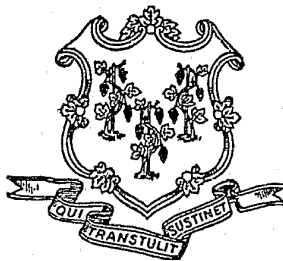


SEXUAL VIOLENCE IN CONNECTICUT

REPORT OF THE GOVERNOR'S TASK FORCE ON SEXUAL VIOLENCE



STATE OF CONNECTICUT

LOWELL P. WEICKER, JR
GOVERNOR

MARCH 1993

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State of Connecticut
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March 3, 1993

The Honorable Lowell P. Weicker Jr.
Governor
State Capitol
Hartford, Ct 06106

Dear Governor Weicker:

On behalf of the Governor's Task Force on Sexual Violence, and with a great deal of pride, I hereby transmit to you the final recommendations of the Governor's Task Force on Sexual Violence.

The Task Force has labored since May of 1992 to review the current laws and practices in Connecticut dealing with sexual violence, the availability of services to victims of such violence, and the extent of prevention and education efforts to address these distressingly prevalent crimes. We have heard the graphic and often moving testimony of victims and service providers; we have considered the opinions of Connecticut experts, and sought out national data and models; and we have deliberated carefully over these recommendations.

I want to personally thank all the people involved in the development of this report. This includes the other members of the Task Force, members of our three Working Groups, staff at the Office of Policy and Management, and most particularly, those victims of sexual violence who were so eloquent at our public hearing expressing the devastation of sexual violence crimes.

Thank you for this opportunity to provide input into the improvement of Connecticut's response to sexual violence. I urge you to continue your support for the recommendations presented in this document.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard N. Palmer", is written over a horizontal line.

Richard N. Palmer
Chairman, Governor's Task
Force on Sexual Violence
Chief State's Attorney

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| Elizabeth Graham | Lead Planning Analyst |
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| Gerald Stowell | |

SPEAKERS AT PUBLIC HEARING HELD JULY 16, 1992

GOVERNORS TASK FORCE ON SEXUAL VIOLENCE

In order of appearance:

Peter Amann-Wien, victim
Fredrica Gray, Permanent Commission on the Status of Women
Sherry Rogers, parent of victim
John Toronto, Milford Police Department
Karen Childs, R.N., Certified Emergency Nurse
Nancy Vinci, Director, Milford Rape Crisis Center
Marissa Tierney, victim
Gail Mellow, Quinebaug Valley Community College
Bonnie Bently Cewe, victim
Judy Hartling, Central Connecticut State University
Anne Menard, Executive Director, Connecticut Coalition Against Domestic Violence
Karen W. Saakvitne, The Traumatic Stress Institute
Trudy Seagraves, victim
Lois Desmarais, Therapy Exploitation Link Line (TELL)
Marc Borenstein, Director, Emergency Medicine, University of Connecticut Medical School
Melanie Haber, Office of Protection and Advocacy for Persons with Disabilities
Lorraine Stanek, Executive Director, Connecticut Self Advocates for Mental Health, Inc., victim
Victoria Triano, Office of Adult Probation
Dennis Gibeau, Connecticut Association for the Treatment of Sex Offenders
Patrick Liddle, Connecticut Association for the Treatment of Sex Offenders
Terry Marks, Susan B. Anthony Project
Howard Sheldon, spouse of victim
Robert McQueeney, defendant acquitted of child sexual abuse
Linda Johnston, Executive Director, Northeastern Connecticut Sexual Assault Crisis Services, Inc.
Allan G. Johnson, Professor of Sociology, Hartford College for Women
Lee Parker, Director, Sex Offender Treatment Program, Veterans Memorial Medical Center
Barbara Monty, victim
Michele Rendeiro, member of Rhode Island Task Force for Sexual Assaults on Campuses, victim
Susan Evans, victim
Will Brady, Connecticut Self Advocates for Mental Health, Inc., victim

Additional written testimony

Cyndi Billian Stern, Teen Pregnancy Prevention Coalition of Connecticut
Moriah Ritson, Planned Parenthood of Connecticut, Inc.
Tracey E. McDougall, Administrative Director, Connecticut Women's Education and Legal Fund
Debbie Fulton, John R. Manson Youth Institution, Department of Correction
John M. Leventhal, M.D., Child Sexual Abuse Evaluation Program, Yale-New Haven Hospital

INTRODUCTION

Rape, sexual assault and child sexual abuse are among the most heinous violent crimes in our society. The emotional and physical pain experienced by victims, and shared by their families, is lifelong and can be exacerbated by a society that often blames the victim for being victimized. Sexual violence intrudes on the lives of all members of society, although, without question, the most frequently identified victims are women and children.

Crimes of sexual violence are a reflection of deep rooted elements of modern culture. Our society places great value on power and control. Sex crimes are often committed by individuals as an act of power. Consequently the association between power and sexual violence creeps into our everyday lives in unexpected ways. For example, in the movies and on television, the role of the sexually aggressive male and submissive and seductive female are constantly impressed upon us. Youth in particular are barraged with these conflicting messages through popular music television programs.

Cultural stereotypes depicted in the media create confusion among victims. Many are filled with guilt and shame and choose not to report rape and sexual assault to authorities. This under reporting is compounded by a common belief that the criminal justice system will not support or protect victims of sexual violence. Under reporting is also caused by the misconception that rape or sexual assault by an acquaintance does not constitute a crime, masking the magnitude of the problem and thwarting prosecution of offenders.

Despite serious under reporting, the demand for services by sexual assault victims and their families continues to grow. Unfortunately, our response has not kept pace. Health care facilities, police, the courts, public schools, college campuses, businesses and service providers are all reacting to the increase in sexual violence, but serious problems exist. Social acceptance of sexual violence cannot be tolerated if these problems are to be corrected.

The wide scope of the problem of sexual violence requires a broad based response including police, health care providers, the courts, schools, colleges and universities, businesses and rape crisis service providers. Connecticut must develop a coordinated, multi-disciplinary approach to effectively deal with the problem of sexual violence now and to prevent it in the future.

The solution to sexual violence lies well beyond whatever improvements we can make in Connecticut's laws and services. Cultural change must occur--change that will eliminate tolerance of the limiting and destructive stereotypes that lead to sexual violence. The national media must recognize the role it plays in communicating and perpetuating these stereotypes in our society and must join government in its efforts to eliminate sexual violence.

Data/Need For Task Force

Sexual assault is one of the fastest growing crimes in the United States. According to the F.B.I.'s *Uniform Crime Reports*, reported rapes totaled 102,560 nationwide in 1990. In 1991, this figure grew to 106,593, an all time high. The offenses reported to the F.B.I. represent only a small proportion of all sexual assaults committed because of serious under reporting.

The National Women's Study, funded by the National Institute of Drug Abuse, is a three year longitudinal study of a national probability sample of 4,008 American women age 18 or older. In addition to gathering information about forcible rapes, the study also assessed information about major mental health problems. *Rape in America: A Report to the Nation*, prepared by the National Victim Center and the Crime Victims Research and Treatment Center located at the Medical University of South Carolina, discusses the results of that study and a companion study, *The State of Services for Victims of Rape*.

The National Women's Study findings include:

- 13 percent of the women surveyed reported having been the victim of at least one completed rape during their lifetime. This means that one out of every eight adult American women (12.1 million women nationwide) has been raped sometime in her lifetime;
- 61 percent of the lifetime rapes occurred before the age of 18;
- 0.7 percent of the women surveyed had experienced a completed forcible rape during the second year of the study. By extrapolating, this means that an estimated 683,000 adult American women were raped during a twelve month period. This is more than six times the number of rapes reported to the FBI during the closest calendar year, and more than five times the number of victims identified through the *National Crime Survey*, a national survey of individual and household crime victimization. *The National Women's Study* estimate is conservative in that it counts only completed forcible rapes of women age 18 and over, while the *National Crime Survey* and the FBI's *Uniform Crime Reports* include attempts, and include female victims under age 18. None of the three sources includes an estimate of male victims of sexual assault;
- Only 22 percent of the women surveyed were raped by strangers; and
- 86 percent of the sample did not report the rape to the police.

The information provided in Charts I through III is taken from *The National Victim Study* and shows victims' ages, the relationship between perpetrator and victim and reporting information.

