

*Idaho Department of Law Enforcement
Statistical Analysis Center*



CHILD SEXUAL ABUSE IN IDAHO

THE PROBLEM,

ITS IMPACT,

AND

A PERSPECTIVE FOR CHANGE

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*Idaho Department of Law Enforcement
Support Services Bureau
Statistical Analysis Center*

NCJRS

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CHILD SEXUAL ABUSE IN IDAHO

As reports of child sexual abuse increase and violence of the acts appears to be escalating as well, the problems of child sexual abuse need to be assessed and effectively addressed without delay, if for no other reason than a recognition that all children deserve to be raised in a caring, nurturing environment. If, in addition, we consider that sexual abuse at an early age puts these children at high risk for future criminal behavior, including perpetuation of this same crime, it is clear this is not principally a social-welfare problem but a criminal justice problem as well, with implications for action going far beyond apprehending and penalizing the child sexual abuse perpetrator.

Elliott Currie, in his article "Confronting Crime: Looking Toward the Twenty-First Century," quotes a conclusion of a group of researchers (Dorothy O. Lewis and her colleagues) that early childhood traumas may be implicated in delinquency, "including some of the most troubling and most destructive." In their 1988 study of 14 juveniles condemned to death in the United States for especially brutal crimes, this group concludes that these children typically are "multiply[sic] handicapped", and they "tend to have suffered serious CNS [Central Nervous System] injuries, to have suffered since early childhood from a multiplicity of psychotic symptoms, and to have been physically and sexually abused."

On March 9, 1988, the U.S. House of Representatives Select Committee on Children, Youth, and Families held a hearing in Washington, D.C. to examine the "recent escalation of youth violence in communities across the country." Several hearing participants voiced the same concern: that delinquency is strongly correlated to child abuse and family violence. In its written summary of testimony, the Committee concluded that "delinquent juveniles, particularly institutionalized delinquent juveniles, have significantly higher rates of child abuse than the general youth population. Twenty-six to fifty-five percent of institutionalized juvenile offenders have official histories of child abuse (Austin, May 1984). In a study of delinquents and nondelinquents, a history of abuse and/or family violence was the most significant variable in predicting membership in the delinquent group (Lewis et al, 1987)."

Given this increased awareness, through publications coming into the center and articles in local newspapers, the Idaho SAC made a decision to look more closely at the problems and solutions as they relate to our own state. The resulting report looks at the extent of child sexual abuse in Idaho, how this compares to the issue nationally, discusses major problem areas identified by those working in the field and, finally, offers suggestions as to how the problem can be most effectively handled to detect families at risk, treat victims and their families, through the entire process of case administration, in the most humane and healing ways, and identify and treat perpetrators in ways which not only penalize their behavior but aid them to overcome it.

One major intent was to bring an even greater awareness of the problem to our local law enforcement agencies whose role in child sexual abuse cases is extensive and vital and, according to those currently working in the field, needs to be remodeled if they are to play out this role in the most effective ways possible.

A second major goal was to point out very clearly the need for Idaho's State Department of Law Enforcement to take the lead in innovating effective methods for addressing the responsibilities that fall to law enforcement, due to its unique legal situation, and to recognize that many smaller agencies have limited resources for implementing training programs or researching and developing protocol for inter-disciplinary team efforts.

PROFILING THE PROBLEM

The policy which establishes the Idaho Child Protective Act is defined in section 16-1601 of the Idaho Code as: "The policy of the State of Idaho is hereby declared to be the establishment of a legal framework conducive to the judicial processing of child neglect, abuse and abandonment . . . cases, and the protection of children whose life, health or welfare is endangered . . . This act seeks to coordinate efforts by state and local public agencies, in cooperation with private agencies and organizations, citizens' groups, and concerned individuals, to:

- (1) preserve the privacy and unity of the family whenever possible;*
- (2) take such actions as may be necessary and feasible to prevent the abuse, neglect or abandonment of children."*

The concept outlined by the code is sound, yet statistics for the state for the past five years seem to refute that it is being carried out effectively. Reports of child sexual abuse have steadily risen, as can be seen in the following graph.

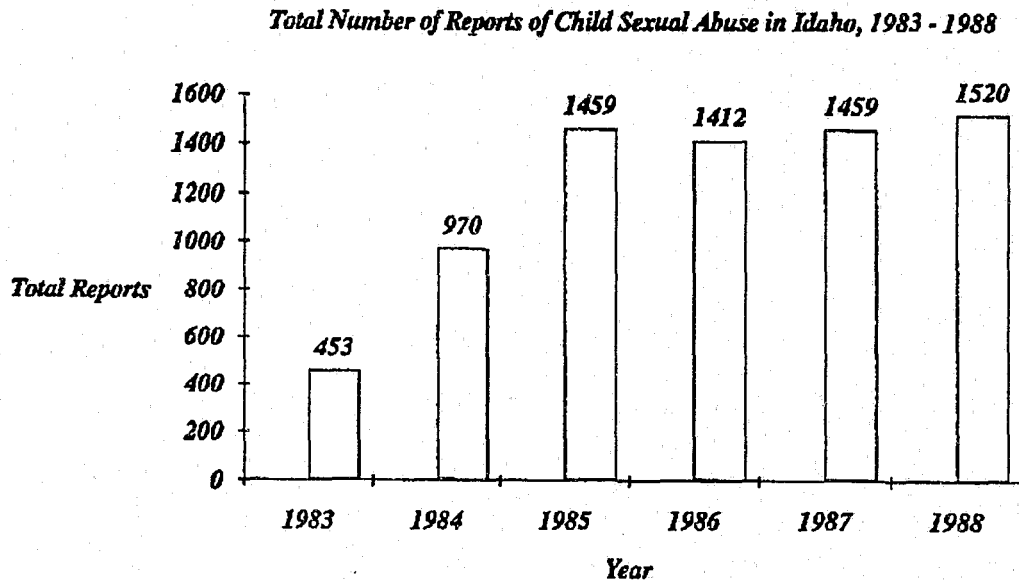


Figure 1. Source: Idaho Dept. of Health and Welfare, Division of Family & Children Services, Idaho Child Protective Act Annual Report, Today's Children - Tomorrow's Families.

The following national information was obtained from a U.S. Department of Health & Human Services' report: In 1988, the total number of reports of child sexual abuse was 155,300, which represents a rate of 2.5 reports for every 1,000 children in the nation. In Idaho, for the same year, the total average of reports of child sexual abuse per 1,000 children was 1.79 which, while lower than the national rate, is still cause for alarm and action. Distribution of national reports by sex was also provided and is charted in Figure 2.

Distribution of 1988 Child Sexual Abuse Cases by Sex			
Sex	Total Cases	No. per 1,000	Percent of All Types of Abuse Against Children
Male	34,300	1.1	13
Female	121,000	3.9	30

Figure 2.

Increased reporting was even more dramatic for the years 1976 to 1985, as shown in information provided by Katie Bond, Information Specialist with the American Humane Association. National statistics on substantiated child-sexual-abuse reports from the Association's publication, Highlights of Official Child Neglect and Abuse Reporting 1986, published in 1988, are shown in Figure 3. (The report provides rate per 10,000, but for purposes of this study the rate was converted to reports per 1,000.)

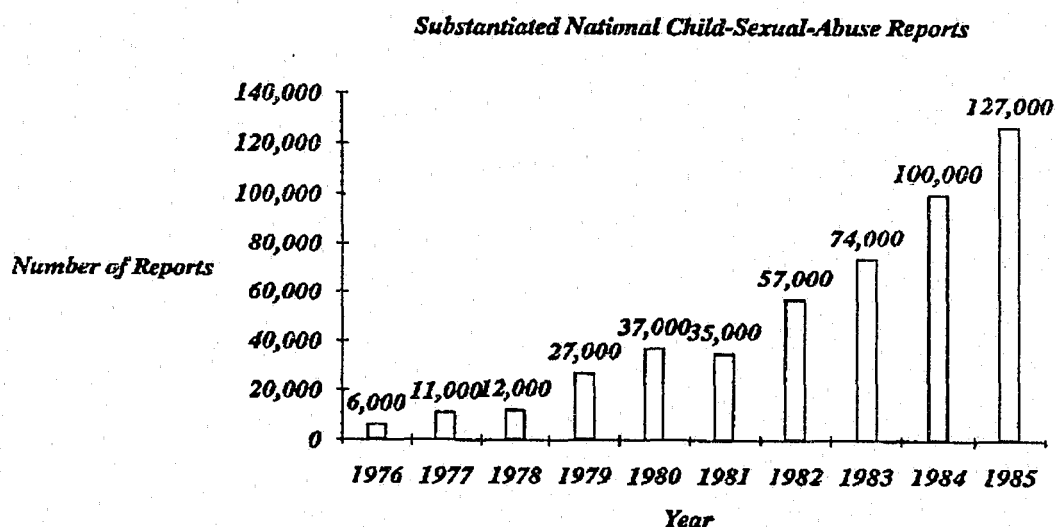


Figure 3.

