family member.

Photographs Take photographs whenever appropriate. Provide the name of the person who took the photographs, the date, location and time that they were taken. Indicate the type of camera, and whether the photographs are in color or black & white. If photographs were not taken, indicate why.

Evidence List any physical evidence that is seized at the scene and where it is located. Provide information as to how the evidence was tagged, what forensic analysis has or will be made by whom, and the location where the evidence is stored.

Arrest Indicate the date, time, and location of arrest and what offense the suspect was charged with.

Lodged Indicate where the suspect was lodged and include the time and names of the officers involved.

Advice of Rights Indicate whether the suspect was read his/her rights per Miranda and whether or not the suspect agreed to be interviewed. (Due to possible federal charges, all suspects should be Mirandized at the time of arrest.) Provide the name of the officer who actually read the rights and the time, date, and location of this activity.

Interview with Victim Include the date, time, and place of the interview, others present during the interview, and the name of the interviewing investigator. Describe the victim's account of

what happened. This section should be very detailed and provide a thorough review of the incident from the victim's perspective.

Interview with Suspect If the suspect has not been arrested and has voluntarily provided information, so indicate. Include the date, time, and place of the interview, others present during the interview, and the name of the interviewing investigator. If the suspect has been arrested and understands his/her Miranda rights and agrees to be interviewed, so indicate. Include the date, time, and place of the interview, others present during the interview, and the name of the interviewing investigator. Describe the suspect's account of what happened. This section should be very detailed and provide a thorough review of the information provided by the suspect.

Interview with Witnesses Provide the date, time and location of each interview, others present during the interview and the name of the interviewing investigator. List the full name, address, and phone number of the person being interviewed. Provide a detailed account of the information provided by each witness.

Expert Witnesses or Counselors Identify any expert witnesses consulted by full name, address, area of expertise and phone number. Indicate the time, date and place of the contact, others present during the contact, and the nature of the contact.

Report of Expert Witnesses Provide a detailed account of the information, opinions or analysis provided by the expert witness.

Prosecutor Contacted Indicate the date and time the Tribal Prosecutor's office was contacted. Describe what action was authorized or what future activity may result.



Juvenile Court Contacted Indicate the date and time the Juvenile Court was first notified. If removal of a child is anticipated, indicate the time, date and representative of the Court involved. Describe what action was authorized or what future activity may result.

Other Law Enforcement Agencies Contacted Indicate the time, date and the name of the representative of other law enforcement agencies contacted. Describe the outcome of the contact, any action taken, joint investigation decisions, or other relevant information.

Family and Social Service Agencies Contacted Indicate the time, date and the name of the representative of Family Services, Juvenile Services or other helping agencies contacted. Describe the outcome of the contact, the status of any therapeutic assessments, any action taken on rehabilitation and treatment plans, or other relevant information.

2. Evidence Awareness

During an investigation, The officer or investigator has several key objectives. first is the protection of the victim. Second is the discovery of facts which disclose what has happened. Based upon these facts, a determination can be made regarding criminal or civil action, further protection and assistance to the victim, family assistance needs, offender treatment, and other relevant issues. The proper awareness and collection of facts through interviews and physical evidence is therefore essential

a. first on the scene

The first investigator to arrive on the scene should first see to the safety of the alleged victim and any siblings. Emergency medical treatment should be secured if required. In case of severe injury, take any dying declarations. In

the case of a child death, remove any other children even if there is no evidence of injury to them. Secondly, the investigator should make his preliminary observation of the scene, keeping in mind search and seizure laws and procedures. Look through the house or scene for other children and all others present. Identify any witnesses. If necessary to maintain the integrity of the crime scene, call for back-up.

b. Evidentiary procedures

It is preferable for one officer to be placed in charge of evidence collection to insure a proper chain of custody. If a child must be taken to the hospital, return to the scene immediately or call back up before leaving to maintain the integrity of the crime scene. Before removal, each item should be photographed in place as found in both black and white and color. The exact location should be measured and recorded before collection. Each item collected must be recorded in the officer's report or memo book with the date, time of collection and it's condition when collected. Each item must be marked so that it may be positively identified by the collecting officer. If marking is impossible without damaging or altering the evidence, it must be securely tagged or placed in an envelope or container. Those items which are to be examined by forensic or medical laboratories must be properly packaged an forwarded.

c. Sample physical evidence

Many types of physical evidence may be present and help to establish facts in an investigation. Such physical evidence may include:

- weapons: knives, guns, bats, blunt instruments, paddles, belts, etc.
- hair and fibers
- blood stains, semen stains, other body fluid stains or skin

- fingerprints, visible and latent
- footprints, shoe and tire impressions
- Tool impressions
- glass fragments and paint scrappings
- documents, handwriting and typewriting
- dish pans, irons, cigarette lighters, hot plates or other burn agents
- coat hangers, electrical cords, thongs, ropes or other restraints

d. Forensic evidence

Items which will be sent to medical or forensic laboratories for analysis, identification or physical examination may include a variety of biological evidence such as blood stains on clothing, hair, fibers or skin found on the victim and/or weapon, and semen stains on clothing or a handkerchief.

e. Photographic evidence

When photographing the scene, both color and black and white film should be used. Photographic evidence can both record complex detail and establish exact physical relationships. When photographing the scene, include places where possible excuses or accidents occurred. The injured should be photographed at the hospital in both color and black and white.

f. Warrantless and consent searches

Investigators may make warrantless searches and seizures with the consent of responsible adult family members, in exigent circumstances, when evidence is in plain view and when such searches and seizures are incident to an arrest.