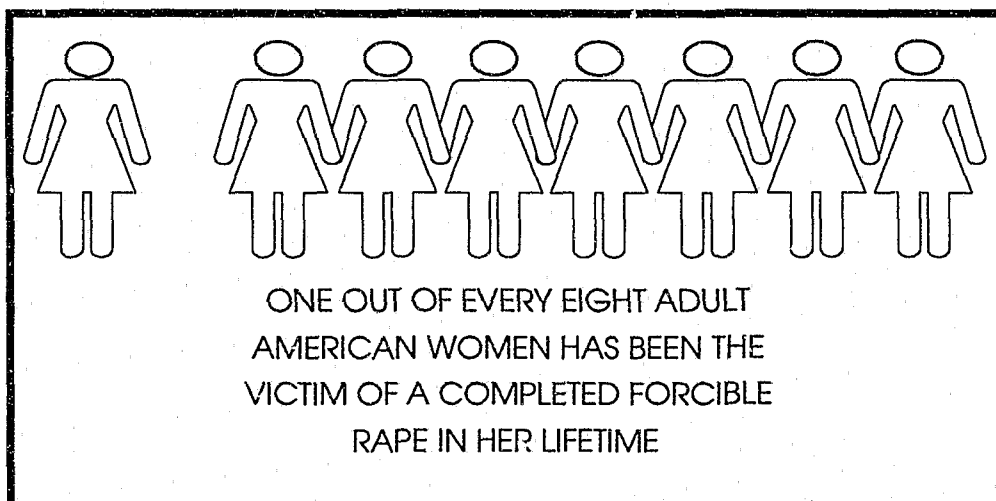
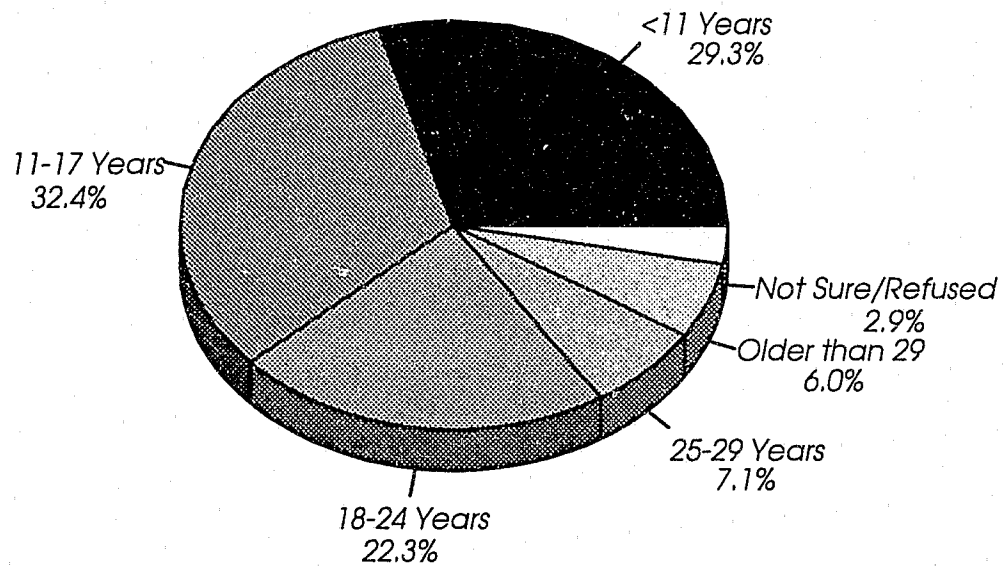
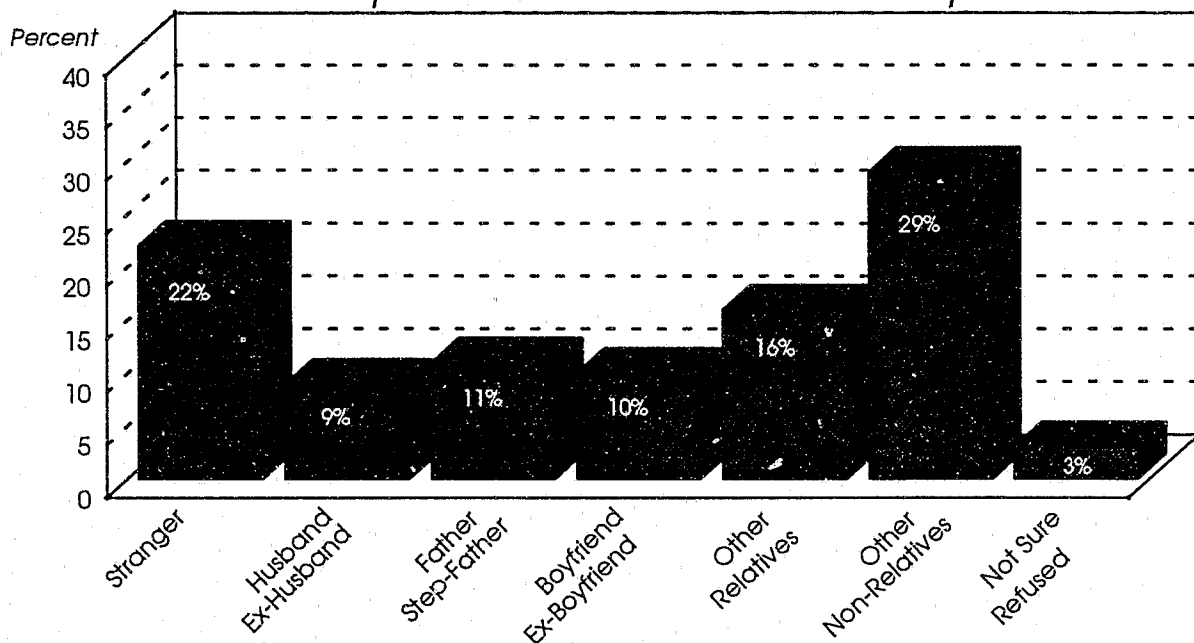


Chart I
National Women's Study*
Age at Time of Rape



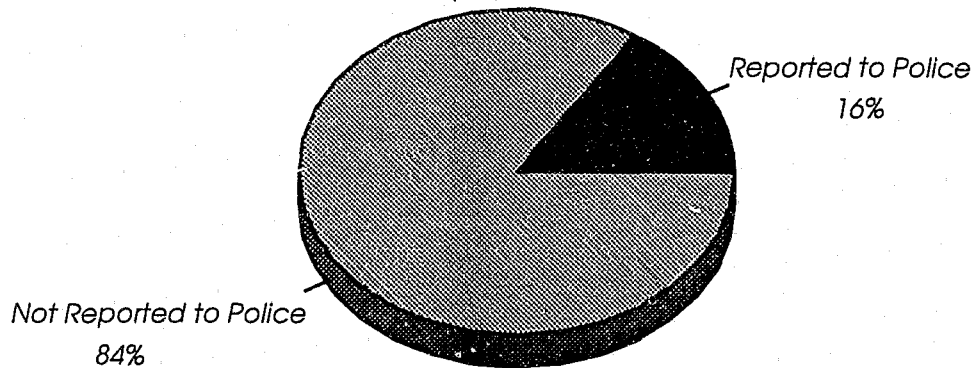
*n=714 cases

Chart II
National Women's Study*
Relationship Between Victim and Perpetrator



*n=714 cases

Chart III
*National Women's Study**
Reporting of Rapes

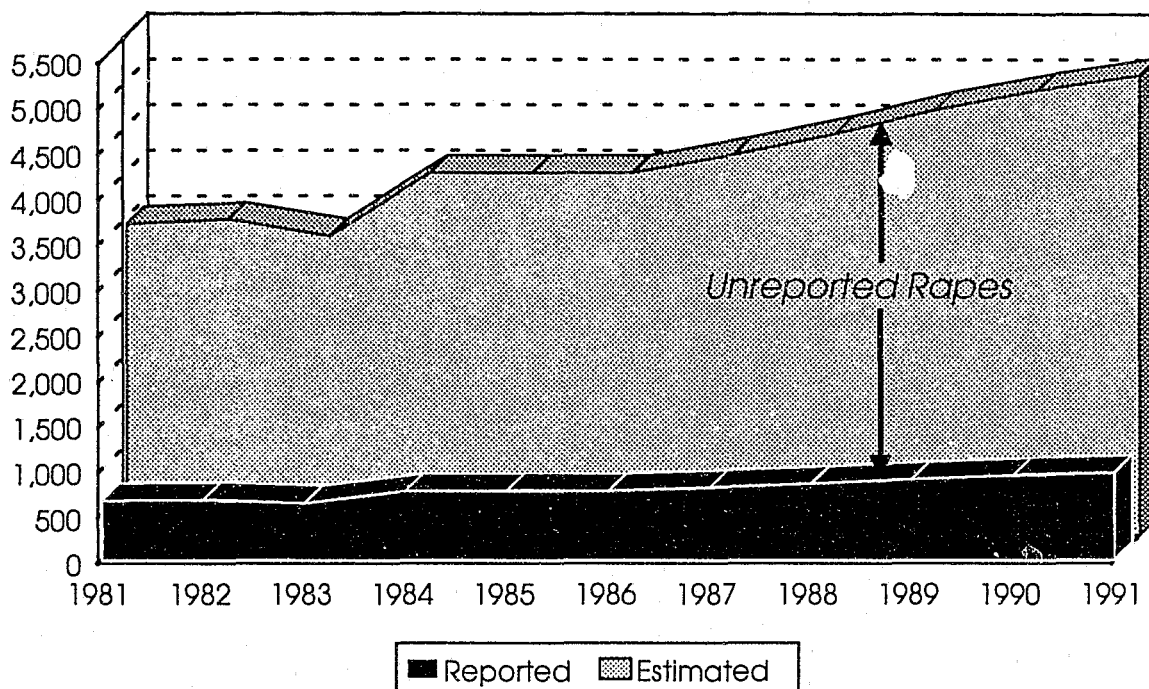


*n=714 cases

The growing seriousness of this problem is also reflected in Connecticut statistics. In 1991 there were 964 UCR reported rapes in Connecticut, up from 932 in 1990. Between 1981 and 1991, the number of reported rapes in Connecticut rose from 653 to 964, a 48 percent increase. Applying the sixteen percent reporting rate found in *The National Women's Study* to the Connecticut number reported would result in estimated totals more than six times higher than the reported number. However, this estimate methodologically undercounts victims under age 18 and makes no attempt to include an estimate of the number of male victims.

Chart IV shows the number of reported rapes in Connecticut according to the Connecticut State Uniform Crime Reports (UCR), compared to the estimated total number of rapes and attempted rapes occurring in the state for the years 1981 through 1991. Chart IV provides a graphic illustration of the gap between the number of reported and unreported rapes.