While many reports focus on changes in child-sexual-abuse case reporting, a report from the U.S. Department of Health and Human Services discusses findings in terms of changes in numbers of incidents. Their Study Findings, Study of National Incidence and Prevalence of Child Abuse and Neglect: 1988 describes a 74% increase in the overall incidence of abuse, compared with their previous study done in 1980. The study indicates that, among categories of abuse included in the study count, there were significant increases in the incidence of physical and sexual abuse, with sexual abuse occurring in 1986 at more than triple its 1980 rate.

In attempting to describe the extent of child sexual abuse, either in Idaho or nationally, one problem which becomes evident is the discrepancy in reported statistics. No standard reporting procedures exist across states. Within states, where demands on individual case workers are generally quite high, pressure to generate reports is superceded by a choice to provide services and

bypass the reporting process. Reluctance of victims and their families to report incidents is another component of inaccurate reporting.

A 1988 study, conducted by Beverly Gomes-Schwartz et al, adds to an understanding of the difficulties associated with detecting and reporting, and points to the fact that our understanding of the nature and true extent of the problem is quite unclear. The study, "Child Sexual Abuse Victims and Their Treatment," funded by the U. S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDD), focuses on 156 cases of child sexual abuse which occurred between July 1980 and January 1982 at the Family Crisis Program, associated with Tufts New England Medical Center in Boston, Massachusetts.

Regarding reporting of incidents, the following information surfaced:

- ** Sixty-two percent of families with sexually-abused children chose not to report the abuse to police.*
- ** Parents or primary guardians of the children usually reported the sexual abuse incidents to the authorities, while the victims rarely reported it. Most victims were either too frightened or too intimidated to take action against parents or other adults in authoritative roles. The study showed that the closer the relationship of the offender to the child, the less likely the child was to report the abuse.*
- ** Families failing to report did so because they felt the matter was personal and also felt reporting to authorities would be too traumatic and disruptive to the family.*

From cases reported, several findings emerged:

- * There was no difference in the percentage of cases reported based on the sex of the victim;*
- * There was a slightly higher percentage of cases reported involving children three years of age or less;*
- * 65 percent of the children entering the Program were under 13 years of age; average age of first abuse was 9.1 years;*
- * An increasing percentage of abuse was reported as the severity of the sexual acts progressed;*
- * Only 10 percent of cases reported involved nonwhites; 45 percent of the cases reported involved whites;*

- * *A higher percentage of incidents was reported by "blue collar" families than by "white collar" families;*
- * *A minority of children came from intact, two-parent families (31 %);*
- * *When families present an external image of stability and conformity to community norms, sexual abuse may be much more difficult to uncover, thereby leading to fewer cases of sexual abuse within upper-strata families being reported to authorities.*

The researchers concluded that sexual-abuse incidents may be greater than what official data and studies have shown in the past because the occurrence of most "lesser" acts of sexual abuse, as well as minority and white-collar abuse, have apparently gone unreported.

In concurrence with this viewpoint is Debra Whitcomb, who states in her National Institute of Justice report on prosecution of child sexual abuse (National Institute of Justice, Research in Brief "Prosecution of Child Sexual Abuse: Innovations in Practice"): "Local law enforcement agencies also receive a large and growing number of reports of child sexual abuse although the FBI's Uniform Crime Reports do not tabulate sexual assaults by age of victim. Perhaps even more disturbing is that an unknown number of similar cases never reach the attention of authorities." As she points out, very young children may lack the ability to report an incident or even recognize it as inappropriate or criminal, and older children may be too embarrassed. In addition, many child victims are threatened into silence or, even when they do confide to a trusted adult, their stories are often dismissed as lies or fantasies.

When reviewing Idaho and most national information, a sharp increase in the number of complaints and reports can be seen, with some studies describing a sharp increase in incidence as well. Some researchers have theorized that there has not been a sharp but rather a steady increase in child sexual abuse cases (attributable to various social factors) which are being much more frequently reported. An increased awareness of the problem and mandates to school officials and medical personnel to report have led to increased reporting, suggesting to other researchers no actual escalation of the problem at all. Either way, the problem is here and pervasive and, as yet, no comprehensive national or statewide systems for investigating and prosecuting complaints have been developed, nor are there consistent programs for treating victims or offenders.

PERPETRATOR PROFILES

The following national averages are also from the American Humane Association's publication, Highlights of Official Child Neglect and Abuse Reporting 1986:

PROFILE OF CHILD SEXUAL ABUSE PERPETRATOR

Age	<u>Sex</u>		<u>Race</u>			
	Male	Female	White	Black	Hispanic	Other
32.5	82.4%	17.6%	74.2%	13.6%	10.4%	1.8%

RELATIONSHIP OF PERPETRATORS TO CHILD VICTIM

Parents	Other Relatives	Unrelated
42%	22.8%	35.2%

An article written by Sally Squires and published in the June 22, 1986 edition of The Sunday Star-Bulletin in Honolulu, Hawaii also discusses a child-sexual-abuse perpetrator profile and myths about child-sexual-abuse offenders: "The largest and most extensive review of child sex-abuse cases ever undertaken has revealed this surprising portrait of the typical offender:

- *Almost always, the sex offender is a male.*
- *He typically begins molesting by age 15 but often starts even younger.*
- *He molests an average of 117 youngsters, most of whom do not report the offense.*
- *He engages in a variety of deviant behaviors that may include everything from window peeping to rape.*
- *His victim is likely to be a boy he knows.*

"These are conclusions reached by Dr. Gene Abel of Emory University in Atlanta after studying 571 non-incarcerated sex offenders who had committed 67,000 cases of child sex abuse. Results will be published in an upcoming issue of the Journal Archives of General Psychiatry and in the Journal of Interpersonal Violence.

'Everyone is so surprised that a priest is a child molester, or that a schoolteacher is a child molester,' Abel said. 'I am flabbergasted that anyone would be surprised. Child molesters select jobs to access kids. That's why they become pediatricians, child psychiatrists and they work in boys' camps in the summer.'

"Abel's research also seems to dispel several other myths about sex offenders.

"Myth No. 1: Sex offenders commit only one type of crime.

Sex researchers and police have long believed that men who expose themselves or peep into windows are unlikely to rape a woman or attack a child. Other widely held opinions are that obscene phone callers rarely, if ever, carry out their lewd suggestions, and that the man who fondles a neighbor's child would never do the same with one of his own children.

What Abel finds, however, is that sex offenders 'cross gender, they cross age, they cross familial relationships.'

"The study also revealed new information about exhibitionists. 'Exhibitionists are just supposed to be nice friendly folk who just flash, right? . . . That's not the case.' Abel found that almost half the exhibitionists in his study were also molesting children. One in five of these men were victimizing children in their own homes. Slightly more than 20 percent were raping women and close to 30 percent were peeping in windows . . .

"Myth No. 2: Girls more often than boys are the victims of child sexual abuse.

Abel's study suggests that boys are far more likely to be victims of sex abuse than previously believed. (Which is in direct contrast to national reports separating incidents by sex of victims. See page 3 of this report.) It is estimated that two-thirds of all victims molested outside the home are boys. Of the 153 offenders studied who had sexually attacked young boys, the average number of molestations was 281. Those who molested girls had committed an average of 23 molestations. By comparison, 126 rapists studied had raped an average of seven times.

"Myth No. 3: Sex offenders of children don't begin their crimes until later in life.

'We asked all of these individuals how old they were when they started to do whatever they did . . . ' Approximately half reported beginning to attack children or engage in window peeping or exhibitionism by age 15. Some said their deviant behavior began as early as age 8. Yet most current efforts at curbing child sexual abuse focus on treating victims -- a method which is 'irrelevant in terms of prevention,' he said. 'We need to do something about sex offenders at an early age.'