A consent search may be the quickest and easiest way to gather evidence, but certain steps should be documented to assure the validity of the search in subsequent court proceedings. The consent should be in writing, it should be

signed by the person giving consent, and the person giving consent must know that he/she has the right to refuse. Such consent searches, if freely and intelligently given, will validate a warrantless search

The exigent circumstance test permits police to make warrantless entry to effect and arrest when exigencies or urgency of the situation make that course imperative. This includes the Terry test, where a police officer observes unusual conduct which leads him to reasonably conclude in light of his experience that criminal activity may be afoot and that the person with whom he is dealing may be armed and presently dangerous, and where in the course of investigating this behavior he identifies himself as a police officer and make reasonable inquiries, and where nothing in the initial stages of the encounter serve to dispel his reasonable fear for his own and others' safety, he is then entitled for the protection of himself and others to conduct a carefully limited search of the outer clothing of such person in an attempt to discover weapons which might be used to assault himself or others.

The plain view doctrine in a search and seizure context covers object falling in plain view of a officer who has the right to be in position to have that view. Such objects in plain view are subject to seizure without a warrant and may be introduced in evidence. Such warrantless seizure of incriminating evidence may be permitted when investigators are lawfully searching a specified area if it can be established that the police had prior justification for intrusion into the area searched, that police inadvertently came across the item seized, and that it was immediately apparent to the police that the item seized was evidence.

The incident to arrest test allows an officer who has the right to arrest a person either with or without a warrant to search the person and

the immediate area of arrest for weapons. Police officers may search, as a part of the routine procedure incident to incarcerating an arrested person, any container or article in the arrestee's possession in accordance with established inventory procedure.

g. Search warrants

If a period of time has elapsed at a crime scene or if the initial investigation reveals details supporting the search and seizure of evidence at the crime scene or some other location, a search warrant should be obtained. A search warrant may only be issued with probable cause. In child abuse cases, the investigator is the affiant and must be able to establish the probable cause, ie. that there is a substantial objective basis for believing that more likely than not an offense has been committed.

To obtain a valid warrant, the affiant must allege that a crime has been committed, allege the instrumentality of the crime, and allege a belief that the item or items are on the premises to be searched. If the original person reporting the incident is the source, establish the reliability of this individual. If the victim is the informant, establish corroborating evidence. If a doctor has been consulted, indicate relevant information and the probable instrument of the beating, assault, etc. After execution of a search warrant, an officer must immediately return the warrant to the court together with a complete inventory of the items or articles taken. The inventory must be made before witnesses or in the presence of a person from whose possession it was taken. The officer must also deliver a copy of the inventory as soon as possible to the person whose items or articles were taken.

Sections 6-17 through 6-20 of the Warm Springs Tribal Court: Rules of the Court provide somewhat limited guidance on procedures, contents and standards for search warrants. It is

prudent, therefore, to follow federal procedures, especially if a possible federal prosecution is involved. Federal procedures are outlined in chapter 41 of the Federal Rule of Criminal Procedure.

3. Observations at the Scene

Even with the information given in the initial report, the investigator never knows what to expect at the scene when initiating an investigation. Observation of the people present at the scene, their physical and emotional condition, the place of the alleged incident, and the physical condition of the home will help determine whether the report was accurate, the severity of the situation, whether there is ongoing hostility or danger, and whether emergency or protective procedure are required. While observation is a critical part of the investigative process, it is also the most subjective. As a result, it is important to substantiate observations with objective data and evidence. Observations and subsequent reports should note any indications of abuse and neglect found at the scene.

a. The Child and Other Children

Physical observations indicative of child physical abuse include:

- Bruises and welts on several surfaces of the body
- Injuries in various stages of healing
- Injuries reflecting the shape of the article used
- Burns, especially on soles, palms, back or buttocks
- Glove or sock immersion burns or burns the shape of the hot object
- Wraparound injuries, bruises or welts
- Fractures, especially multiple or spiral fractures
- Lacerations, cuts or abrasions.

Physical observations indicative of child sexual abuse include:

- Difficulty walking or sitting
- Torn, stained or bloody underclothing
- Pain or itching in the genital area
- Bruises or bleeding in the external genitalia, vaginal or anal areas
- Venereal disease especially in pre-teens
- Pregnancy

Physical observations indicative of physical neglect include:

- Consistent hunger, poor hygiene, inappropriate dress
- Consistent lack of supervision, especially for long periods
- Unattended physical problems or medical needs
- Abandonment
- Malnutrition and failure to thrive

b. The Parents and Other Adults

Observation of parents and other adults will tend to center on emotional conditions and attitudes. Since involved adults are more capable of deception, denial, rehearsal and concealment, the interviewer should be suspicious if a parent or guardian:

- Explains the child's condition in a way that could not occur
- Suggests the child did something physically or developmentally improbable
- Blames the child for its injuries
- Is unconcerned or unduly concerned
- Tells a story that seems rehearsed
- Seems unduly defensive or anxious about their own situation
- Resists telling what happened
- Has no explanation for a child's injury
- Attempts to conceal an injury or the identity of the person responsible

c. Family Conditions and Functioning

Observations of family conditions and functioning are an important aspect in most child abuse cases. There is a high correlation between dysfunctional families and child abuse incidents. The interviewer should be suspicious if:

- The parent seems at wits end or unable to deal with their children
- The parent describes the child in negative terms
- The parent believes the child is unloving and ungrateful
- The parent seems to have poor impulse control or is overwhelmed by crisis
- The parent appears to be emotionally deprived or have low self-esteem
- The home life is chaotic and parents seem unable to cope
- The parents seem unable to control their emotions or acquire support
- The parent abuses drugs or alcohol
- One parent is completely silent during the investigation
- The parents don't communicate with each other or are openly hostile
- There appears to be no family routine, rules or order

d. The Home Environment

Observations of the home environment and physical conditions are an indication of both the level of care and the level of stress or crisis within the family, especially if parents exhibit no concern or interest in remedying the situation. The interviewer should be suspicious if there are:

- Bare electrical wires, frayed chords, open sockets or overloaded circuits
- Exposes heating elements, unsafe woodstoves or unprotected fan blades
- Broken glass, jagged or sharp objects

- Medicines, poisons, cleaning compounds or flammable liquids in child's reach
- Vermin, human or animal feces, or urine within living quarters
- Excessive filth, garbage, trash or debris in living areas
- Inadequate beds, furnishings, appliances or living space
- Inadequate heating, lighting electricity or water
- Inadequate, substandard or unsafe housing conditions

4. Parents and Witness Interview

Interviewing is a contact, generally face-to-face, between the investigator and the people involved in the incident. The investigator may choose to interview any person with information or knowledge regarding the incident or factors which may have influenced or precipitated it. Once an investigator has determined who was at the scene and who may have knowledge regarding the incident, he/she may choose to interview any of the following; the parents, adult witnesses, the child, siblings, relatives, neighbors, friends, teachers, or other concerned individuals or professional already involved with the family. The most important interviews are with family members, both in terms of getting the most immediate information and in terms of involving the family in any further investigative steps.

In addition to establishing individual accounts of an incident, an interview can also be used to gain background information about a family, to clarify what an investigator has observed, to clarify the observations of others and as a means of establishing a rapport with the family. The timing, focus and content of an interview varies according to the nature of the incident and the agencies and individuals involved.

Tribal Police officers must be concerned with establishing whether a crime has been committed and if so, by whom. The Juvenile Department is concerned with determining the overall family situation and may therefore take a more generalized approach to questioning. The ideal approach will fall between these two extremes of interrogation and dialog. The interview should obtain all relevant factual information and establish contact with the family.

The sooner involved parties are interviewed the better. The passage of time may serve to obscure details, reduce urgency, allow the development and rehearsal of explanations, alter evidence, establish an alibi, seek familial forgiveness or otherwise alter the situation. All interviews should obtain the name, address, work and home telephone number, birth date, employment, familial relationship of the person interviewed and the date, time and place of the interview. Whenever possible, interview all parties separately.

The following basic interview questions may serve as a guide in obtaining all of the details of an inquiry into child abuse or neglect:

a. Primary Parent or Caregiver

- What happened?
- How serious was the incident?
- How did it happen?
- When did it occur?
- Was there a weapon or instrument used?
- Where is the weapon or instrument now?
- Who was present or witnessed the incident?
- Has this ever happened before?
- What action did you take when the incident was discovered?
- What agencies were contacted or services sought?
- Who else did you contact or inform?
- How soon after the incident was discovered did you take action?

- Was your spouse, boyfriend/girlfriend notified and when?
- What was the reaction of the parent or Boyfriend/girlfriend?
- What action did they take and when?
- Who is the family doctor, when was the child's last visit?
- When was the last time the child was sick or injured?
- How did this last injury occur?
- How often have these injuries happened?
- Approximately when did these incidents or injuries take place?
- Who caused the old injury?
- Has the child been difficult, having problems, or been irritable?
- Has the child needed a lot of discipline or punishment lately?
- How were you punished as a child?
- Were you the victim of abuse, molestation or some crime as a child?
- Was the child the result of a planned pregnancy?
- Were there any problems during the pregnancy?
- Has the family structure or situation changed since the birth of the child?
- How often is the child left alone or with others? For how long?
- Under what circumstances is the child left alone or with others?
- Who is the child left with at such times?
- What past actions have you taken when confronted with evidence of abuse or neglect?

b. Other Parent, Step-parent, Boyfriend/Girlfriend or Adult Witnesses

- Repeat the primary parent/caregiver questions
- What actions were taken by the primary parent/caregiver when confronted with evidence of abuse or neglect?
- Is there evidence that the other parent/boy-

friend/girlfriend had knowledge of the present or past abuse or neglect?

c. Siblings

(Read section on child interviews)

- Obtain their explanation of the incident
- How did it occur? What were the circumstances?
- Who caused the injury/molestation
- Who was present at the time?
- How when or was the non-participating parent/caregiver informed?
- What was the weapon or instrument used? Where is it now?
- Has this instrument been used for punishment before? How often and when?
- What other methods of punishment are used? How often and when?
- Who is the disciplinarian in the family?
- Determine whether there is a past history of abuse, neglect or molestation
- Determine if the children are left unattended. How often and for how long?
- Determine if there are any family secrets.
- Do the children exhibit any unusual behavior in front of the suspect?

d. Other Neighbors, Relatives and Professionals

- How did they come in contact with the victim?
- How do they have knowledge of the incident?
- What have they observed; injuries, evidence of neglect or molestation?
- Date and times of observations
- Were any agencies informed?
- Is there any documentation of the incident or observations?
- What other records, reports or documents exist?
- Is there evidence of family stress, or dysfunction?