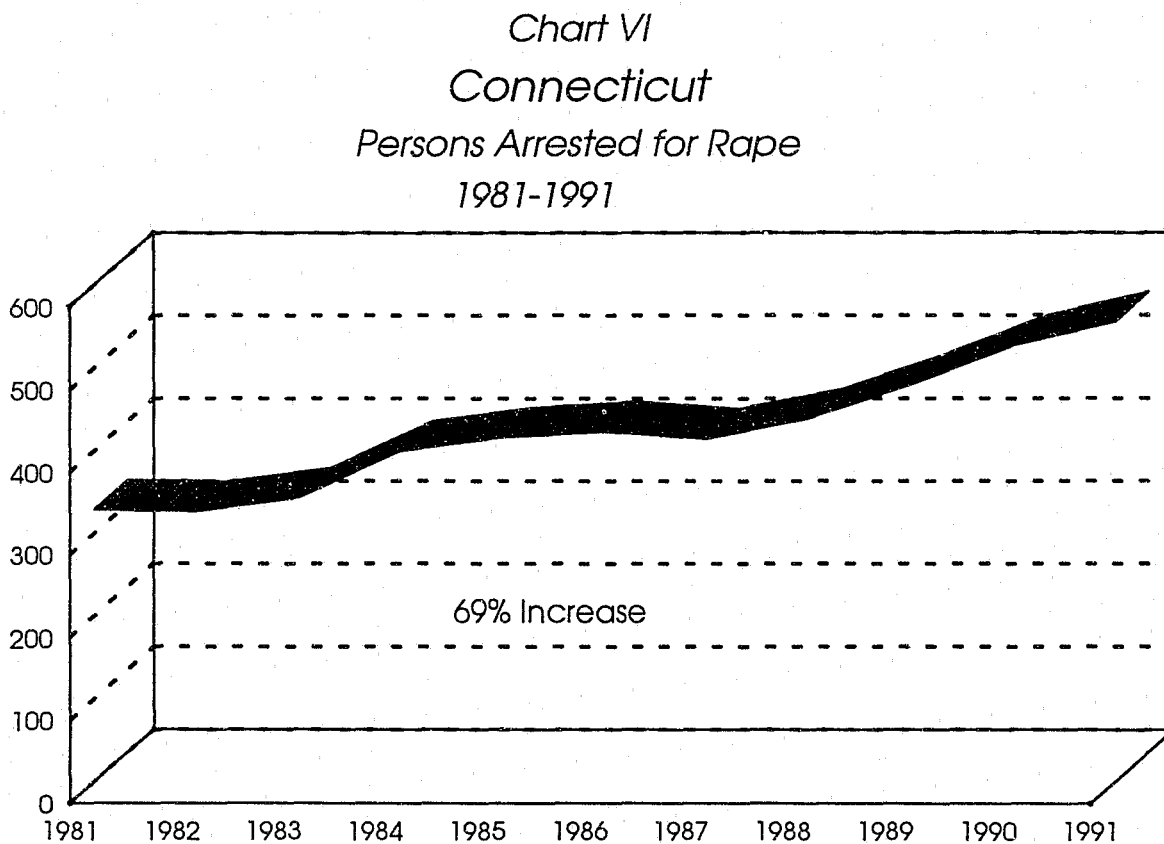
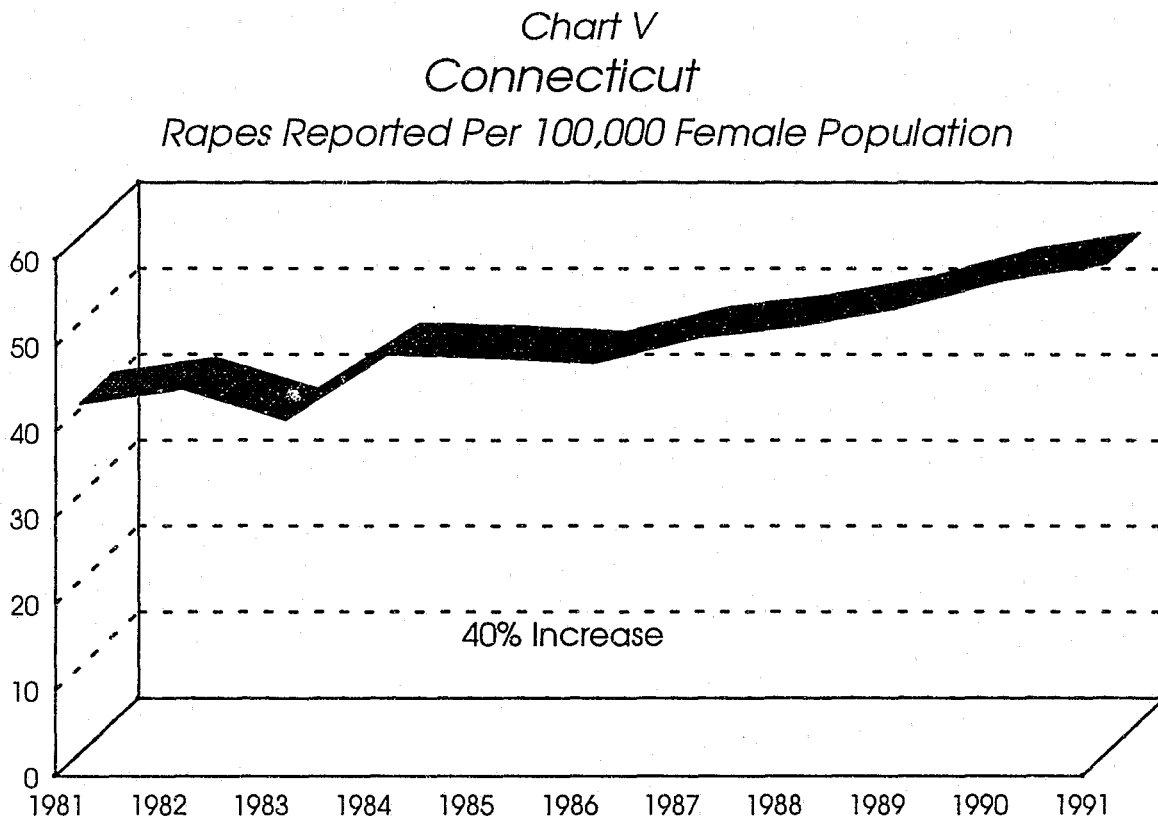
Chart IV
Connecticut Rapes Reported*
*Compared to Estimated Total***
1981 - 1991



* Rapes equal the number of offenses reported to police which conform to the UCR definition of rape. UCR defines rape as, "The carnal knowledge of a female forcibly and against her will." All offenses, those which result in arrest and those which do not, are counted. Attempts are included. Sexual assaults of males are counted as aggravated assault.

** Estimated total is derived by multiplying UCR reported rapes by 6.25.

Chart V shows the number of rapes reported per 100,000 female population and Chart VI shows the number of persons arrested for rape in Connecticut between 1981 and 1991.



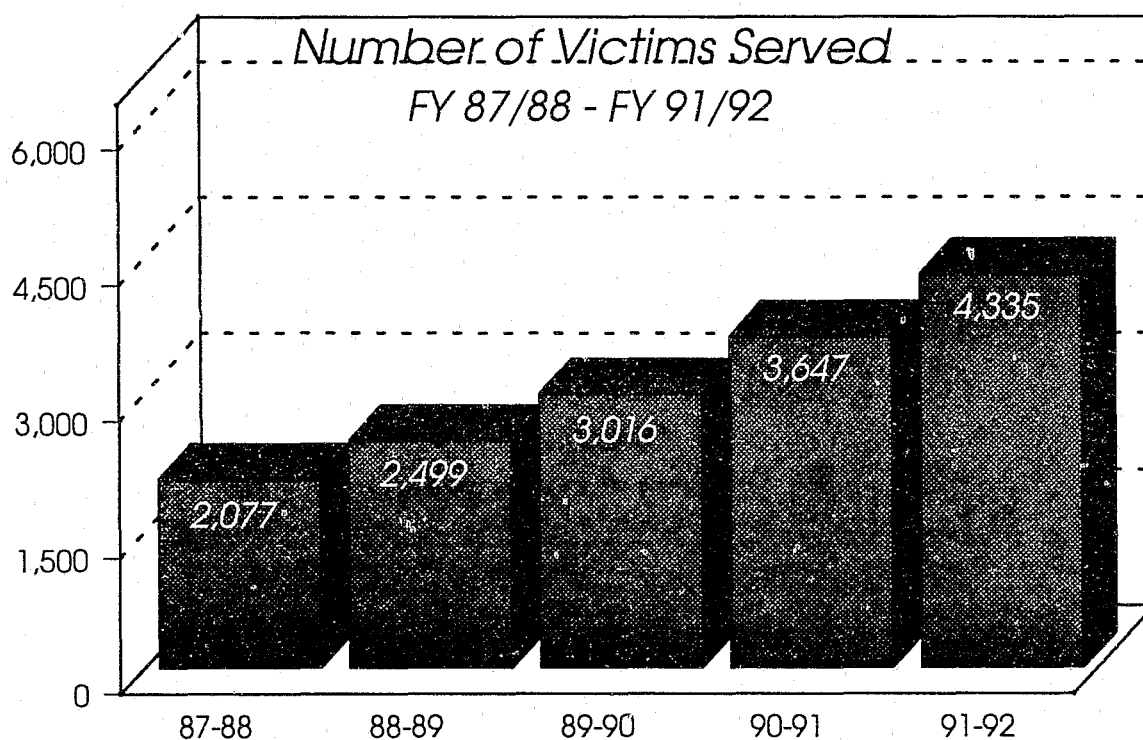
The increasing seriousness of this problem in Connecticut can also be seen in the rising demand for services by sexual assault victims and their families. In the last five years the number of sexual assault victims served by Rape Crisis Centers increased 109 percent. Furthermore, these figures do not take into account the fact that the families of sexual assault victims are also dramatically affected by such incidents and often receive services provided by rape crisis centers. Chart VI shows the increase in the number of victims served by Connecticut Rape Crisis Centers from 1987 to 1992.

The data presented in this section serves as dramatic evidence of a disturbing trend, but statistics alone do not adequately portray the tragic consequences of rape. The study *The State of Services for Victims of Rape*, which is discussed in *Rape in America: A Report to the Nation*, found higher rates of the following mental health problems among rape victims when compared to women who had not been raped:

- post-traumatic stress disorder;
- major depression;
- suicide attempts; and
- drug and alcohol problems which first presented after the rape.