"Myth No. 4: No good treatment exists for sex offenders. They must be put in jail.

'The treatments are already available. . . . They've been (tested). They're rather inexpensive. We can treat 10 outpatients for every one incarcerated patient.' But the real difficulty, Abel said, is to get the public to accept the fact that the majority of sex offenders do not go to jail. One out of 80 crimes actually leads to an arrest. Even those who are convicted spend an average of only three years in prison. . .

'The people who molest your children are your neighbors,' he said. ' . . . But we have to stop getting so emotionally involved in the situation and get concerned about preventing these crimes by helping these individuals control their behavior.'

Abel's conclusions provide a strong indication that actual child sexual abuse incidents are grossly under-reported and that much can be done to prevent the problem and treat the offender, once both professional and lay populations are made aware of the problem, its causes, and the programs available for prevention and treatment.

Additional information developed from the Tufts study provides the following offender characteristics:

- 96 % of the offenders were men.*

Of these, 19 % were natural parents; 22 % were related.

- Of the total of offenders, 40 percent functioned in the role of parent.*

Nearly half lived in the same home as the victim, though 34 percent were nonfamily members.

- Only 4 percent were actual strangers. (The study did indicate that other survey data suggest that abuse by strangers may occur somewhat more frequently in the general population than in children referred for services.)
- Half of the offenders were under the age of 30; 29 percent were adolescents.
- 82 percent of the offenders were either "blue-collar" workers or unemployed.
- Aggressive sexual approaches and physical injury of the child were equally likely whether the offender was a parent, a relative, or an acquaintance.

FACTORS LEADING TO CHILD SEXUAL ABUSE

Who Sexually Abuses Children?

According to information provided by Idaho's State Department of Health & Welfare, the majority of all sexual abuses are committed by someone the child knows and/or trusts--family members, relatives, babysitters, neighbors. Of these incidents, the most commonly reported are those involving incestuous relationships between fathers and their daughters, and less commonly their sons. Members of the extended family--for example, grandfathers and uncles--may also commit acts of abuse against granddaughters and nieces. A widespread, though seldom reported, form of incest occurs between siblings. More rare are incidences involving a mother and son and, most uncommon, a mother and her daughter.

Incidences involving strangers do occur though, as previously stated, less frequently. Usually, the stranger abuses a particular child only one time but will continue to abuse other children. (Other reporters indicate abuse by strangers may be quite prevalent but goes largely unreported.)

Factors Which Lead To Child Sexual Abuse

Stemming from developmental problems, abusers who are strangers to children typically have severe sexual problems and typically have great difficulty relating to adults. Fear of sexual rejection from other adults may compel these people to abuse children. According to a 1986 review by Kenneth Lanning, Supervisory Special Agent with the Federal Bureau of Investigation's Behavioral Science Unit, these individuals typically have an early and persistent preference for children in their sexual relationships. They may have sexual relationships with an agemate but, again, typically, this is to gain access to children associated in some way with the adult partner.

According to information from Idaho's Department of Health & Welfare, when the abuser is a person known to the child, the repeated sexual abuse of the same child may have started as an impulse in response to unusual stress--such as marital or personal-relationship troubles--developing subsequently into a serious sexual disorder. Lanning, in his study, describes these individuals as "regressed child molesters . . . whose sexual involvement with a child is a clear departure, under stress, from a primary sexual orientation towards agemates."

Certainly this is not to say that incestuous relationships or relationships with individuals outside the family yet known to the child don't stem originally from a primary preference by the offending adult for children as sexual partners.

In an incestuous family, several factors typically precipitate abusive behavior. Studies conducted by Idaho's Health & Welfare Department have isolated the following as factors typical of incestuous families:

**** A Breakdown in Family Life.** *In these situations, problems of intimacy between husband and wife are common. A father who has difficulty relating intimately to his spouse may turn to his daughter for that affection.*

**** Confusion of Family Roles.** *In some cases, a failing marriage may force a daughter to fulfill many of her mother's responsibilities, including her sexual role. The mother may be consciously or unconsciously aware of the relationship, but may deny it or do nothing to stop it.*

**** Problems with Alcohol.** *According to some estimates by the Department, 20 to 30 percent of all incest cases involve abuse of alcohol.*

**** A History of Abuse.** *As discussed earlier in this report, many fathers who commit incest were physically or emotionally abused as children. Likewise, many mothers of incest victims suffered physical or sexual abuse in childhood.*

Additionally, the report states that for some people, incest is an exercise of power--a way to help them overcome pervasive feelings of inadequacy.

In their study of cases coming to the Family Crisis Program, Gomes-Schwartz et al, concluded that family disruption combined with poverty may increase the likelihood that a child

will be sexually abused. "Poor families, especially those led by a single parent, often lack the financial resources to sustain a stable home environment. Families may move frequently; caretakers for the children may shift often because mothers must rely on an assortment of relatives or friends to provide intermittent help. As families become more disorganized, more people become involved in a child's life. Boundaries between adult caretaker and child become less clear, thereby making it easier for aberrant behavior to occur and go unnoticed by other adults in the household."

IDAHO'S PROBLEMS IDENTIFIED

According to the Tufts study in Boston, in addition to problems of underreporting are problems associated with investigation and criminal prosecution of child-sexual-abuse cases. In this study, successful prosecution was shown to be hampered by lack of available witnesses, inability of children to describe "beyond a reasonable doubt," and pressures on children by offenders to repudiate their stories.

Any state looking closely at the child sexual abuse issue will outline these as well as many other problems. Those in Idaho concerned with the problem have identified the following as major problem areas in reporting, investigation, prosecution and treatment of perpetrators, and resources available to victims of child sexual abuse.

One. Idaho has no established interagency, interdisciplinary child protective work force.

One of the biggest nightmares for the child victim/witness is the number of times that he/she is interviewed by various members of agencies who become involved in the process of investigation and prosecution. A victim can be subjected to as many as fourteen different interviews before the process is over. Getting bounced to different agencies to tell their story over and over can cause severe emotional damage to the victims and their families, and will hamper successful efforts to investigate and prosecute.

Two. Legislation that fails in a number of areas to provide a "legal framework" which aids the prosecutors and courts to protect children at risk and fully meet the needs of the child victim in protective services, case adjudication or victim compensation.

Many legal problems have been identified, not least of which in Idaho has been the problem of how the legislature has defined a child with regard to child sexual abuse. Idaho's legislature has defined a child as a person under the age of eighteen but, according to current law, the crime of child sexual abuse is only committed upon someone under the age of sixteen; therefore, a person cannot be prosecuted for perpetrating child sexual abuse if the victim is between the age of sixteen and eighteen. The only laws that pertain to sixteen-and seventeen-year olds are rape laws. Any acts of sexual abuse not covered by rape laws leave sixteen- and seventeen-year-old victims in legal limbo.

Other problems identified were those relating to length of adjudication proceedings, protection of the child victim from repeat victimization, extension of the statute of limitations to accommodate cases where the victim does not report the incident until they have reached the age of 18 and thus are no longer legally tied to the family offender, and compensation to the child victim for damages, including expenses for past and future therapy to treat emotional trauma.

Three. There are no statewide resources for treatment of child sexual-abuse victims.

One of the most serious aspects of child sexual abuse is the long-term effect on the child. Without counseling and professional help, a child abuse or neglect victim (especially a child-sexual-abuse victim) has been shown to be more likely to become delinquent and subsequently criminally-oriented in later years. These victims may become perpetrators, often of the same crimes, and eventually themselves burden law enforcement and the criminal justice system if steps are not taken to initially prevent or, after an incident occurs, counsel child-sexual-abuse victims and their families.

A publication by the U.S. Department of Justice, Child Abuse: Prelude to Delinquency?, September 1986, states that, "In an Arkansas diagnostic center and school, girls who had been adjudicated as delinquent or in need of supervision were asked to complete questionnaires. Of the 60 girls who responded, 53 percent indicated they had been sexually abused . . ."

There are other studies that show the unusually high incidence of delinquency among victims of child abuse and neglect when compared to the child population at large. Unfortunately, most do not differentiate between child abuse and child sexual abuse so no comparison of the

incidence of delinquency among victims of child sexual abuse compared with the child population at large can be made.