- Who is the family disciplinarian?
- Is there a reliable and supportive family member, relative or friend?
- Is there any prior history of abuse and/or neglect?

e. Doctors, Nurses and Paramedics

- Date and time of emergency call, examination or medical visit?
- Who made the call or brought the child in?
- What was the victim's condition? What was observed?
- Were any statements or explanations given? By whom?
- What medical or emergency treatment was given to the victim?
- What medical records, reports, or documentation including birth certificates exist?
- What x-rays exist?
- How do medical personnel believe the injuries occurred?
- Is the explanation of how the injury occurred consistent with medical evidence?
- What statements, if any, were given by the parent/caregiver to medical personnel?
- Is there evidence of old injuries?
- Is there evidence of sexual abuse?
- Is the child's condition consistent with the explanation of sexual abuse?
- Does the child's physical condition indicate neglect or failure to thrive?

5. Suspect Interview

Interviewing the suspect may require a preliminary decision whether to arrest or prosecute since a Miranda warning is necessary if either is anticipated. This decision can be a critical step in the investigation due to the separate due process and self-incrimination standards and requirements for criminal prosecution versus offender rehabilitation.

If the incident is relatively mild and rehabilitation of the family is intended, the participation of the suspect is usually necessary for full rehabilitation. Prerequisite to the suspect's participation is his acknowledgment of the act of abuse. If he will not acknowledge the act, it is not possible to inquire into why he did it and thus it is not possible to devise a rationale for preventing a reoccurrence. Thus, for rehabilitative purposes an early admission of guilt by the suspect is desirable. But, if arrest or prosecution is anticipated, the suspect must be advised of his right to remain silent and the suspect will be unlikely to admit the act or any part of it. If the interviewer believes the alleged abuser may in some measure be guilty of an offense against Tribal, federal or state law, a Miranda warning is necessary. With this kind of warning, and realizing that he may face conviction and prison, he will likely remain silent and he would be well advised to do so. The suspect who will not admit any part in any offense is less likely to participate in rehabilitation.

If the investigator proceeds without a Miranda warning, nothing the suspect may say can ever be used against him in federal court, nor can anything which was later discovered as the result of what he said. Future prosecution in federal court is eliminated, and prosecution in tribal court, while still possible, may result in a sentence insufficient compared to the crime.

The investigator should keep in mind that in a criminal proceeding, facts, expert testimony, evidence and the testimony of the victim and witnesses can lead to successful prosecution without any statement from the suspect. It is also true that a suspect may reconsider an admission of guilt at any time, even after conviction. Incidents which do not present a criminal situation may never the less present a civil action by the Tribe on behalf of the child. Rehabilitation or no rehabilitation is not de-

cided at the initial investigation at the scene of the incident. When in doubt, a Miranda warning should be given to all suspects.

The following questions should be included in interviewing suspects:

- What happened?
- How did it happen?
- When did it occur?
- Was there a weapon or instrument used?
- Where is the weapon or instrument now?
- Who was present or witnessed the incident?
- Has this ever happened before?
- What action did you take after the incident?
- What agencies were contacted or services sought?
- Who else did you contact or inform?
- How soon after the incident did you take action?
- Was your spouse, boyfriend/girlfriend notified and when?
- What was the reaction of the parent or Boy-friend/girlfriend?
- What action did they take and when?
- When was the last time the child was sick or injured?
- How did this last injury occur?
- How often have these injuries happened?
- Approximately when did these incidents or injuries take place?
- Who caused the old injury?
- Has the child been difficult, having problems, or been irritable?
- Has the child needed a lot of discipline or punishment lately?
- How were you punished as a child?
- Were you the victim of abuse, molestation or some crime as a child?
- How often is the child left alone or with others? For how long?
- Under what circumstances is the child left alone or with others?
- Who is the child left with at such times?

- What actions were taken by the primary parent/caregiver when confronted with evidence of abuse or neglect?
- Is there evidence that the other parent/boy-friend/girlfriend had knowledge of the present or past abuse or neglect?

6. Child Interview

The interview of a child-victim of abuse, neglect or sexual assault is the most crucial, sensitive, difficult and emotional aspect of an investigation. The credibility of the child must be determined and preserved, important evidence must be identified and documented, yet the child must not be further traumatized. Basic to any interviewing of child-victims and witnesses are three standard and routine objectives:

- a. Interviews with child witnesses and victims must be kept to a minimum, and investigative procedures should assure a limit to the negative effects of multiple interviews with children.
- b. Investigators must avoid telling child-victims what other victims, witnesses, or persons have said and must avoid leading child witnesses.
- c. Interview reports and investigative notes must be carefully maintained to both assure an accurate investigation and avoid repeated interviews.