The association of Connecticut Sexual Assault Crisis Centers (CONNSACS) adds that "sexual assault is a major life crisis. It interrupts normal life at home, at work, or at school, with friends family or co-workers." There are many ramifications for our criminal justice system, the medical and mental health community, our social service delivery system and our education system. Consequently, real progress in dealing with this complex and multi-faceted issue will require an integrated, comprehensive and long term approach.

Chart VII
Connecticut Rape Crisis Centers



APPOINTMENT OF THE TASK FORCE

Governor Lowell P. Weicker Jr. appointed a special task force in May 1992, to review the state's response to sexual violence. Nineteen individuals representing the state justice system, social and victims' services, higher education, law enforcement, health care services, business and private citizens were asked to serve on the task force. Chief State's Attorney Richard N. Palmer was designated chairman of the group. Staff services were provided by the Office of Policy and Management (OPM).

The Governor's Task Force on Sexual Violence was given a clear mandate:

- **explore and develop recommendations regarding Connecticut's current response to sexual violence and the adequacy of the criminal justice system's reaction to sexual violence;**
- **examine the consistency, clarity and content of statutes pertaining to sexual assault;**
- **analyze the availability of services for sexual assault victims and their families; and**
- **investigate the extent of current public awareness and prevention efforts.**

HOW TASK FORCE FUNCTIONED

The Task Force held its first meeting in June 1992 and continued to meet for the next five months to discuss issues and developments related to its mandate. At its first meeting, the Task Force approved and adopted an action plan containing background information on the scope of the problem of sexual violence in our society, a broad mission statement for the Task Force, specific Task Force objectives and activities, and a timetable (see Appendix A). A companion working outline of issues was also adopted by the Task Force (see Appendix B). The Task Force chose to perform its work through three working groups: Initial System Response, Court Response and Risk Reduction. Each Task Force member was assigned to serve on one or more of the working groups. Additional experts who were not members of the Task Force were invited to participate in working groups to provide necessary representation and expertise.

The work groups began meeting in August 1992, and continued for the next three months. Each group explored topics in the working outline in various ways including: guest speaker presentations, issue paper analysis developed by Task Force members and staff, surveys of special populations and member discussion. All three work groups developed recommendations for submission to the full Task Force.

The Initial System Response Group examined the first response of police, health care facilities and victim services agencies to incidents of sexual violence. They examined such issues as police training, forensic evidence collection, health care and victim services resources.

The Court Response Group explored prosecution, defense and court responses to sexual violence by examining inconsistencies, errors and ambiguities of the penal code and victim confidentiality.

The Risk Reduction Group addressed correctional and preventive responses to sexual violence and general public awareness on this subject. They examined adult and juvenile treatment programs, sexual violence and special populations, college campus programs, prevention in schools, public awareness and education, and sexual misconduct by professionals.

In July, the Task Force held a public hearing in the Legislative Office Building in Hartford. The hearing was very well attended with thirty individuals presenting oral testimony and five individuals submitting written comments. Hearing participants included: victims and family members, service providers, police, health care providers, rape crisis center staff, a sociology professor, sex offender treatment providers and many others. Task Force members heard powerful testimony portraying the horrors of sexual violence and the pain and suffering it inflicts on its survivors and their families. While data available to the Task Force offered a great deal of information, nothing influenced or prepared Task Force members for what they heard and saw at the public hearing.

The Task Force held its final meeting in November 1992, at which each working group recommendation was reviewed, discussed, debated and approved. With few exceptions, each of the recommendations noted in the next section of this report were unanimously approved.

INTRODUCTION TO RECOMMENDATIONS

The Governor's Task Force on Sexual Violence examined a wide variety of subject areas in considerable detail. Even more issues are deserving of further attention. Nevertheless, the Task Force had to focus on the highest priority subject areas where there exists the greatest potential for positive impact. The recommendations that follow cover areas as diverse as prevention, public education, and specific statutory changes in the laws regarding sexual assault. If the recommendations are implemented, the result will be an improved response system to the crime of sexual violence and better services to victims.

However, even if all of the recommendations in this report are implemented, we will not immediately get at the root cause of the problem and prevent sexual violence from occurring, rather than simply developing better responses for dealing with the aftermath. The situation is analogous to that of combatting substance abuse. Better means of controlling sexual violence are important for improving public safety and sending a strong message that the crime of sexual assault is taken very seriously by the criminal justice system, but the most effective long term solution to the problem is prevention.

An effective prevention program must change the societal view toward sexual violence by educating the public regarding the seriousness of the issue and the types of attitudes that sustain the violence towards women and children.

Sexual violence is rooted in our society. The importance of power and the association of power with the aggressive male pervades our social organization and is constantly reflected in the media. Members of the task force viewed a very powerful video based on all too common scenes from television and the movies. The video clearly demonstrated and reinforced the images of the aggressive male and the submissive and seductive female. The juxtaposition of these roles in the media tends to legitimize a tacit acceptance of aggressive or even violent behavior towards women. This is a significant factor that contributes to the perpetuation of sexual violence as a serious social problem for our society. Sexual violence is not simply the psychological problem of a small group of male offenders. The pervasiveness of sexual violence affects all of us, men, women and most especially children. It is a problem for all of us to deal with in order to effectively fashion and implement solutions.

Ultimately, the members of the Task Force agreed that the recommendations concerning prevention and public awareness have the potential to have the most positive impact and should therefore be given the highest priority. These are long term solutions that will require more time and attention. However, as we begin to work toward a large scale campaign to increase public awareness and thereby effectively prevent sexual violence, we cannot stand still with regard to other aspects of the problem that can and should be addressed now.

We can improve the training and resources for the medical and criminal justice and victim advocate communities who respond to the victims of sexual assault and provide needed services on a daily basis. There is also a need to improve the coordination of services to victims.

It is also critical to make certain changes to Connecticut law that will enhance victim confidentiality in cases of sexual assault, recognize the special problem of sexual exploitation of persons with developmental disabilities or mental illness and increase the penalties for certain offenses in order to better reflect the seriousness with which the State of Connecticut views the behavior.

Finally, the members of the Task Force recognize that the issue of sexual violence is extremely complex and the work has just begun. In fact, there was not sufficient time to adequately address the problem of sexual misconduct by professionals. The recognition of this problem did lead however to the recommendation that a separate Task Force be formed to specifically address this issue. With the understanding that there is much more to be done, we believe the implementation of the recommendations in this report will be an important first step toward improving the state's response to sexual violence and to providing better services to victims.

RECOMMENDATIONS

STATEWIDE PUBLIC INFORMATION PROGRAM

RECOMMENDATION

The State of Connecticut should conduct a frank, highly visible and sustained statewide public information program to:

- raise awareness and overcome misconceptions about what constitutes rape and sexual assault;
- make clear that rape and sexual assault are violent, punishable crimes that will not be tolerated in Connecticut;
- encourage more women and men to report rape and sexual assault;
- redefine the problem of sexual violence: as a product and problem of our society, not just of a few unfortunate individuals; and as a men's not just a women's problem (to involve men actively in solving the problem);
- present positive relationships as role models and alternatives to the negative and sexually stereotyped relationships (strong, aggressive men/submissive women) often portrayed in mass media; and
- help the public become more aware of sexual violence in the media and its effects on children and society overall.

The State should retain the services of a qualified advertising and public relations firm to develop and implement the public information program.

BACKGROUND/JUSTIFICATION

Since the mass media reflects and shapes social values, effective use of mass media (together with other educational programs described elsewhere in these recommendations) can help change the public's perception of sexual violence and, ultimately, change behavior.

Much change is needed. This Task Force believes that sexual violence in Connecticut is the product of our society, a society in which power and control over others are values which too often cross the line into violence, a society in which sexual oppression has been normalized and become acceptable.

Since attitudes and perceptions are shaped at an early age, and many teens are sexually active, communications efforts should be aimed at children and teenagers, as well as adults.

Since most sexual violence is committed by men and men exert significant control over the social and political institutions that can change the situation, communications efforts should be aimed at increasing men's awareness of the problem and involving them in the solution.

Since sex crimes cross all demographics, communications should be multilingual and multi-cultural.

The State's messages will be competing with well-produced ads and programs portraying sexual violence or damaging sexual stereotypes. A qualified advertising and public relations agency is needed to ensure that the State's messages are just as powerful and get the maximum visibility possible.

MEDIA AWARENESS PROGRAM

RECOMMENDATION

The State of Connecticut, with the help of a qualified public relations firm, should mount a media awareness program designed to:

- broaden the media's understanding of the problem of sexual violence in our society;
- heighten their awareness of public misconceptions about the issue;
- draw attention to their critical role in educating the public and influencing public opinion; and
- enlist their support.

News media organizations throughout the state should be encouraged to adopt written policies or guidelines about the reporting of sex crimes and the disposition of sexual assault cases.

Media organizations should be encouraged to balance news reports of sex crimes with more in-depth examination and thoughtful commentary on the problem of sexual violence in our society.

Media organizations should be encouraged to counter the negative sexual stereotypes and violence so prevalent in advertising and programming with material depicting healthy, positive relationships and non-stereotyped role models.

Media organizations should be encouraged to adopt policies or guidelines pertaining to advertising, programming or feature material that depicts sexual violence as acceptable behavior.

Media organizations should be asked to commit substantial public service space and time to public information material made available by the State of Connecticut on the subject of sexual violence.

BACKGROUND/JUSTIFICATION

A key reason why sexual violence is growing is that it is a seriously under reported crime that too often goes unpunished. It is a crime about which the person harmed often remains silent for fear of public shame and blame.

It is critically important that news reporting of sex crimes in Connecticut not reinforce myths and stereotypes that will keep this crime quiet, contribute to the growth of sexual violence, reduce the effectiveness of law enforcement, or further traumatize those who have been sexually assaulted. Media policies should be designed to:

- ensure safety, privacy and sensitivity for the person reportedly assaulted;
- help overcome the widespread fear that reporting a sex crime will result in unwanted publicity;
- build public awareness of the frequency and nature of sexual violence and the penalties for the crime; and
- counter common misconceptions and stereotypes about sex crimes, sex offenders and the people they harm.