Even when delinquency is not the outcome, the adverse impacts of abuse linger. Adults abused as children deal with a number of long-term effects, generally including several of the following:

- ** Depression, including sleeping problems, listlessness, thoughts of suicide;*
- ** A sense of "drifting" numbly through life, without pleasure or goals;*
- ** Feelings of isolation -- feeling "different" from other adults;*
- ** Troubled relationships, including an ability to form close relationships, involving themselves in abusive relationships because the role feels familiar and secure, or becoming abusers themselves;*
- ** Self-destructive behavior, including eating disorders (anorexia, bulimia, overeating), abuse of drugs or alcohol, and prostitution.*

Four. Sentencing of the child sexual abuse offender is disproportionate to the crimes involved and no comprehensive program for treatment of offenders exists.

Inconsistent or disproportionate sentencing of child sexual abuse perpetrators has also been identified as a problem area. Some feel that sentences are not lengthy enough to serve as an adequate deterrent. Lack of treatment programs once the perpetrator has been identified is another area of concern.

National statistics support Idaho's concern over sentencing issues. The December 1984, Bureau of Justice Statistics Bulletin, "Tracking Offenders: The Child Victim," cites the following statistics which provide a national reflection of this problem. The study compares arrest rates for child-sexual-abuse offenders to rates for other comparable offender classifications:

- 1. ...among persons arrested for sexual assault, about 17 of every 100 receive prison sentences of more than a year. The comparable figure for sexual assault involving a child victim is about 13 of every 100 persons arrested.*
- 2. For other sex offenses, 10 of every 100 persons arrested receive prison sentences exceeding 1 year. Among persons arrested for sex offenses involving child victims, the comparable rate is 8 of every 100.*

3. *Among persons arrested for family offenses (spousal abuse, bigamy, nonpayment of alimony, child neglect, cruelty toward child, etc.) about 4 of every 100 are sentenced to prison terms of more than 1 year. Among persons arrested for family offenses involving a child victim, the comparable statistic is approximately 2 of 100.*
4. *. . . approximately 8 of every 100 persons arrested for offenses against children receive prison sentences of more than a year, compared to about 12 of every 100 persons arrested when all victims are considered together.*

In the Tufts report, "Child Sexual Abuse Victims and Their Treatment," of the 60 cases reported to police, only two-thirds resulted in arrests, and only half of those individuals taken into custody received sentences requiring incarceration.

Quoting from several sources, Lois Haight Herrington, Assistant Attorney General, Office of Justice Programs, in a speech delivered at the National Conference on Data Quality in Washington, D.C. in 1986, provided the following insights on sentencing of child sexual abuse perpetrators: ". . . sentences given to these offenders upon arrest and conviction are no where near commensurate with the harm done. Judges generally sentence child molesters to probation, out of custody treatment, or to less than a year in jail. A National Institute of Justice Study . . . is finding that the average sentence for sexually assaulting a child is approximately 30 days in jail."

While most mental health professionals agree there is no completely successful program for treatment of pedophiles and child molesters, treatment and intervention/prevention programs do exist. Any level of success is beneficial in reducing the problem and extended efforts to maximize intervention, prevention and treatment efforts need to be addressed. According to most report findings, repeat child sexual abusers begin this behavior in adolescence. By the time they come in contact with the criminal justice system, through investigation or arrest, they have committed many, many acts and their behavior has become a deep-seated, chronic psychological problem. If all efforts for treatment and prevention are aimed at the identified adult offender, success will continue to be limited. Much energy must be put into identifying potential or "new" offenders while they are young, or before their behavior has become chronic, making them more amenable to successful treatment.

As pointed out in a report from the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, only a small percentage of parents who abuse their children have serious mental problems. "The majority of them are under personal or situational stress and can benefit from community services to them and their child that can help them cope better. One study identified 80% of abusive parents as amenable to treatment."

Five. There is a lack of information sharing between agencies involved in the investigation and prosecution of child sexual abuse cases.

Problems in the investigation and prosecution of child sexual abuse cases were also covered in the Bureau of Justice Statistics Bulletin, "Tracking Offenders: The Child Victim." One of the biggest problems identified was the lack of interagency information sharing. This study, done in the early 1980s, was already pointing to a serious need for interagency cooperation and information sharing.

In Idaho as well, agencies find this to be a major problem as no uniform, central source for information exists between social-service investigators, law enforcement, prosecutors and the courts.

Six. Idaho has no statewide policy for interagency cooperation between law enforcement, Health & Welfare, school officials and prosecutor's offices.

Barriers to cooperation among agencies (social service, law enforcement and judicial) have been overcome in many states and, in Idaho, agencies do recognize the need to work together yet most agencies (both on state and local levels) have not been able to establish interagency task forces on child sexual abuse for a variety of reasons. Agencies must recognize the severity of the child-sexual-abuse problem and its implications and act together to curb the incidence and increase the effectiveness of their investigations, prosecutions, and victim and perpetrator treatment programs.

One conclusion reached in the Tufts study in Boston was that in many cases there is an inefficient use of resources because of conflicts between social service workers who want to protect the privacy of their clients and law enforcement officials who want to prosecute the offenders.

A recent case in Washington, D.C., illustrates the potential seriousness of this problem. An area man, after being convicted of a sexual offense against a young boy, was still able to obtain work as a gymnastic instructor at a local, private school. While working for the school, he was convicted a second time for a sexual offense against another young boy, receiving a sentence of probation. The school employing him remained unaware of his criminal activities until he was arrested a third time, five years later, for molesting school students.

Seven. The current court system usually does not differ in how it handles adult versus juvenile victims--there are no mechanisms to address the special needs of the child victim/witness.

For children, especially those already traumatized by acts of abuse and further by implicating their families or other adults, appearance in court is both intimidating and stressful. Judges loom far above these children as they sit isolated in the witness stand, attorneys often use language children do not understand, defense attorneys ask questions intended to confuse them for reasons children cannot comprehend, and this all occurs with a roomful of people watching.

Under such conditions, according to Debra Whitcomb, "many children cannot be expected to behave on a par with adults. Often they recant or freeze on the witness stand, often leading to dismissals for lack of evidence. If child victims are treated insensitively while their allegations are investigated and adjudicated, their participation in the process is likely to suffer, in turn weakening the case." As a result, changes to accommodate children in court have been identified as a serious need.

In addition, in most counties and judicial districts in Idaho, child-sexual-abuse victims and their families have no resources to which to turn for information or guidance about the judicial process. In most instances, the child-sexual-abuse victim goes into court with no understanding of how the judicial system works, what is going to happen, what is expected of them, nor why they have to tell their story again.

Court-appointed advocates can do much to ease the stress by preparing young witnesses and their families for court appearances and by assisting them to find other needed resources. A lack of child advocates has been identified as a serious problem throughout the state.

Eight. Law enforcement investigators, especially in more isolated, rural communities, typically receive little or no specialized training in child-sexual-abuse investigation and case handling.

With little or no specialized training, law enforcement personnel in isolated communities must rely on techniques used in other types of investigations. In most instances, the result is that many cases brought to their attention may not result in prosecution for a variety of reasons.

This is far from being a local problem and, as Debra Whitcomb states in her report on prosecution of child sexual abuse cases, reasons for no, or unsuccessful, prosecution "include an inability to establish the crime, insufficient evidence, unwillingness to expose the child to additional trauma, and the belief that child victims are incompetent, unreliable, or not credible as witnesses. Yet, public sentiment increasingly favors criminal justice intervention in these cases."

Adequate specialized training is mandatory if we expect cases to be detected and brought to successful conclusion.

STEPS TO SOLVING THE PROBLEMS IN IDAHO

Governor's Task Force on Children at Risk - Suggesting Mechanisms for Change

One major effort by the State of Idaho to improve and meet the need for change in the current system has been creation of the Governor's Children-at-Risk and the Attorney General's Victims' Rights Task Forces. Together these efforts have provided the public, legislators, and involved agencies with information on the nature and extent of the problem and recommendations to make the "system" more responsible and responsive to children at risk and their families. Recommendations have also been made to address means for prevention of the problem by early detection, intervention and treatment of those at risk of committing these acts, and detention and/or treatment of perpetrators to prevent further criminal activity.