Although the child is the focus of the investigation, his or her involvement in the investigation itself must be handled carefully. Clearly the abused or neglected child, along with any other children in the home, are proper subjects for observation by the investigator at the time of an initial response and interview. Deciding whether the child should be interviewed, and if so, where and when such an interview should occur is a judgement the investigator must make on a case by case basis. The nature of the

offense, the availability of other evidence, the age and condition of the child, the impact of an interview on the child, and the impact on the child's relationship with his/her parents are all factors to be considered.

The child's age and development level will affect the child's ability to give credible testimony. A child's cognitive, emotional and behavioral growth occurs in sequential phases of increasingly complex levels of development. Progression occurs with the mastery of one state leading to concentration on the next. On the cognitive level, the young child's pre-conceptual, concrete and intuitive thinking gradually develops toward comprehension of abstract concepts. Time and space begin as personalized notions and gradually are identified as logical and ordered concepts. On the emotional level, the young child's egocentric, self-centered and dependent emotions gradually shifts to greater reliance on peer relationships and emotional commitments to people outside the family. Emotions begin as a reflection of the emotional responses of parents and gradually are expanded to include relationships with others.

On the behavioral level, the young child is spontaneous and outgoing with few internal controls and only a tentative awareness of external limits. The young child has a short attention span and most often expresses feelings through behavior. Gradually, the child develops internal controls, verbal expression and establishes a sense of identity and independence. Peers and other adults have an increasing influence on behavior.

The specific characteristics of an abuse or neglect incident will affect a child's emotional perception of the event and to a great extent determine the child's response to it. The closeness of the child's relationship to the alleged offender, the severity and duration of the

offense, the amount of secrecy surrounding the event, and the degree of violence, punishment or reward associated are all factors which will have an impact on the child's reaction to the event. While the child may be one of the most critical sources of information and evidence, interviewing the child can be extremely difficult due to a child's inability to articulate the event, reluctance, fear or all of these.

Children, more than adults, react to their questioners. Children, more than adults, are suggestible. Children typically react to neglect or abuse with mixed feelings. They may fear that they will be blamed or that they will not be believed. They may feel guilty or anxious. They may fear family reactions or rejection by their parents. They may fear threats. Consequently, an interviewer must be sensitive and aware of the emotional and cognitive state of the child. If the interviewer comes on too strong the child may suffer additional trauma. If the interviewer is hostile or cold, the child may close up. If the interviewer is suggesting, the child may parrot what the interviewer wants. If the interviewer is too sympathetic, the child may exaggerate to get more sympathy. Children want to help, they want to please, and they want attention. If, in a subsequent court action, it can be shown that one idea was planted in the child's mind by investigators, all of the child's testimony is tainted and may be inadmissible. If inaccuracies can be planted in an interview setting, innocent people may be hurt. During the interview of a child, much can be done that is right, but much can also be done that is wrong.

a. Preparing for the interview

Prior to interviewing the child, the investigator should obtain as much relevant information as possible about the case from parents/guardians, the Juvenile Department, BIA Investigators, Tribal Police, teachers, physician or from Family Services:

Explain your role and procedures to the above and enlist their cooperation. If this will be a joint interview, establish who will be involved, who will be the lead interviewer, and what information is needed for other agencies.

Determine the child's general developmental status; age; grade; siblings; family composition; physical and mental capabilities; ability to write, read, count, ride a bike, tell time, and remember events; any unusual problems; physical, intellectual, or behavioral; and general knowledge of anatomy and sexual behavior.

Review the circumstances of the incident as reported initially; what, where, when, by whom, and to whom reported; exact words of child, if known; any persons told by child; how many have interviewed the child how many times; the child's reaction to the incident; how the child feels about it and what, if any, behavioral signs of distress such as nightmares, withdrawal, regression, or acting out have occurred.

Determine what reactions and/or changes the child has been exposed to following revelation of the incident such as believing and supportive or blaming and angry; ambivalence; parents getting a divorce or separating; or moving to a new location.

b. Interview Setting

The more comfortable the setting for the child, the more relaxed they will be and the more information they are likely to share. If possible, go to the child's territory, such as the home or school. Try to make arrangements so that there will be no interruptions during the interview. Interruptions distract an already short attention span, divert the focus of the interview, and can make a self-conscious or apprehensive child withdraw. Keep in mind that the setting should be flexible. Children like to move around a

room, to explore and touch, to sit on the floor. Playing or coloring can occupy a child's physical needs and allow him/her to talk with less guardedness. A frightened or insecure child may need or want support, and if there is an appropriate parent or other person the child wants present, it should be allowed.

c. Who Should be Present

Unfortunately, many agencies or people may want to participate in the interview process or feel they need different questions answered during the initial interview of a child-victim. Reducing the number of both interviewers and interviews is desirable in order to reduce stress to the child, and to minimize conflicting or inconsistent statements in the record. Whenever possible, a single interviewer should serve as the information gatherer for all agencies involved. The checklists and sample questions contained in this handbook are designed to facilitate such situations.

If a single interviewer is not feasible, effort should be made to limit participants to as few as possible by arranging joint interviews in which only the necessary agency personnel participate. Since the interview of the child is so important to the investigative process, joint interviews require that one person be in control, and this must be clearly spelled out in advance. This is especially true in cases of suspected parental abuse since more than one agency or department is almost always involved.