By encouraging news media organizations to adopt written policies or guidelines, the State can focus the attention of this influential group on the problem of sexual violence in Connecticut and reinforce the news media's critical role in public awareness and education.

A survey of print and broadcast news media across the state conducted by the Task Force reveals that few have written policies or guidelines in place. However, many are interested in seeing policies and guidelines from other news organizations.

As part of its media education effort the State should make existing news reporting policies available to the media and offer a model policy for consideration. This model would recommend the following reporting policies:

- Do not use the name of the person who reports being sexually assaulted, unless that person is killed during the attack or consents to be identified.
- Do not use the name of the person who reports being sexually assaulted if the accused is found not guilty unless there is evidence of a false accusation. Many complex factors are involved in reaching an acquittal and the crime may actually have occurred.
- Do report the reason (for example: consent) for using a name to clarify that it is an exception and not routine.
- Report only the general location of the crime unless it occurred in a business, school, institution or other public place.
- Report details surrounding a sex crime that will help potential victims avoid attack, providing they do not reveal the identity of the person who reported being assaulted, sensationalize the event, nor contribute to damaging stereotypes (example: reporting the clothing of the person assaulted).

In addition, the model policy would outline procedural guidelines for implementation of the policy including:

- routine distribution of the policy to all reporters, editors and relevant personnel to ensure consistent adherence;
- routine scrutiny of news reports to ensure compliance with the policy; and
- appropriate action should there be unacceptable, unjustifiable departures from the policy.

Since most news reports of sex crimes provide only the known facts of a specific event, they do little to educate the public about the problem and prevention of sexual violence or increase sensitivity to people who have been assaulted or abused.

Frequent, informed feature reporting and considered commentary on the issue is needed to put the subject in context and encourage public discussion and debate on the subject and to get the subject on the public agenda in Connecticut.

In addition, stories that show how sexual violence affects people's lives (those who have experienced sexual violence as well as those who live in fear of it) are needed to counter the dehumanization that enables violent crime.

The sexual stereotypes (aggressive males and submissive females) and sexual violence so common in media programming and advertising today contributes to the normalization of dehumanizing, violent and criminal behavior, thereby condoning and even promoting it.

While the State does not encourage censorship, it is appropriate to put the issue in perspective for media executives responsible for program content and advertising, heighten their awareness of the impact their choices make on the public and enlist their support.

Use of the public service messages is one of the simplest, easiest and most effective ways for the media to support the State's effort to educate the public and overcome common misconceptions about sexual violence.

However, public service messages can only be successful if they are frequently used in highly visible space or time slots. The State should ask media throughout Connecticut to commit to an aggressive level of exposure for its messages.

PREVENTION IN THE SCHOOLS

RECOMMENDATION

The State should work toward teaching violence prevention at every grade level, in each school system in the state. The State Department of Education should develop a K-12 violence prevention module, which includes a focus on sex-role stereotypes, control, socialization and violence, and incorporates the teaching of refusal and decision-making skills and conflict resolution. The module should be modified to meet the needs of developmentally disabled students, as necessary. Institutions of higher learning which offer teacher training should include integrated health, safety and wellness education as required elements of preservice training, with experience in these areas being assessed in the certification process.

BACKGROUND/JUSTIFICATION

With regard to sex and violence, our children inhabit a world which is frequently hostile and ambiguous, being shaped by commercialism and adult fantasy. While children's values are being formed, they are being bombarded by media and entertainment images which are confusing and often in conflict with the messages they receive at home and in the community. The world in which our children are now growing up is vastly different from the world in which we, as today's parents, developed our sense of values. Children spend a significant amount of time in school each day. Our schools should be in a position to provide a safe, protected environment whereby children can receive accurate, unbiased information about their own health and safety.

How can we insure that our children are receiving the right information at the right time which will help them learn how to develop and promote their own sense of safety and wellness? Although Connecticut statute (Sec. 10-16b) prescribes specific courses of study to be offered by the public schools, the actual content of each course is determined by the local (or regional) boards of education. One of these prescribed courses of study is "health and safety, including, but not limited to, human growth and development, nutrition, first aid, disease prevention, community and consumer health, physical, mental and emotional health, including youth suicide prevention, substance abuse prevention and safety and accident prevention." What is being offered by local school systems varies widely across the state.

Connecticut's approach is rather piecemeal when it comes to educating children beyond the basic curriculum. Connecticut statute (Sec. 10-16(c)(d)(e)) mandates the state board of education to develop family life education curriculum guides to aid local and regional boards of education in developing family life education within the public schools. However, offering family life education is not mandatory and attending a family life education class should the local school system offer one, is not mandatory.

In the area of alcohol and substance abuse education, the statutes are more specific and more binding. Sec. 10-19 provides that knowledge about alcohol, nicotine or tobacco and drugs shall be taught every academic year to pupils in all grades. Further, each local or regional school board shall attest to that fact to the state board of education. Institutions of higher learning which train teachers shall provide training in this area, as well. Also in this statute is a provision that all local and regional boards of education shall offer AIDS education, although pupils may be exempt from participating upon written request of a parent or guardian.

In order to insure that our children are receiving the knowledge that they need in a developmentally appropriate way, the state board of education's new violence prevention modules should be integrated into existing curricula as much as possible, and should be updated regularly. School boards should be encouraged to formally evaluate the problems which face the children and youth in their

communities when they are determining the content of their health, safety and wellness curricula. They should have access to the latest information and materials to assist them in designing a local curriculum which will equip children with the skills necessary to grow up healthy and intact. The Governor should strongly encourage local boards to utilize the new violence prevention modules when determining the content of their curricula.

EMPLOYER PROGRAMS

RECOMMENDATION

All employers in the State should be prepared to assist sexual assault victims, their families and co-workers to deal with the aftereffects of rape, and to help them remain productive employees. At a minimum, such assistance should include: 1) employee orientation, 2) personal safety program, 3) specially trained human resource personnel and 4) specifically tailored employee assistance services.

BACKGROUND/JUSTIFICATION

Rape is a major social problem that impacts business and its employees. The participation rate of women in the workplace is expected to reach more than 60 percent in the next decade. Businesses can expect to be confronted with more and more problems arising from the physical, psychological, and emotional disability of employees who have been raped. In addition, "secondary victims," such as family members, friends, and co-workers will also continue to be impacted by this crime.

Employees cannot work to their potential if they are fearful for their personal safety. Employees who are primary or secondary victims may have job performance or attendance difficulties as they try to cope with the aftereffects of rape, particularly if they are unaware of the resources available for help within the company and the community.

Employers should develop guidelines for victims of sexual assault. Legal counsel may be helpful in formulating and reviewing the guidelines.

During new employee orientation, each employee should be given a copy of these guidelines and information on the local Sexual Assault Crisis Services. Depending on the nature of the business or agency, the name of a contact person in human resources, employee assistance, or medical department should be identified and the role of the contact person should be explained.

The organization's human resources representative, if identified as the contact person, needs to be trained in how to respond to a victim of sexual assault and/or to secondary victims. A business or agency could provide in-house training, or send the identified person to outside training. If several small businesses/agencies were interested in training their human resource representatives, a consortium could be formed and the group could bring in a trainer. The local SACS community educator, or an experienced consultant could provide the training.

Educational workshops form the core of addressing the issue of sexual violence in the workplace. The workshops can increase employee awareness of the issue, provide information and strategies that may reduce an employee's chance of becoming a victim, and/or help employees to identify resources to help them cope with rape should it happen to them or someone they know. Depending on the resources of the particular employer, the workshops could be all day, half a day, during a lunch hour, or after work. The needs of special groups such as older workers or employees with disabilities should be considered. Costs will vary according to type of program offered.

Security is an important component of a personal safety program. If the agency/business has a Security Department, the members of the department need to be sensitized to the issue of sexual violence. This can be done by a colleague who has already participated in the training or by an outside consultant.

In an organization with a security presence, an escort service can be used to take employees to their parking facilities. Security personnel can also take part in the education/awareness workshops by providing a one-hour safety meeting for employees. The meeting can focus on general safety tips and

techniques for office work and business travel.

If a business/agency has an in-house medical department, the health care staff should also be sensitized to the special medical/emotional needs of a rape victim. Medical personnel should be familiar with local hospitals and their procedures as they apply to victims of sexual assault.

When available, a public relations specialist can help an employee victim in terms of interacting with the press. Public relations staff can also promote the awareness programs through internal publications.

Legal counsel can act as a consultant to a rape victim, helping to prepare the employee as to what to expect during the court process.

Employee Assistance Programs (EAP) are work site-based programs which provide confidential assessment and referral, brief counseling, crisis intervention, and follow-up services for employees/dependents who are experiencing personal problems. Counselors are mental health professionals who are trained to help employees with a wide range of problems, including family/marital, emotional, substance abuse, stress, financial problems, etc. An EAP can be either internal or external (contracted vendor).

An EAP can play a crucial role in responding to the issue of sexual violence. Due to their mental health expertise, EAP's are uniquely positioned to do this.

For example, EAP counselors can address the needs of multiple clients who are likely to be affected by an incident of violence, including both primary victims and secondary victims. They should be specifically trained on responding to sexual assault victims and should be extremely knowledgeable about local resources and to make appropriate referrals. Counselors in EAP can also consult with an employee/victim's manager as to how to best support the employee, and can act as a liaison between the employee's therapist and the work site (i.e., providing information on the length of disability, getting support for time for therapy appointments or court dates, etc.). EAP staff can work with groups of employees (called Critical Incident Debriefing) who may be affected by a trauma and who need a place to express their feelings and talk about how to best support the victim.