Major themes presented by the Children at Risk Task Force are:

- 1) To create multi-disciplinary teams;***
- 2) To have adequately-trained professionals to work on child sexual abuse cases, and;***

- 3) *To develop legislation which provides Law Enforcement investigators, Prosecuting Attorneys, and Health and Welfare social service case workers with a legal system that protects children at risk.*

The number one barrier to solving the problem of child sexual abuse identified by the Task Forces is the lack of qualified professionals to respond to the increasingly more numerous and difficult complaints. Problems of a lack of specially-trained professional personnel and heavy caseloads cut across all agencies. Law enforcement and corrections personnel typically do not have prior training in dealing with sexual offenders, and are often confronted with large caseloads involving many different offense types. According to the reports, adult probation/parole officers working with sexual offenders in Idaho communities carry caseloads of 75 each. "Burn out," due to the nature of the cases and the stress imposed, has been identified as a major component of this problem, as "seasoned" personnel's caseloads burgeon.

Unfortunately, implementation of recommendations regarding hiring and training of professionals is the most costly change for agencies and is, therefore, most opposed.

Substantiating that this is not just an Idaho problem is a report prepared by The National Center on Child Abuse Prevention Research, which is a program of The National Committee for Prevention of Child Abuse. The report, Child Abuse Fatalities Continue to Rise: The Results of the 1988 Annual Fifty State Survey, prepared by Deborah Daro and Leslie Mitchel, discusses funding issues. Even though states are distressed by their child-abuse problems and have taken steps to address the seriousness of the issue, only 12 states reported receiving increases in their child welfare budgets (the majority of which were cost-of-living increases only). 32 states reported no change in their operating budgets. "In those states with declines, the most common budget balancing measure was to reduce staff." Loss of staff and an increase in caseload size were reported by administrators of several states. States with modest increases tended to allocate these additional resources to their investigative units to address the problem of increased reports. "Unfortunately, as more victims are found through additional investigations, the pressure for therapeutic and support services increases. The lack of services is particularly acute in rural areas where families may need to travel significant distances to receive assistance." Another

serious consequence of limited budgets, pointed out in the report, is that therapeutic services for abused children are available for only a fraction of substantiated cases.

The Children-at-Risk and Victims' Rights Task Force reports both emphasize the importance of communication, coordination, and cooperation between agencies in handling child sexual abuse cases. A need to establish formal, written protocols or multi-agency agreements is strongly recommended.

With the authors' permission the following recommendations, strategies, and discussion of findings have been extracted from the Governor's Task Force on Children at Risk, October 1988 publication, Children at Risk, A Report on Idaho's System for Protecting and Serving Children At Risk of Sexual Abuse:

Recommendations

(Agencies, organizations and resource personnel identified by the task force to be those logically involved in implementing each strategy are shown in parentheses.)

Excerpts from Recommendation 1: Establish an adequate, specialized child protective work force statewide.

In each defined region of the state, establish a specially-trained, multi-disciplinary team, consisting of law enforcement, social work, treatment, prosecution, adult corrections and other child protective resource personnel, to conduct technical investigations and interviews and to provide technical assistance on-call throughout their areas.

Encourage local law enforcement agencies to draw more skilled, seasoned personnel into the specialized area of investigations. (Task Force, Department of Law Enforcement, Idaho Sheriffs' Association, Idaho Chiefs of Police Association)

Obtain legislative funding for the Department of Law Enforcement to hire additional deputies as special investigators into child sexual abuse cases. (Department of Law Enforcement, Advocates, Legislature)

Excerpts from Recommendation 2: Provide continuing training for the child protective work force.

Provide annual training for professionals who are required by law (The Child Protective Act) to report suspected abuse or neglect, at least to include physicians, nurses, hospital personnel, emergency medical technicians; coroners; school teachers, aides and administrative personnel; day care personnel. (Department of Health and Welfare, Department of Education, Department of Law Enforcement, professional and licensure/certification organizations)

Develop, require, and present training for investigators, both child protective staff and state and local law enforcement investigators, to insure that they meet minimum standards and follow procedures as established and identified in a protocol manual, including standardized interviewing and interrogation procedures and state-of-the-art techniques such as use of anatomically-correct dolls and drawings and thorough knowledge of stages in child development. This would include training opportunities at Idaho's Peace Officers Standards and Training (P.O.S.T.) Academy as well as out-of-state programs for law enforcement officers assigned to child protection. (Health and Welfare, Department of Law Enforcement)

Whenever possible, offer cross-training opportunities, involving Department of Health and Welfare, Department of Education, Department of Corrections, Department of Law Enforcement, local law enforcement agencies, guardians ad litem, school administrators, prosecutors, judges and medical personnel. Also, include social workers in P.O.S.T. Academy courses and law enforcement officers in Health and Welfare training activities.

Excerpts from Recommendation 3: Ensure the efficient, effective investigation and prosecution of all cases of child abuse.

The word "revictimization" was repeated again and again by Task Force and public hearing witnesses. It was applied to various stages of the child protective process, but mostly to the investigative/interviewing phase where the victim must rehash the experience countless times as they are contacted by child protection workers, law enforcement investigators, prosecutors, parents and others involved in case preparation/handling. Witnesses attested to the emotional trauma inflicted by these multiple, uncoordinated investigations and interviews.

Thus was Recommendation 3 included to reduce the number of interviews of victims to no more than two specially-trained investigators, to encourage videotapes of the interview or written accounts by child victims for use by other professionals who must be involved in the case, and also to ensure that complaints are investigated promptly, that decisions to prosecute are made quickly and that actual prosecutions are expedited to minimize, to the extent possible, additional trauma to victims and their families.

Excerpts from Recommendation 4: Provide for the protection of child victims within or outside their own homes.

To protect the child and other family members from the potential of repeat victimization when the alleged perpetrator is not incarcerated, the recommendation is to use and enforce "no contact" orders. Provisions that preclude the alleged offender from the area of the child's home, school, and other places regularly frequented by the child should be included.

When out-of-home placement provides the best protective mechanism for the child victim, roles and responsibilities of all agencies and resource personnel involved should be clarified.

Excerpts from Recommendation 5: Promote information sharing among organizations and individuals who serve children at risk.

Since record keeping should facilitate study of crimes over a period of time, standardized coding, reporting and presentation of data on crimes (misdemeanors, felonies and Youth Rehabilitation Act) committed against children and case disposition should be standardized. Reporting of this data should be coordinated so that all involved agencies and resource personnel have access to records for the purposes of differentiating child sexual abuse from other crimes against children, of developing information on the true extent of the problem and on case outcomes. (Department of Health and Welfare, Department of Law Enforcement, local resource personnel and the Judiciary)

Excerpts from Recommendation 6: Develop a state plan for child sexual abuse prevention and treatment.

The majority of the Task Force recommendations focus on ameliorating the devastating effects of child sexual abuse. However, awareness that statewide planning and prevention activities

are the keys to stopping the problem was constantly in the background of deliberations. It is clear that prevention is less traumatic and less expensive than curing the wounds. While the Department of Health Welfare, schools, and law enforcement agencies do offer some prevention programs, there is no planned, statewide program; therefore, development and presentation of prevention and public education programs with emphasis on sexual abuse (relevant to both urban and rural communities) is strongly recommended. (Department of Health and Welfare, Department of Law Enforcement, local resource personnel)

1989 Activities Resulting From Task Force Efforts

The Task Force is continuing its activities to establish statewide protocols for interdisciplinary, multi-agency task forces, and for minimum training for investigators and social case workers to establish an adequate, specialized child protective work force statewide. Concomitantly, several agencies have implemented efforts to address many of the issues outlined in the Task Force report. Among these are the following:

*** The State Department of Health and Welfare has received a \$167,000 legislative appropriation for staff training and training-program development, to focus on a certification training program required prior to involvement in case-management activities.*

*** The Idaho P.O.S.T. Academy is expanding its training program to include special child-sexual-abuse seminars. The Academy provides four hours of child-sexual-abuse training during its regular six-week session. Additional training scheduled for 1989 includes eight to ten two-day seminars on child sexual abuse. An increase in the actual number of hours of child-sexual-abuse training provided during the Academy will be considered with sufficient evidence of need or upon request from local law enforcement agencies.*

*** Judicial training is now being provided to all magistrate and district judges to ensure that courts meet the specialized needs of children coming into court to provide testimony.*