The presence of parents, relatives or others closely involved with the child while being questioned about abuse is not a good idea. Children are often ashamed of what happened and may be reluctant to reveal the abuse or its extent in front of family members. Further, the revelation of abuse in the presence of people who care for the child and perhaps the suspect

as well is usually shocking or upsetting and will provoke emotional reactions that will interfere with the interview. Children can sense the approving or disapproving glances and gestures of family members. Not only does this heighten anxiety, it may cause them to look to parents or family members for permission to speak as well as for approval of answers.

d. Documenting the Interview

Many prosecutors prefer not to use video or audio tape to document an interview. A young child may become fascinated with the equipment while older children may be embarrassed. The quality of the recording can not always be assured and the demands on an interviewer trying to get good audio or video quality can interfere with the interview itself.

Moreover, most children do not tell a complete story in one interview and may reveal more information after an initial interview which was taped. There may be discrepancies between several taped interviews, between taped interviews and untaped statements, and between all of this and a child's testimony in court. The defense will use such discrepancies to discredit the child's testimony or to discredit the investigation due to inconsistent techniques or both.

It is important, however, to accurately document the details of the interview. The best way is to take careful notes during the interview. Explain to the child why the notes are needed and enlist the child's help in getting all the important facts. Take down the exact words the child uses to describe the abuse. If taking notes becomes unworkable during the interview, write down a summary of what was said as exactly as possible immediately following the interview. In addition to the facts and information given by the child, your notes should include in a separate section your impressions

of the child, ie. demeanor, credibility, appearance, stress, and similar traits. This will help you to recall the interview and to evaluate the case.

e. Establishing a Relationship

The child needs to receive support, reassurance and encouragement to tell the truth whatever it may be. It is important that the interviewer make it clear that the most important thing is to tell the truth. The interviewer must remain open, neutral and objective, and beware of any reactions which could be interpreted as discouraging some responses and encouraging others. The interview's purpose is to discover what really happened.

When the child first arrives, be sure to greet the child and introduce all of the adults present. The investigator should introduce him/herself and give a brief and simple explanation of their role and the purpose of the interview. Find out if the child knows why the interview is needed and if the child has been told what to say. The child should be reassured that the investigator is on their side, and that he/she will not get into any trouble because of the interview. This general exchange both relaxes the child and should serve to assess the level of the child's sophistication and ability to understand concepts. The interviewer might ask about age, grade, school and teacher's name, siblings, pets, friends, activities, or favorite, games TV shows and movies. It often helps to share personal information when appropriate, ie. children, pets, etc. The interviewer should be able to determine if the child can read and write, count, tell time, knows colors and shapes, knows how to tell time, understands time concepts such as before and after, knows about money, can remember past events, and levels of responsibility, ie. can go around the neighborhood alone, cooks dinner, or babysits.

f. The Interview

Remember to use language appropriate to the child's level; be sure the child understands the words. During the interview, watch for signs of confusion, blankness or embarrassment. Be careful with words like incident, occur, penetration, prior, ejaculation, etc. Do not ask "why" questions (Why did you go to the house? Why didn't you tell?) Never ever threaten or try to force a reluctant child to talk.

Be aware that a child who has been instructed or threatened not to tell by the offender, especially if a parent, will be very reluctant and full of anxiety. The investigator will usually notice a change in the child's emotions and demeanor while talking about the incident. Be sure to emphasize that it is not bad to tell what happened, that you won't get in trouble, that it wasn't your fault, that you're not to blame, and that you can help things get better by telling what happened.

The interviewer's responses to the child during the interview should be consistently objective and consonant with the child's perception of the incident. Ask direct, simple questions, as open-ended as allowed by the child's level of comprehension, and the child's ability to talk about the assault. Give the child time to respond to each question. If a child's answer is unclear, ask follow-up questions to clarify the answer or determine what the child means. Remember that children are very literal, so choose words carefully and vary the way in which questions are asked.

The interview of the child should include:

- What. The investigator should determine what happened from the child's perspective.

"What would happen if you did something wrong?"

"Would you be in trouble some way?"

"How?"

"Who would punish you?"

"What would he/she do?"

"Did she hit you with something?"

"Did you get hurt? How?"

"Do you know when he/she did this to you?"

"Did you get hurt other times? How?"

"How often does that happen?"

"What did you think about that?"

"Can you tell me what happened?"

"What did the man do?"

"How did it start?"

"Did he touch you in a way that made you feel uncomfortable or funny?"

"Did he ever touch you? Where did he touch you?"

"Where did he put his finger?"

"What part of his body did he touch you with?"

"What part of your body did he touch?"

"Did he touch you anywhere else?"

"How were you dressed?"

"Did you always have your clothes on?"

"How was he dressed?"

"Have you ever seen him with his clothes off?"

"What else happened?"

Once basic information is elicited, ask specifically about the details for further validation of the allegation, and look for other similar incidents, acts or events.

"Did you ever see his penis (thing, pee pee, weenee)?"

"What did it look like?"

"Was it the same as yours?"

"What direction was it pointing?"

"How long or big was it?"

"Did anything come out of it?"

"Where did the stuff land?"

"Who cleaned it up? How was it cleaned up?"

"Did he ever put it in your mouth?"

"Did he ever make you touch him on his thing?"

Who. The child's response here will probably not be elaborate. Most children know the offender and can name him/her, although in some cases the child may not understand the relationship to self or family. Ascertain from other sources what the exact nature/extent of such relationships are.