In addition to the direct client work, EAP staff have training and facilitation skills that make them ideal candidates for delivering the education workshops described above.

Given the alarming statistics about sexual violence, employers need to consider ways of addressing the issue within the workplace. We have made some general recommendations about program components, and have defined some possible program models. Programs should be tailored to meet the needs of the organization and its employee population.

COLLEGE CAMPUSES

RECOMMENDATION

Establish a Task Force on each campus which represents such diverse segments of the college community as health services, security, counseling, residential life, the women's center, student government, athletics, faculty and administration, as well as a representative from the local rape crisis center and any other relevant community resource.

The Task Force should meet regularly, addressing the issue of sexual assault on campus, including:

- developing and distributing a written institutional policy which defines and condemns campus sexual assault;
- reviewing the student code of conduct regarding the hearing process, timetable, and rights and protections of victims/survivors in a sexual assault incident;
- reviewing and disseminating campus security measures;
- examining policies and procedures for reporting and investigating complaints of sexual assault;
- reviewing victim/survivor services;
- developing a comprehensive educational program designed to reach all students and employees; and
- establishing improved collection of data on the incidence of sexual assault on campus

In conjunction with the task force, each campus should adopt and implement the following:

- mandatory campus orientation sessions for students and employees on campus policy and procedures, the law and prevention initiatives regarding sexual assault;
- a substance abuse policy which condemns underage drinking and demonstrates the impact of alcohol and drug abuse on sexual behavior;
- a written protocol for employees to respond to sexual assault cases;
- creation of safe, visible locations on campus where reports of sexual assault can be made in confidence;
- training for campus advocates;
- policies and procedures for security personnel, and training on them;
- training of faculty, staff and students who are involved with the campus judicial or disciplinary process relating to sexual assault; and
- improvements to campus security;

Colleges and universities should report to their constituents annually the number and type of sexual assaults reported on campus.

The Board of Governors for Higher Education should convene a forum on sexual assault in order to develop a model policy for judicial processing of sexual assault complaints on campus.

BACKGROUND/JUSTIFICATION

"Sexual assault on campus will not stop until colleges and universities take this problem seriously. Administrators need to make the point on campuses that sexual assault is a serious offense that will not be dealt with lightly. Sending a strong message will establish a solid foundation on which education and prevention programs can be built."

**Rhode Island Commission on Women
Task Force on Sexual Assault on Campus**

Establishing a task force on sexual assault on campus is the first step in sending that message. The task force can also be useful in facilitating communication, research and coordination of services.

Having a strong written sexual assault policy acknowledges the seriousness of sexual assault, reduces institutional liability for violence on campus and shows a concern for the well-being of its students.

Since most sexual assaults on campus occur between students, it is important to have a strong statement within the Student Code of Conduct identifying sexual assault as a separate offense.

Educational programs are the foundation of change in the area of sexual assault. Female students can become less vulnerable to assault through education and prevention efforts. It is particularly important to present this information at mandatory orientation sessions for first year students, since first year female students are the most vulnerable to sexual assault. Since male students are most often the offenders, great emphasis must be put on reaching them with the message that sex without consent is a crime. Male students can be reached through such organizations as fraternities and athletic teams. Since alcohol is involved in 80-90 percent of campus sexual assaults, it is particularly important to include an education component on this link.

Each campus should develop clear guidelines on the reporting of sexual assaults. Victims need to know where to go to report an assault. The reporting procedures should be sensitive to the victims' wishes regarding confidentiality of reported information. Victims need to be made aware of all options of redress available to them both on and off campus, and should be permitted to make their own choices. The availability of community resources for assistance should be routinely shared.

Training for all campus personnel who might have direct involvement with sexual assault victims, including security personnel, is essential since responding to sexual assault cases involves specialized skills and expertise. In addition, trained advocates should be available on each campus to act on behalf of sexual assault victims.

Although most campus sexual assaults occur between people who know each other, better security on campuses should not be minimized. Campuses should have adequate lighting, an escort service and emergency phones. Campuses with residence halls should take additional measures to insure the safety of their residents.

Accurate reporting and dissemination of the collected information is valuable in breaking down such myths as "it can't happen here" regarding sexual assault. Reporting of incidents can be another vehicle for educating the community about how seriously assaults are handled on campus.

Central coordination of sexual assault issues on any campus is necessary for a successful systemic response to sexual assault and will assist in the assessment of its effectiveness and improvement of the response.

POLICE TRAINING

RECOMMENDATION

The Municipal Police Training Council (MPTC) and the Division of State Police, in conjunction with sexual assault victim advocates expert in delivering services in Connecticut, should establish and implement an uniform education and training program for all state and local police officers on the handling of crimes involving sexual violence.

BACKGROUND/JUSTIFICATION

Although rape crisis intervention training is required for all state and local police (C.G.S. 7-294f), victims, rape crisis counselors and police officers have reported that the police response to rape victims is inconsistent and could be improved through appropriate training.

Local police basic training is provided by MPTC and municipal training academies. MPTC-provided basic training includes four (4) hours on rape crisis intervention and many other courses containing subject matter germane to sex crime investigation. These courses include, but are not limited to, penal code, child abuse, investigation, crisis intervention and human behavior.

Basic training provided by local officer training academies also includes courses on rape crisis intervention. MPTC inspects and certifies activity in municipal training academies to assure compliance with C.G.S. 7-294f and other state requirements.

Review training for local police officers is monitored by MPTC by examining municipal police training records for each officer. C.G.S. 7-294d(8) requires that each local police officer satisfactorily complete at least forty (40) hours of certified review training every three years. MPTC requires that two (2) of those forty hours be devoted to rape crisis intervention. Local officers may choose to take MPTC provided review training courses, or training courses provided elsewhere which have been MPTC certified for review training credit.

State police basic training must also comply with the rape crisis intervention mandate contained in C.G.S. 7-294f. To fulfill this requirement, the current state police curriculum contains a variety of subject areas which address cases involving sexual violence (e.g. interpersonal relations, penal code and criminal investigation).

Annual review training for state police officers is mandatory. Review course offerings comply with statutory requirements regarding rape crisis intervention and also include subjects deemed appropriate and necessary by the Department of Public Safety.

State and local police training covers a wide range of subject areas, is delivered by a large number of trainers in many different locations and is not standardized. To improve the police response to victims of sexual violence within the context of the existing training delivery system, uniform education and training objectives for state and local police should be developed.

The Municipal Police Training Council and Division of State Police should meet with sexual assault victim advocates expert in delivering services in Connecticut, to develop such uniform education and training objectives including core competencies each officer must master. The MPTC should also complete the development of a Trainer's Resource Manual, to be used by all trainers, which will identify objectives and core competencies and address such areas as: penal code; sensitivity training; evidence handling and collection techniques; issues with special populations including children, mentally retarded and mentally ill individuals; preventive techniques against sexual assault; procedures for reporting sex crimes; community resources which are available to combat sexual violence; current scientific knowledge regarding sex crimes; and statutory updates.

Following the development of the training objectives and resource manual, training on the proper response to these crimes should be provided to both state and local police through the existing training delivery system.

DNA DATABASE

RECOMMENDATION

The State of Connecticut should enhance its criminal investigation capabilities by participating in the national Combined DNA Index System (CODIS) administered by the Federal Bureau of Investigation (F.B.I.).

BACKGROUND/JUSTIFICATION

In 1990, the State of Virginia examined many of the issues surrounding DNA testing of offenders in the Report of the Joint Subcommittee Studying Creation of a DNA Test Data Exchange. Portions of the subcommittee report were used in preparing this background statement.

DNA (deoxyribonucleic acid) is a molecule found in chromosomes within the nucleus of each cell in the human body which carries the body's genetic information. It is generally accepted that, except for identical twins, the DNA found in each individual is unique. There are many forensic uses of DNA analysis. The results may be used to establish or negate a link between a suspect and evidence found at crime scene in certain criminal cases.

Material susceptible to DNA analysis, i.e., body tissue or fluids, may be left at as many as 30 percent of all crime scenes. DNA analysis will revolutionize criminal investigatory procedures. However, DNA analysis alone cannot identify a suspect; creation of a data bank to facilitate comparisons of DNA evidence left at a crime scene with possible suspects is essential.

The Virginia report recommends that only convicted offenders be included in the database. This was thought to eliminate a perceived threat that creation of a DNA data bank involves a significant invasion of privacy, because convicted felony offenders currently have their fingerprints and photographs taken, and criminal records are maintained.

Information in the DNA database will serve as an investigative tool. In most instances, a comparison between crime scene evidence and data bank information will be used to target a suspect. The comparison may form the basis for a probable cause finding necessary to obtain a search warrant requiring the suspect to provide a fresh sample to compare with the crime scene evidence. A match between crime scene evidence and a data bank sample will rarely be used as direct evidence of guilt. It may, in rare instances, be used to establish identity, but motive, opportunity and all the other necessary aspects of a prosecution would have to be established.

Finally, the Virginia report recommends that only persons with legitimate law enforcement need be authorized to search the data bank to deter and prevent unnecessary intrusions into the data bank.

On the national level, the F.B.I. is currently working on the implementation of a national DNA data bank, known as CODIS, Combined DNA Index System. The CODIS concept is based on a single central repository of DNA records. The records would be generated locally by subscribing laboratories from around the country and world. It is critical that only reliable and compatible DNA profiles are contained in the CODIS files. In order to maintain and preserve the integrity of the system, specific standards for admission into the data bank have been established by the F.B.I.

To participate in the CODIS, Connecticut must develop its own DNA testing program complete with gubernatorial authority to test and collect DNA records. It is recommended that testing be restricted to convicted felons and people convicted on sexual assault in the fourth degree. F.B.I. standards and quality assurance procedures should be adopted to assure the state's DNA results are compatible with the federal model, sufficiently reliable for investigative purposes and secure through limited access.