*** A federal grant proposal has recently been awarded to fund a State Law Enforcement Special Investigator position. This position's responsibilities will be to train and assist local law enforcement agencies throughout the state in domestic-violence case handling and investigation, including child-sexual-abuse cases.*

***** Bannock County, an eastern Idaho county, has entered into a protocol agreement with several other local as well as state agencies to develop a multi-disciplinary, child abuse task force to handle cases within the county.***

***** A new unit, entitled CARES Unit, has recently been developed at St. Luke's Regional Medical Center, located in Boise, Idaho. The Unit provides a central location in the southwestern section of the state for interviewing and complete physical examination of child abuse victims. The Unit has specially-trained staff and is equipped with a one-way mirror and video camera.***

***** During the 1989 session, Idaho passed legislation requiring the State Attorney General's Office to gather data from state and local governmental units, the Idaho Department of Health and Welfare, prosecutors, administrative officers of the courts, and probation and parole officers pertaining to children-at-risk in Idaho. The compiled information is to be submitted as an annual report.***

Legislation and the Situation in the Courts

1989 Legislation - Attempts to Address the Issues

On July 1, 1989, several bills affecting issues related to child-sexual-abuse cases became effective. As a result, legislation in the Idaho Code addresses many of the serious issues raised by the Governor's Task Force on Children at Risk to prompt all involved agencies and resource personnel to handle cases as expeditiously and efficiently as possible to minimize further trauma to child victims and their families. The following are representative of the issues addressed by new law:

***** In all criminal cases and juvenile fact-finding hearings that involve a child victim, the court and the prosecuting attorney shall take all appropriate actions to ensure a speedy trial. Further, the court is to consider the adverse impact that any requested delays or continuances might have on the well-being of a child victim or witness.***

***** The court shall not order a witness to submit to a psychiatric or psychological examination to assess witness credibility, except where the party agrees.***

***** All adjudicatory hearings under the Child Protection Act shall be held within thirty days of filing petition.***

***** Provisions for establishment of child advocate coordinators to coordinate guardian ad litem programs in judicial districts have been made effective.***

***** Any person (parent, counselor, friend, etc.) having a supportive relationship with a child witness--a "friendly face"--shall be allowed to remain in the courtroom at the witness stand during the child's testimony.***

***** Provisions for the testimony of a minor to be taken by use of a two-way, closed-circuit television system were established.***

Additional legislation passed into law includes that which amends Idaho Code to extend the statute of limitations on crimes against minors to five years after the date the child reaches 18 years of age; and that which amends the Child Protective Act to provide for the child's safety by protective order which removes the offender from the home of the child victim.

Several pieces of legislation addressing child-sexual-abuse issues were not passed. Among these was legislation which would have stiffened penalties for repeat offenses with different children, commission of illegal acts with victims under the age of 13 years, administration of alcohol or controlled substances to the victim, or the defendant being in a "special trusting relationship . . . or in one of the following relationships to the victim, including parent, grandparent, uncle, guardian, counselor . . . or household member." In instances such as these, and others delimited in the amendment, a minimum five year sentence would have been imposed.

Other important legislation not passed would have amended Idaho Code to provide that lewd conduct with a minor under age eighteen is a felony. This would have provided a mechanism for legal protection of sixteen- and seventeen-year olds, who are now protected by Idaho Code only from acts of rape.

In addition, legislation which would have amended Idaho Code for provision of compensation for damages suffered by child victims and their families, including expenses for past and future therapy to treat emotional suffering and/or mental anguish, was not passed.

The Court System - Addressing the Issues

The current Administrative Director of the Courts in Idaho, Carl F. Bianchi, met with the Children-at-Risk Task Force in the fall of 1988 to discuss their concerns and recommendations for making the courts more responsive to the problems. In a letter to the Chairman of the Task Force, Mr. Bianchi addressed the task-force recommendations and the progress of the courts in meeting them. The following excerpts from the letter clearly demonstrate that Idaho's courts are concerned and willing to act to address the issues raised:

"With respect to education programs for judges to develop their skills in handling children's cases, the following has been done:

- 1. A comprehensive training program was held for district judges in January of 1989.*
- 2. A full day of training will be held for magistrate judges on November 2, 1989.*
- 3. A topic on the developmental aspects of children has been made a permanent segment of the New Judge Orientation program.*

"Concerning the recommendation to improve sentencing through training and awareness, sentencing training has been provided to district judges, emphasizing the following components:

- 1. 'No contact' orders.*
- 2. Taking the offender, not the child, out of the home.*
- 3. Supervision and treatment alternatives.*
- 4. Discourag[ing] use of withheld judgments.*
- 5. Incarceration.*
- 6. [Soliciting] victim comments before acceptance of plea bargains.*
- 7. Restitution [to] provide for payment for care and treatment of victims.*

"Concerning the adoption of court rules and procedures more sensitive to child witnesses, each judicial district has been asked to adopt goals and objectives to:

- 1. Enable children to visit the courtroom [prior to court appearance].*
- 2. Provide separate waiting rooms for child victims and witnesses.*

3. Upgrade courtroom sound systems [to pick up the softer voices of children].
4. Provide chairs [designed] for children."

Mr. Bianchi also emphasized the judiciary's concern for offender treatment, especially juvenile. The judiciary strongly supported the Juvenile Justice Reform Act of 1989 which would have served as a mechanism to establish community-based assessment and treatment programs throughout the state for juvenile sex offenders.

The Role of Law Enforcement

In the National Center on Child Abuse and Neglect's report, The Role of Law Enforcement in the Prevention and Treatment of Child Abuse and Neglect, the authors point out their rationale for law enforcement involvement beyond that mandated by law. They suggest that the law enforcement officer is perhaps the most widely available helping professional in many communities. Law enforcement officers are well-known and readily identifiable, and when help is needed, they can be quickly located. Of all agencies in a community, the law enforcement agency is the one most likely to be readily available to all citizens on a 24-hour basis, seven days a week. Other agencies may have restricted hours or geographic limits.

Whether law enforcement agencies choose to see themselves in the additional role associated with prevention and treatment remains open to choice; in most states, however, law enforcement's legal responsibilities are well-defined.

State Law Defining the Role

As a result of current laws, law enforcement agencies have a unique responsibility in child-sexual-abuse cases. Even following recent revision, Idaho's Child Protective Act requires that imminent danger to child victims remains solely a police-officer determination. Only law enforcement personnel have the legal authority to remove a child to temporary emergency shelter care if they determine the child to be in imminent danger in any situation. New legislation, in addition, gives the police officer the authority to either issue a protective order or remove an alleged offender from the home of a victim of abuse or neglect, not only to protect the child, but to reduce victim trauma by allowing the child to stay in familiar surroundings with other family-member support.

In addition, law enforcement agencies are usually one of the two agencies designated to receive reports of abuse. They are often in a position to identify abuse and neglect, and many times they have the first contact with the family.

As a result of these circumstances, law enforcement plays a critical role in both the civil and criminal aspects of child-sexual-abuse case handling. This role gives them, perhaps, the greatest responsibility of all in encouraging cooperation between agencies in handling child-sexual-abuse cases, to address not only the legal issues, but the prevention, treatment, and compensation aspects as well. They can set a stage for this cooperation by assuming a responsibility to be actively involved in formation of multi-disciplinary teams and by demanding that, as members of these teams, they receive specialized training in state-of-the-art case handling and investigation techniques. In Idaho, many local law enforcement agencies--Police Departments and Sheriff's Offices--are quite small (especially relative to the geographic size of their jurisdictions) are minimally funded, and often exist in isolated parts of the state. They may naturally expect the State's Department of Law Enforcement (DLE) to take a lead in providing protocol for establishing and developing training for model teams.

Making the Role More Effective

Currently, Idaho's P.O.S.T. Academy provides four hours of child-sexual-abuse training during its six-week session. Additional training, scheduled for 1989, will be eight to ten, two-day seminars on child sexual abuse. In addition to its six-week session, the P.O.S.T Academy provides over 800 hours of training throughout the year and child-sexual-abuse case handling is included, depending on demonstration of need or upon special request by law enforcement agencies.