When. The response to this question will depend on the child's ability, how recently the incident happened, any lapse between this incident and the report, and the number of other incidents. Children will tend to confuse or mix separate incidents. If the child is under six, any information on time is unlikely to be reliable. An older child can often narrow down dates and times using recognized events or associating the incident with other events.

"Was it before your birthday, the weekend?"

"Was it daytime or night?"

"Did it happen after dinner, your bedtime?"

Where. Statistically, most incidents occur in the child's and/or offenders home. Information about which room, where other family members were, and where the child was just before the incident, should be learned. Ask about details such as the color of the room, presence of specific items of furniture, or paintings on the wall. This information may be valuable in obtaining a search warrant for further evidence. If the location is other than the child's home, try to get similar details of location and surroundings.

How. Was there any coercion, force, threat, enticement or pressure used in the incident to ensure cooperation or secrecy?

"Did he give you a present?"

"Did he say you could help him?"

"Did he tell you not to tell? What did he say?"

"Did she say something bad would happen?"

"Or you'd be in trouble if you told?"

"Did the man say to keep it a secret?"

During the course of an investigation, whenever interviewing children, keep and follow the following guidelines:

Avoid confusing the child.

- Use words and phrases the child will understand.
- If the child uses strange words, try to find out what the child means.
- Don't convey value judgements regarding events or words used.
- For very young children, ask short simple questions.
- Ask several understandable questions rather than one that is complex.

Avoid frightening the child.

- Interview at eye level, on the floor if necessary, do not use a desk.
- Don't use a group of interviewers
- Explain interview and your interest in the child and how he/she got hurt.
- Explain how you might help.
- Explain whether parents are aware of the interview.
- If retaliation is possible, offer and provide support when facing parents.
- Discuss who will know what is told at the interview.
- If the child prefers, allow a person the child trusts to be present.
- In sex abuse cases, the interviewer should be the same sex as the child.
- Minimize the number of interviews and interviewers of the child.

Avoid putting the child on the defensive.

- Conduct the interview in private.

- The interviewer should be someone the child trusts.
- Don't probe or press for answers the child is unwilling to give.
- Don't expect or encourage the child to take sides against the parents.
- Don't take sides yourself.
- Don't give the impression that the parents are bad, dangerous, lazy, etc.
- Indicate that you want to help the family with any problems they have.
- Don't force the child to remove clothing or show injuries.

Treat the child with respect and honesty.

- Don't lead the child or suggest answers.
- Don't talk down to the child.
- Respond honestly to any question the child asks.
- Don't give false assurances
- Reassure the child that he/she is not responsible for the incident.
- Reassure the child that he/she is not responsible for the investigation.
- Reinforce positive aspects of help for the family.
- Tell the child in simple terms if future action will be required.
- Thank and praise the child for their help, cooperation and information.

7. Special Techniques

The foregoing discussion on interviewing children assumes the interviewer has been able to converse with the child and elicit verbal responses. Alternative strategies may be necessary in some situations. The following techniques are not for every child or every situation. There is not agreement among professional on the effectiveness of these techniques for all problems in interviewing child victims. However, they can provide breakthroughs in diffi-

cult or special situations when more traditional methods have not provided answers.

a. Reluctant or Recanting Victims

The investigator handling child abuse cases should not be surprised nor too discouraged by a child's reluctance to reveal abuse. The complex and confusing nature of an abusive relationship or incident makes reluctance to tell about it a natural reaction. Flexibility, ingenuity and sensitivity are necessary to overcome a child's reluctance. Each child and situation will be unique. The interviewer's style, techniques and strategy must be tailored to fit the needs of the individual child at that particular time.

The interviewer should be alert to the child's feelings and reactions as well as his/her own emotions. The apprehension an abused child already has about disclosing will cause her to be extra sensitive to any potentially negative reactions whether deliberate or not. Always consider how questions, body language and tone of voice are likely to be interpreted by the child and adjust them to set the child at ease. It is often helpful to acknowledge the difficulty a child has when they are scared, sad, embarrassed, confused or perhaps feel guilty. Letting the child know that the investigator understands their difficulty and giving the child a chance to express these feelings during an interview will often make it easier for the child to tell what happened.

Other techniques might be used to encourage children to discuss abuse issues. Lists can be used. For example a child might be asked to list their most favorite people or things, and their least favorite people or things; good secrets (the kind you don't have to keep) and bad secrets (the kind someone never wants you to tell); good touching and bad touching; things they are afraid of; people they feel safe with and places

they feel safe and people they don't feel safe with and places they don't feel safe. Another approach is to ask the child if there are any problems the interviewer might be able to help them with. The interviewer might ask the child to describe problems they are good at solving and problems they might need someone's help with to solve. Talking about privacy sometimes yields information on abuse. The child might be asked to describe when they like to be alone, where they like to be alone, what they do when they are alone, and how other react when they want to be alone.

The interviewer should allow the child to tell about abuse at the child's own speed and realize that the child's emotional state will not necessarily conform to the interviewer's expectations or need for a clear and complete statement.