Reliable testing requires careful handling of blood samples. Blood collection should occur at the Department of Correction Walker Reception Center. The Walker Center will provide medical, psychological, vocational/educational assessments for most offenders entering correctional facilities. It is the logical site for additional specimen collection, however, the process would have to be determined by the Departments of Public Safety and Correction. DNA analyses should be completed at the State Police Forensic Science Laboratory.

SEX CRIMES ANALYSIS UNIT

RECOMMENDATION

Functions of the Sex Crimes Analysis Unit (SCAU) within the Department of Public Safety should be eliminated and the Uniform Crime Reporting (UCR) data utilized as a substitute for summary information regarding sex crimes.

BACKGROUND/JUSTIFICATION

The SCAU was established within the Department of Public Safety in October 1976, approximately one year prior to the creation of the Uniform Crime Reporting (UCR) Program. It was designed to assist state and local police by coordinating and analyzing sex crime arrest and complaint information; developing and reporting recommendations from such data concerning the nature, extent and pattern of sex crimes; and developing education courses concerning sexual assault prevention, community resources to combat sex crimes and reporting procedures. This basically translates into an investigation tool as well as a count of sex crimes in Connecticut.

Unfortunately, the SCAU is not currently fulfilling its statutory mandates for two reasons. The first is lack of consistent reporting by mandated reporters which include police, rape crisis centers and the public. For example, the UCR reports a total of 1945 rape and all other offenses for 1991. The SCAU reports 757 rapes and offenses for the same period which is 38.92% of the reported UCR figure. Some reasons for this under reporting include a long and difficult reporting format, the perception that reporting under the UCR program is sufficient and the limited use of such reported information.

The second reason the SCAU has not met its mandates is the limited staffing for the unit. The SCAU consists of a researcher, trainer and clerk each with a host of other responsibilities including collection and analysis of all data for specialized law enforcement programs such as domestic violence and UCR. There is little staff time to completely fulfill statutory mandates as indicated by the most recent SCAU Annual Report which was prepared in 1989.

Although the SCAU distributes quarterly newsletters to state and local police regarding information in its database, requests from police for investigatory assistance have been minimal. Police departments ask on average once every two years for investigatory assistance.

Reliance on data in the SCAU database is not necessary because the UCR program, although not identical, does provide good summary data regarding sex crimes. Also, the UCR program will be converting to the National Incident Based Reporting System (NIBRS) in the near future which will enhance available data regarding sex offenses. The new system will include arrests, offenses and information on victims and offenders. Conversion to the NIBRS program will reduce reporting obligations for police officers and will result in one system for police to report to, and rely on, for investigation and summary data. A special report on the nature, extent and pattern of sex crimes will be required of the Department of Public Safety using the UCR, and ultimately, NIBRS data, which will be included in the currently titled UCR "Crime in Connecticut Report."

COLLECTION OF EVIDENCE IN SEXUAL ASSAULT INVESTIGATIONS

RECOMMENDATION:

The Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations should be administratively transferred to the Division of Criminal Justice (DCJ) to better coordinate state services for adult and child victims of sexual violence. Commission membership should be expanded to include all appropriate participants. The responsibilities of the Commission should include, but should not be limited to:

- annual revision and updating of the protocol and regulations regarding evidence collection in a health care facility and the evidence collection kit;
- advising the DCJ on establishing a mandatory training program for health care staff regarding the implementation of the regulations, use of the evidence kit and procedures for handling evidence; and
- developing a pilot sexual assault examiner program.

BACKGROUND/JUSTIFICATION

At the present time, responsibility for three key components of sexual assault investigations is split between the Department of Health Services (DHS) and the Division of Criminal Justice (DCJ). Under C.G.S. 19a-112a, the Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations, under DHS for administrative purposes only, has responsibility for the development of a hospital protocol and regulations for the collection of evidence in any sex offense crime and the design and distribution of an evidence collection kit. Beginning in January 1993 the DCJ will make payments to Connecticut hospitals for sexual assault evidence collection examinations.

The DCJ is responsible for the investigation and prosecution of all criminal matters in the state (C.G.S. Sec. 51-277). Therefore, it is logical to assign the duties defined below to a commission under the administrative authority of the DCJ. Placing all fiscal resources in one agency for these investigatory activities will improve state-level financial planning by allowing the movement of funds from one activity to another as necessary.

The Initial System Response Subcommittee debated the use of the word mandatory with regard to the training program for health care staff. Although all committee members strongly supported training health care providers, mandating such training concerned some committee members.

It is recommended that C.G.S. 19a-122a be amended to assign the following responsibilities to the Commission:

- annual revision and updating of the protocol and regulations regarding evidence collection in health care facilities;
- annual revision and updating of the evidence collection kit;
- advising the DCJ on establishing a mandatory training program for health care staff regarding the implementation of the protocol and regulations, use of the evidence kit; and procedures for evidence handling; and
- advising the DCJ on developing a pilot sexual assault examiner program.

The protocol, regulations and evidence collection kit require updating. Each contain information which must be clarified, corrected or revised. The kit requires additional testing supplies and instructions.

Current health care facility staff training in the implementation of the protocol and regulations, use of the evidence kit and procedures for handling evidence is designed, provided and scheduled by each

facility. To assure health care providers performing evidence collection exams are as well informed as possible and regularly trained, a statewide mandatory training program should be established by the Commission.

Adult and child victims of sexual assault have a right to sensitive, compassionate and expert medical treatment. Given the limited financial and human resources in Connecticut health care facilities, and the significant period of time which is necessary to complete evidence collection examinations, the development of a pilot sexual assault examiner program serving a particular region of the state is recommended. The sexual assault examiner program provides many benefits including:

- hospital emergency nurses and physicians no longer need to perform evidence collection exams and are available to provide other emergency services;
- specialized personnel perform evidence collection exams on a regular basis which enhances competency;
- specialized personnel become more prepared for questioning from prosecution and defense attorneys because they are in court regularly;
- health care facility liability is reduced because examiners are more expert in evidence collection examination procedures;
- emergency nurses and physicians need not appear in court to testify; and
- statewide training for all health care facility employees in the implementation of the evidence collection protocol, use of the evidence kit and procedures for handling evidence may no longer be necessary because the examiner would provide these services.

Through a competitive Request For Proposal (RFP) developed by Commission members who have been selected for their expertise, authority or responsibilities in serving victims of sexual abuse, cooperation among health care facilities in a designated geographic area could be encouraged and details of a pilot program could be refined and implemented. Care should be given in creating this pilot program to assure that examiners and rape crisis center staff do not duplicate services to victims. Additionally, because this is a pilot program it will have to demonstrate its effectiveness to be considered for continuation. Therefore, evaluation needs should be determined in the early stages of program development to assure the necessary data will be collected for future analysis.

RAPE CRISIS CENTERS

RECOMMENDATION

The State of Connecticut should enhance its service to victims of sexual abuse by increasing funding for services available through rape crisis centers.

BACKGROUND/JUSTIFICATION

The criminal justice system is composed of state and local police, the courts and correctional facilities. State and local government cannot provide the desired level of service to all those in the criminal justice system without assistance from a myriad of related criminal justice service providers. Included among these special providers is the Connecticut Sexual Assault Crisis Services, Inc. (CONNSACS) and its member organizations. CONNSACS serves as the umbrella organization for the thirteen (13) rape crisis centers operating throughout the state. CONNSACS and the centers provide counseling, advocacy, training and technical assistance.

Rape crisis center staff, both paid and volunteer, provide the following services to victims and their families:

Direct Services

- a 24 hour hotline with immediate access to trained, certified counselors;
- crisis-intervention and short-term counseling for victims and non-offending family members;
- accompaniment and advocacy through medical and police systems;
- preparation, advocacy and accompaniment through the court system;
- information and referral for other needs and long-term counseling;
- support groups; and
- arrange emergency transportation.

Advocacy

- CONNSACS and rape crisis center staff provide public policy advocacy to encourage the development and implementation of appropriate services for sexual assault victims.

Training and Technical Assistance

- Community education and professional inservice training is provided, including special sessions for school personnel and students on issues of child sexual abuse.

Requests for rape crisis center services have grown dramatically. Services to primary and secondary victims increased 99% in the last five years with a 109% increase in primary victims alone. Funding has not kept pace with this dramatic increase in demand for services. In FY88/89, rape crisis centers and CONNSACS received \$722,633. By FY92/93, funding increased to \$1,050,700. This 45% funding increase contrasts sharply with the 99% service increase.

The current demand for services cannot be effectively met with existing resources. An infusion of new funds over the next two years would accomplish two objectives:

- improve services to victims by increasing staffing; and,
- modestly increase personnel costs for certain staff to reduce turnover of experienced workers.

MULTIDISCIPLINARY INVESTIGATION TEAMS

RECOMMENDATION

The Multidisciplinary Investigation Teams funded through the Department of Children and Youth Services should be supported on a statewide basis because of the role they play in expediting the coordination and investigation of child abuse and neglect cases and reducing the secondary trauma experienced by the child victim.

BACKGROUND/JUSTIFICATION

Multidisciplinary Investigation Teams (MITs) are funded through the Children's Justice Act (CJA) grant, a federal grant administered by the Department of Children and Youth Services (DCYS). The first CJA funded team in Connecticut was started in Hartford in the Autumn of 1989. Since that time four additional teams have received CJA funding so that five out of the six DCYS regions have MITs funded through the Children's Justice Act. Cases can be referred to the MITs by any of the team members, but the primary referral sources are the police and DCYS. Cases referred for Team involvement are usually sexual abuse, serious physical abuse or neglect, or cases which require law enforcement participation.

The most important function of the MITs is the improved coordination of child abuse investigation. Since all the investigation teams include law enforcement personnel, DCYS representatives and Assistant State's Attorneys, activities are coordinated at the start of investigations, thereby increasing the possibility of collecting viable evidence. Each case is viewed in a holistic manner because most teams also have members from other professions involved in the child protection process, such as medical and mental health professionals. The team provides a forum where investigation decisions and timetables can be arranged and scheduled, reducing the need for multiple contacts with the child victims and their families.