With a Special Investigative position to handle domestic-violence, including child sexual abuse, cases already in place, the State's Department of Law Enforcement appears to be meeting the challenge with alacrity. State-level law enforcement investigators traditionally have not handled child-sexual-abuse cases. In response to a special request by another, usually local, law enforcement agency, state investigators will assist in investigations, but those involved freely admit they have not received the specialized training these cases require. The grant-funded special investigator position, once fully operational, will change the Department's role in regard to

domestic-violence, including child-sexual-abuse, investigations in that its purpose will be to assist local agencies to better handle these cases by providing training and investigative support. The investigator in this position can provide training in state-of-the-art case handling and investigative techniques, and mechanisms to achieving optimum cooperation with other agencies through interdisciplinary team efforts.

One of the state's largest local law enforcement agencies (in terms of population served and number of commissioned personnel), Ada County Sheriff's Department, because of the volume of family-disturbance cases handled, currently has three full-time detectives whose sole function is to handle crimes against persons. The detectives receive specialized training and in turn provide training on child sexual abuse at the State's P.O.S.T. Academy and to local agencies. These detectives and a county Victim/Witness Coordinator currently provide all of the training made available to local agencies for this type of investigation.

The Victims' Advocate Coordinator position was originated at the Ada County Prosecuting Attorney's Office four years ago. Currently there are two full-time positions, one with the Ada County Prosecutor's Office, the other with the Ada County Sheriff's Department. The Advocate's role is to develop a rapport with victims, assist victims in finding other needed resources, and inform victims of court procedures.

The Sheriff's Department was also instrumental in development of the CARES Unit (described below).

CARES Unit at St. Luke's Regional Medical Center provides a central place for case workers to conduct interviews and complete physical examinations of child abuse victims, all in one visit. The center is equipped with a one-way mirror and video camera. Two specially-trained registered nurses and a staff of several physicians conduct the interviews. The Unit was initiated by Boise pediatrician, Dr. Tom Cornwall, through cooperative efforts with local law enforcement agencies, state and local government officials, and the State Department of Health and Welfare.

Idaho's Model Task Force

Idaho's Bannock County, in 1989, created a multi-disciplinary task force and protocol agreement to handle child abuse cases within the county. The Bannock County Task Force consists of individuals representing Region VI of the State Department of Health and Welfare, the County Prosecutor's Office, the County Sheriff's Office, Pocatello City Police Department, Chubbuck City Police Department, the Community Task Force on Child Sexual Abuse, School District #25, State Department of Corrections Probation and Parole, and other involved agencies.

The Bannock County Task Force members serve a two-year term, meet at least monthly, and function to:

Discuss and solve interagency issues;

Develop action plans;

Recommend policies and guidelines for education/training of staff involved in child protective services;

Sponsor interagency training;

Oversee implementation of interagency protocol;

Review and update protocol, as necessary.

The main goal of the Task Force, implemented through its protocol, is to provide a system that is more streamlined, sensitive, and effective as a means of investigating and prosecuting child-abuse cases, while doing the utmost to safeguard victims.

Bannock County's Child Abuse Protocol Agreement provides guidelines for handling initial intake, investigation, interviews, prosecution, case follow-up, case disposition, probation and parole, treatment (victims and offenders), prevention, dispute resolution, and case confidentiality.

MODEL TEAMS - THE IDEAL SOLUTION?

Perhaps the most all-encompassing and promising approach to emerge from the dialogue on child-sexual-abuse issues is the inter-disciplinary, multi-agency team approach. In this method, all agencies involved in any capacity have a representative who is a member of the team. The team functions as a cohesive unit to determine, within previously established protocol, how cases presented to the team are to be handled. Because all agencies--social service, investigative, legal, courts and medical--are represented, case processing is expedited. Because cases are handled with sensitivity by well-trained professionals from all disciplines, the needs of all involved--especially those of child victims and their families--are well met.

Some well-established model teams already exist and to illustrate how model teams can be created and the advantages of this approach, examples of two very successful programs are provided.

Children's Advocacy Center, Huntsville, Alabama.

This Center houses a facility where interviews for case-investigation purposes, medical examinations and psychological assessments are conducted and information is centrally collected and assessed. This model approach is based on two ideas: 1) that a house provides a non-threatening environment for the children and their families and, 2) that merging of several interviews into one reduces the trauma experienced by the child.

The Center has been in operation since May of 1985 and grew out of recommendations based on findings of a community child abuse task force. It is organized as an independent, tax-exempt, non-profit agency, with an Advisory Board of Directors. There are twenty-four members of the Board with representation from child protective services, law enforcement agencies, case prosecutors, mental health (public and private) practitioners, medical experts, the legal and business communities, and civic-minded volunteers.

Because all case components are assembled at one location, information-sharing is simplified and case handling is expedited. Since the child comes to one location for all aspects of investigation and case handling, trauma to children and their families is reduced.

Colorado's Community-Based Child Protection Teams

Underlying development of Colorado's Child Protection Teams was a concept originated in 1962 by a physician, Dr. C. Henry Kempe. His original idea of a hospital-team based approach to child protective services has gradually expanded over several years into community-based teams with representatives from as many as twelve different disciplines. Members of involved agencies voluntarily became active in the community-based team approach.

Colorado law now suggests that if possible teams have the following members: a physician; a representative of the juvenile court, or the district court with juvenile jurisdiction; a representative of a local law enforcement agency; a representative of the county department of health and human services; a representative of a mental health clinic; a representative of a public health department; an attorney; one or more representatives of the lay community; and, "when any racial, ethnic or linguistic minority group constitutes a significant portion of the population of the jurisdiction of the child protection team, a member of such minority group shall serve as an additional lay member of the child protection team."

In 1975, a major revision was made to the Colorado Children's Code which mandated child protective teams in counties reporting 50 or more cases of child abuse or neglect in a single year.

As of 1984 there were 42 county-supported child protection teams in Colorado. Of the 42, more than half (23) were voluntarily initiated, affirming the community support for a multi-disciplinary-team approach to children at risk.

Several counties have more than one team; depending on distribution of population centers and geographic distances, as many as three teams have become necessary. In rural counties, some teams were disbanded due to lack of case volume, but will reassemble if needed.

In 1979, the Colorado State Department of Social Services, through a state grant from the National Center on Child Abuse and Neglect, undertook a project designed to develop new teams in rural areas and provide technical assistance to enhance the effectiveness of existing teams. Because of its wide utilization, this technical assistance has continued to remain available.

CONCLUDING REMARKS

We all have the responsibility to ensure that programs are made available to families at risk which help them counter those influences which may lead to family disturbances and to educate them in ways which break often self-perpetuating cycles of violent and abusive behavior. As Elliott Currie states in his article, "Confronting Crime": ". . . we need a much greater commitment to family support programs, especially real rather than rhetorical support for comprehensive programs against child abuse and domestic violence." Currie, in discussing the family as a major component of social-environmental criminology, emphasizes that we must recognize the family as both a crucial shaping force and one that is shaped by large forces outside itself and, therefore, must recognize the need to create "genuinely pro-family economic policy at the national level and far greater attention to interventions at the level of individual families." Since the consequences are great, violence in the home needs to be given "the same political emphasis that crime in the streets has been given in the latter part of this century."

Even given an ever-increasing body of empirical evidence that points to the impact of the family in shaping childrens' subsequent behavior as adults, we are not implementing the kinds of programs which would alter the negative impact of family disturbance. As Currie so poignantly states, ". . . we are quite simply allowing a massive and at least partly preventable tragedy to play itself out in soul-shattering ways", the victims being children who, because of other social and economic disadvantages, are quite vulnerable and largely invisible.

To the community at large, these victims do seldom become visible yet, as Steven Stayner points out in his appeal for abducted children, as a spokesman for the Kevin Collins Foundation in San Francisco, "... it's not hard to [recognize] a child in trouble. And it's not hard to do something about it." Growing up from age seven to age fourteen as an abducted, sexually-abused child, Steve recounts that "some people knew, but didn't do anything. Some suspected, but would not get involved."

So, as individuals concerned with these children and the problems they face, we can become involved; we can implement programs to intervene and assist families at risk to prevent delinquency and crime before they happen. We can also begin now to address the basic needs of the juvenile offender and meet them regularly--make the time they spend in a correctional

facility as constructive as possible so that they leave a bit healthier, a bit smarter, a bit more sober in their attitudes about themselves and their potential. We need to address the treatment needs of the adult offender so that the cycle of repeat offense is broken. To reiterate the comments of Dr. Gene Abel, "...treatments are already available and tested. But we have to stop getting so emotionally involved in the situation and get concerned about preventing these crimes by helping these individuals control their behavior."