If the interviewer is talking with a child who has recanted or taken back a portion of earlier statements of abuse when all the available evidence indicates abuse has occurred, the interviewer can let the child know that other children who have been abused sometimes decide to say it did not really happen because is so hard to handle their confusion and embarrassment when they tell. Follow with "Could you be doing that?" Another tactic would be to ask the child what they told the person to whom the abuse was first disclosed, and then say you don't understand why one thing was said then and another now. Or the interviewer might ask the child to explain what they would do or say if this had really happened, would the child decide not to tell? As frustrating as recanting situations are, the interviewer must remember that the child is almost certainly in great turmoil, anxiety and fear. Aggressive confrontation will rarely help resolve such feelings. A child's denial can be resolved only when the child believes that the truth will result in more positive outcomes than hiding the truth offers.

b. The Use of Dolls

Anatomical dolls are gaining wider use in child sexual abuse cases. These dolls are anatomically correct representations of the male and female anatomy, and have been used when a child has difficulty or is hesitant to describe or explain an incident of sexual abuse. They should not be used with all children since experience has shown that some children are uncomfortable with them and some children simply don't need them. Also, the use of dolls can be controversial and raise objections from legal counsel that they are suggestive and normal play with them may lead to a conclusion of abuse where none actually occurred.

Many professional recommend that the dolls be used only after the child has disclosed that sexual abuse has occurred. It is also important not to read too much into a child's play with these dolls alone. Unless the child's play is accompanied by a clear explanation that the child is showing the investigator what someone did, it does not necessarily signify abuse.

When introducing the dolls to a child, be sure to establish that they are your dolls and that the child must return them to the interviewer. The interviewer should also explain that the dolls are special because they have all of their body parts, and show the child by undressing one and having the child undress one. This is when the investigator should be alert to the child's reaction to the dolls, and should be prepared to try something else if the child is too uncomfortable with them. The investigator can ask the child to indicate which doll is a boy and which is a girl. When the child is at ease with the dolls, the investigator can ask the child to help you understand exactly what happened by showing you with the dolls. As the child uses the dolls, ask the child which doll is the child and which doll is the offender. Ask the child to clarify

what is going on with questions like "What is happening now?" Remember not to ask the child to pretend or imagine when using dolls. If the child asks the investigator to help or do something with the dolls, do so, but ask the child to be specific in telling you what to do. The investigator should not do anything with the dolls on his/her own unless instructed by the child.

Using dolls is a technique that requires special training and an understanding of the inherent problems and risks of interpretation and objection. In some child abuse cases the dolls can give details and answers which the investigator might not otherwise have.

c. Use of Drawings

Drawing or coloring is sometimes used to aid the interview process and as a way of getting additional information about abuse. *Special training and expertise is needed to interpret a child's drawing and investigators should not attempt to do so. Do not count on having the child's drawings admitted as evidence.* In some cases the investigator might consider asking questions and listening to the child while the child draws as a way of lessening a child's reluctance to discuss abuse.

If the child is willing to draw people, ask if they would draw their family. As the child draws, ask the child to name each person and perhaps what they are thinking, feeling or will be doing next. Ask if this includes everyone in her family, and if necessary which family. Ask the child to include anyone else with whom the child lives. The investigator should note who the child draws first and the order in which people are drawn, the largest and relative size of those drawn, and those who are represented with exaggerated or missing hands or other

bodily features. Pay attention to a child's scribbling which often signifies anxiety, particularly when the child obliterates a portion of a person's body. If the child draws genitalia without being asked, try to find out why. If a child is unwilling to draw people, try having them draw their home. Ask the child to draw the different rooms as if you were flying over the house on a cloud. You could then ask the child to describe the things that go on in each room and bring up the subject of privacy.

As a child gets close to disclosing abuse, drawing allows the child to break eye contact which might cause discomfort. If a child reinforces something in the interview that is also represented in a drawing, ask about it since this usually indicates it is something the child is thinking about. When a child actually does disclose, ask if they would like to draw if that makes things easier, and then ask the child to explain the drawing.

When using drawing in the interview process, be sure to keep all the pictures a child draws, indicating who drew them, and when, on the back of the picture. Take careful notes about what the child says and what is described in the pictures as they were drawn on a separate sheet in case the pictures need to be shown to the child at a later time.

d. Teenage Victims

Teenagers are even more likely than younger victims to carry a great deal of guilt, shame, and reduced self-esteem as the result of abuse. Often they will have had to deal with an abusive situation for a lengthy period of time, and will have created coping behaviors and denial, or other emotional or behavioral problems in their lives. Denial, meant to avoid the embarrassment or stigma associated with the abuse,

can be especially difficult to overcome in this age group due to the importance of peer acceptance and peer pressure.

Interviewing techniques with teens vary with the individual. Try to be supportive, yet don't be afraid to be direct or up-front with teens. The investigator should try to get a sense of the teen before the interview if possible. Keep in mind that the teen's image of the interviewer may be negative due to the authority the investigator represents.

Although there will be differences in approach depending on whether the teen is a boy or a girl, it helps to acknowledge the difficulties of discussing these subjects with both. At the right moment, tell the teen that you know they probably don't want to be in the office, have anything to do with the police, investigators, the Juvenile Department or the courts. Assure the teen you understand, but explain how the problem is bigger than the teen's own, that other cases like the teens have happened, that the feelings the teen is experiencing are similar to anyone victimized in this manner and that the investigators role is to find and present the truth in a process that must occur if there is to be healing and justice.