As researchers, we are given the role to report as objectively as possible results of our studies and to offer solutions, again, as dispassionately as possible--we can describe the extent of the problem, even profile probable causes and offer policy changes, typically remote from ourselves, to address the problem. And, too often, we see that as the end of our role. Yet, the effects of child sexual abuse to even one child are not tolerable and the effect on families and communities is great. Methods that work are available and we are responsible to one another to do all that each is able to eliminate this problem. More pointedly, if we are aware of the problem and then look the other way, take no positive action, aren't we, in effect, then also guilty of perpetuating it? We may affect few people directly in our lifetimes, yet if each of us reaches out in our communities, first by a willingness to look clearly at problems and, second, by encouraging efforts to positively alter them, our impact is great.

The following list provides sources for contact, both within the state as well as national, for those with a need for additional information. Many of the individuals and agencies listed have been directly involved in interdisciplinary-team development, victim advocate program initiation, prevention, treatment and training program development. They are more than willing to provide assistance, including printed information, to those agencies interested in developing model teams, court advocate programs, and training/prevention/treatment programs.

IDAHO RESOURCES

Training

Michelle Macaw
Victims/Witness Coordinator
Ada County Sheriff's Dept.
7200 Barrister Drive
Boise, ID 83706
(208) 377-6735

Michael Becar
Deputy Director
Dept. of Law Enforcement,
P.O.S.T. Academy
6113 Clinton Street
Boise, ID 83704
(208) 327-7150

Community Education

Laurie Gillis
Victims' Advocate
Victims/Witness Coordinator
Ada County Prosecuting Attorney's Office
514 West Jefferson
Boise, ID 83702
(208) 383-1237

Victim/Witness Programs

Greg Bower
Ada County Prosecuting Attorney
Ada County Courthouse
514 West Jefferson
Boise, ID 83702
(208) 383-1237
(Established Ada CO's Victims/Witness
Coordinator's position)

Offender Programs

Rudy Evenson
Program Coordinator
Department of Corrections
Field & Community Service
1075 Park Blvd.
Boise, ID 83720
(208) 334-2318
(Task Force Member)

Legislative Advocates

Honorable Debrah Bail
District Court Judge
Ada County Courthouse
514 West Jefferson
Boise, ID 83702
(208) 383-1200
(Task Force Member)

Honorable Lowell Castleton
Magistrate Judge
Franklin County Courthouse
Preston, ID 83263
(208) 852-0877
(Task Force Member)

Model Task Force Protocol

Lt. Lorin Nielsen
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**Additional Members of the Governor's
Children-at-Risk Task Force**

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Ken Patterson
Director, Region I
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1120 Ironwood Drive
Coeur d'Alene, ID 83814
(208) 765-9625

Donna Francis
Family and Children's Services
Department of Health and Welfare
State Office Building
1118 F Street
Lewiston, ID 83501
(208) 799-3310

NATIONAL RESOURCES

*The C. Henry Kempe National Center for the
Prevention and Treatment of Child Abuse and Neglect
Health Sciences Center
University of Colorado
1205 Oneida Street
Denver, CO 80220
(303) 321-3963*

*The Center has a staff comprised of pediatric specialists, legal experts, and practitioners from several other disciplines. They will provide consultation and advice on development of multi-disciplinary child protection teams.
Contact Number: (303) 270-8269*

The Center also conducts workshops and seminars on a contractual basis on various child-abuse topics. The workshops and seminars can either be held at the center in Denver or on-site in your state.

Contact David Denson, (303) 321-3963

In addition, the Center houses an extensive resource library. Library memberships are available and library staff will conduct information searches for specific articles or books. Through the library, audio-visual materials are available for sale or rent and various publications are made available for sale.

Contact Gail Ryan, (303) 321-3963

* * * * *

*National Legal Resource Center for Child Welfare
American Bar Association
1800 M Street, N.W.
Suite S-200
Washington, D.C. 20036
(202) 331-2250*

The Center is committed to integrating child-welfare-program issues with appropriate legal- and judicial-system responses.

The Center's professional staff and network of legal consultants plan and conduct legally-related training programs. The Center's staff assists in drafting and reviewing agency policy manuals, regulatory policies, guidelines and protocols, special legal documents, and legislation.

The Center also has available a legal risk management team that will assist agencies in identifying areas where policy reform, special training, or improved legal practices are advisable.

* * * * *

***The National Children's Advocacy Center
106 Lincoln Street
Huntsville, Alabama
(205) 533-5437***

The Center deals specifically with child-sexual-abuse issues and is an excellent source for journals, books, monthly newsletters, newspaper articles and training videos on all aspects of the child-sexual-abuse problem.

The Center also has an excellent implementation guide which details how to set up a multi-disciplinary system, including policies and procedures, role definitions, and agency-agreement guidelines.

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***The National Committee for Prevention of Child Abuse
P.O. Box 94283
Chicago, IL 60690
(312) 663-3520***

This is a volunteer organization dedicated to "translating knowledge into community action through education, research, and policy development." The goal of the organization is to eliminate child abuse in the United States by having a fully aware public nationwide, by developing an extensive body of child abuse prevention knowledge, by having child-abuse prevention services available to all, and by improving public and private sector child-abuse prevention policy.

The organization's Center on Child Abuse Prevention Research is responsible for monitoring achievement of these goals by conducting various research projects.

The Committee publishes a variety of educational materials that deal with parenting, child abuse, and child-abuse prevention. A catalog is available free upon request from the organization's Publications Department, at the above address.

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***The National Resource Center on Child Sexual Abuse
Alabama Office
106 Lincoln Street
Huntsville, Alabama 35801
(205) 533-KIDS***

***Maryland Office
11141 Georgia Avenue
Wheaton, Maryland 20902
(301) 949-5000***

***Information Service
1-800-KIDS-006***

The Center serves as an information, training, and technical assistance center designed for all professionals working in the field of child sexual abuse. Primary goals of the Center are to advance knowledge and improve skills. Several services are provided to help professionals better respond to, investigate, and manage child sexual victimization cases.

The Center has an information service comprised of a network of experts around the country. Requests from all professions for information on child sexual abuse can be made by calling the toll-free number on page 38. The Center produces a quarterly publication, Roundtable, which offers a "central ground" for open communication, and includes coverage of developments in the field, research, book reviews, letters to the editor, a column on the personal side of working with child-abuse-cases, and a column which focuses on the child's perspective.

The Center sponsors comprehensive training courses which cover practical methods of investigation, management, treatment, and prosecution of child-sexual-abuse cases. Training and consultation are offered for developing and enhancing the effectiveness of the multidisciplinary approach. A series of lectures and training sessions is offered which will cover offender and other specialized treatment.

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DEFINITIONS OF CHILD SEXUAL ABUSE IN IDAHO CODE

Child sexual abuse as defined by Section 18-1506 of the Idaho Code: Sexual abuse of a child under the age of sixteen years.---

- (1) Any person eighteen years of age or older who shall:
 - (a) solicit a minor child under the age of sixteen (16) years to participate in a sexual act, or*
 - (b) who shall cause or have sexual contact with such a child, not amounting to lewd conduct as defined by Section 18-1508, Idaho Code, or*
 - (c) make any photographic or electronic recording of the child, and where any of the acts are done with the intent to gratify the sexual desire of either party or a third party, shall be guilty of a felony.**
- (2) For the purposes of this Section "solicit" means any offensive written, verbal, or physical act which is intended to communicate to the child the actor's desire to participate in a sexual act or participate in sexual foreplay, or the actor's desire to gratify lust by the means of photographing or observing the child engaged in sexual contact.*
- (3) For the purposes of this Section "sexual contact" means any physical contact between the child and the actor, or between children which is caused by the actor, or the actor causing the child to have self contact, any of which is intended to gratify the lust or sexual desire of the actor or a third party.*

Idaho Code 18-1507: Sexual exploitation of a child.---

- (1) The legislature hereby finds and declares that the commercial sexual exploitation of children constitutes a wrongful invasion of the child's right of privacy and results in social, developmental, and emotional injury to the child; that a child below the age of eighteen (18) years is incapable of giving informed consent to the use of his or her body for a commercial purpose; and that to protect children from commercial sexual exploitation it is necessary to prohibit the production for trade or commerce of material which involves or is derived from such exploitation and to exclude all such material from the channels of trade and commerce.*