The secondary trauma experienced by the child victim is reduced through the utilization of the team approach. As stated above, a coordinated approach reduces the need for multiple contacts with the child. This reduction in contacts translates to a reduction in the number of interviews the child must go through, as well as a reduction of the number of different people the child is exposed to during the investigation. As the number of individuals and agencies the child and family are exposed to diminishes, so does the confusion and anxiety over the investigation process.

The MITs have been instrumental in promoting better understanding of and respect for other team members' roles and expertise. As this understanding and respect develops, investigation and prosecution decisions start to be made jointly, with increasing consideration paid to the child's needs as well as the viability of the evidence. Joint decision making also encourages the sharing of professional knowledge and expertise.

VICTIM CONFIDENTIALITY

RECOMMENDATION

The Connecticut General Statutes should be clarified so that the current address of the victim of a sexual assault will be made available to the defense only in the same manner and time as such information is made available to the defense for other criminal offenses.

BACKGROUND/JUSTIFICATION

Section 54-86d of the Connecticut General Statutes provides that a victim of sexual assault is not required to divulge his or her address or telephone number during any trial or pretrial evidentiary hearing provided the judge finds (1) Such information is not material to the proceeding, (2) the identity of the victim has been satisfactorily established, and (3) the current address of the victim is made available to the defense.

Section 54-86e C.G.S. provides that the name and address of the victim of a sexual assault shall be confidential and shall be disclosed only upon order of the superior court except that such information shall be available to the accused.

The sections of the general statutes described have at times been interpreted so that the sexual assault victim's address is actually more readily available than is the case for other criminal offenses.

Many victims of sexual violence are afraid the accused will repeat the offense. They are therefore understandably upset when their address is divulged to the defense. While the due process rights of the defendant require that the defense have access to the sexual assault victim's address at some point, it should not be more readily available than is the case for other criminal offenses.

STATUTE OF LIMITATIONS FOR CHILD SEXUAL ABUSE

RECOMMENDATION

The Connecticut General Statutes should be changed so that prosecution for any offense involving sexual abuse, sexual exploitation or sexual assault of a minor may be brought within two years of the date the victim attains the age of majority, or within five years from the date the victim notifies any police officer or state's attorney, whichever is earlier, with no seven year limitation. This will extend the maximum age for a very young victim to report such an offense, with a possibility of prosecution. For example, a seven year old victim would have from age seven to age twenty to report, or thirteen years instead of seven as currently provided in statute.

BACKGROUND/JUSTIFICATION

Despite statutes criminalizing child sexual abuse, offenders may escape prosecution for their crimes because victims remain silent until after the statute of limitations has expired and criminal charges are barred. Child victims of sexual abuse are especially likely to remain silent because they are too young to know how or what to report, because they are prevented from reporting, because they fear the results of disclosure and because the abusers are often persons of authority and trust in their lives.

Under current Connecticut law there is no limitation of time for prosecution of capital felonies, class A felonies or arson murder. Other offenses for which the punishment may be imprisonment in excess of one year have a statute of limitations of five years. Remaining offenses have a statute of limitations of one year. Special provisions for sexual abuse of minors were enacted in 1990 which allow two years from the age of majority or seven years, whichever is less, provided it is never less than five years.

Action to recover damages for personal injury to a minor for sexual abuse cases was revised in 1991 from two to seventeen years from the age of majority or from the victim's 20th birthday to his/her 35th birthday.

Children, particularly very young children, need additional time to report child sexual abuse. Connecticut's current law on the statute of limitations for criminal prosecution in child sexual abuse cases is too restrictive and difficult to understand. Some limited additional time for young victims to report as provided in recommended changes to Section 54-193a of the Connecticut General Statutes is appropriate and desirable.

STATUTE OF LIMITATIONS FOR OFFENSES INVOLVING SEXUAL ABUSE OF MENTALLY RETARDED OR MENTALLY ILL PERSONS

RECOMMENDATION

The Connecticut General Statutes should be changed so that if the period prescribed in section 54-193 C.G.S. has expired, a prosecution may nevertheless be commenced for any offense involving sexual abuse, sexual exploitation, or sexual assault of a person with mental retardation or a person with post traumatic stress disorder (PTSD) within one year after the victim becomes able to report the offense.

BACKGROUND/JUSTIFICATION

This recommendation is designed to address the situation where a person with mental retardation or PTSD cannot report a sexual assault because of their impairment. Connecticut's Office of Protection and Advocacy has recently become aware of several such cases as a result of newly discovered methods of communication with non-verbal individuals. Through facilitated communication, numerous individuals diagnosed as mentally retarded are reporting that they were victims of sexual abuse in years past but were not able to report the offense within the limitation period, given their inability to speak or write.

Additionally, the Office of Protection and Advocacy has received information from Dr. Richard Shulman, a licensed psychologist at Hartford Hospital Psychiatric Clinic, who has done extensive research in this area.

He described numerous incidents from his clinical practice involving adult patients labeled as psychotic who, gradually through intensive therapy, revealed stories of sexual abuse from their childhood. On several occasions, these stories were corroborated by other family members. Dr. Schulman stated that some victims are sustained by the thought that legal recourse is available, yet very often no criminal action can be taken.

In any prosecution resulting from the recommended change to the statute, the burden of proof would be with the State to show that such persons were unable to report the offense within the period prescribed in section 54-193 C.G.S.

MANDATED REPORTERS OF CHILD ABUSE, ELDERLY ABUSE AND ABUSE OF PERSONS WITH MENTAL RETARDATION

RECOMMENDATION

Sexual Assault counselors and battered women's counselors should be added as mandated reporters of child abuse, elderly abuse and abuse of persons with mental retardation.

BACKGROUND/JUSTIFICATION

Rape crisis counselors and battered women's counselors have regularly reported suspected incidences of child abuse, elderly abuse and abuse of persons with mental retardation, but are not currently listed as mandated reporters under sections 17a-101(b) 17a-412 and 46a-11b C.G.S. The inclusion of sexual assault and battered women's counselors as mandated reporters will encourage continued cooperation from these groups in reporting by protecting them from any attempt to make them liable for penalties under civil law as a result of reports made in good faith.

PENALTIES FOR SEXUAL ASSAULTS

RECOMMENDATION

In order to clarify the penal code, as well as increase and decrease penalties in certain instances with regard to sexual assault statutes, the following changes are recommended:

1. Increase the penalty for sexual assault in the third degree with a firearm from a class D to a class C felony, clarify language on the type of violence that makes a sexual assault in the first degree into aggravated sexual assault, and add the affirmative defense where a firearm used could not fire a shot.
2. Increase penalties for sexual assault of certain persons less able to protect themselves
 - a. change from a class C (second degree sexual assault--nine months mandatory not suspendable sentence) to a class B (first degree sexual assault--one year mandatory not suspendable sentence) felony engaging in sexual intercourse with:
 - i) mentally retarded or mentally ill person unable to consent,
 - ii) physically helpless,
 - iii) person less than 18 years old by guardian.
 - b. change engaging in sexual contact with the same persons listed in (a) from a class A misdemeanor (fourth degree sexual assault), to a class D felony (third degree sexual assault).
3. Add a new crime of sexual exploitation as a class D felony for intentionally causing a person who is mentally defective or mentally incapacitated to the extent that he or she is unable to consent, to perform an act including, but not limited to nudity, erotic fondling, or masturbation, that satisfies the prurient interest of the actor.
4. Treat married and cohabiting persons the same as others for sexual assault except for sexual contact without permission. This will require:
 - including married and cohabiting persons in definitions of sexual intercourse and sexual contact;
 - eliminating spousal or cohabiting relationships as affirmative defense;
 - repealing sexual assault in a spousal or cohabiting relationship; and
 - changing sexual contact without consent to eliminate married persons.
5. Reduce the penalty for sexual assault in the first and second degrees for sexual intercourse with a person under a certain age, when the actor is two years or less older than the victim.

BACKGROUND/JUSTIFICATION

The penalty for sexual assault in the third degree with a firearm should be changed from a class D to a class C felony to reflect the increased potential for harm in any offense involving a firearm. The seriousness of the penalty attached to aggravated sexual assault in the first degree makes it important to more clearly distinguish what makes sexual assault in the first degree different from aggravated

sexual assault by adopting language similar to that used in the robbery statutes and allowing as an affirmative defense, the use of a firearm that could not fire a shot.

The penalty should also be increased for sexual assault of persons less able to protect themselves. The sexual abuse of persons with mental retardation or mental illness has remained largely hidden from public view, but the investigative work of Connecticut's Office of Advocacy and Protection indicates that this is a very serious problem. Presently, the penalty for sexual abuse of these individuals is perceived as unduly mild considering the harm done to the victims in these cases.

Under the present law in Connecticut there is nothing to cover a situation where a caretaker intentionally causes persons under their care to remove their clothes or perform erotic acts that satisfy the prurient interest of the actor. Such events are not uncommon occurrences in institutions and/or group homes for the mentally retarded or mentally ill.

Connecticut's Office of Protection and Advocacy has investigated several situations involving the sexual exploitation of impaired individuals. On one occasion, a mental health facility staff member placed a woman with mental retardation in four-point restraints on a bed. Knowing the woman was predisposed to self-masturbation, the attendant released one hand from restraint and observed while the woman unwittingly masturbated. A different investigation uncovered a group home attendant who would take a woman with mental retardation to an exercise room late at night, instruct her to remove her nightclothes and to exercise before him in provocative underwear he had directed her to put on.

Current Connecticut law defines sexual intercourse in Sec. 53a-65 C.G.S. and limits the meaning to persons not married to each other. This definition of sexual intercourse applies to 53a-70, sexual assault in the first degree. The same definition without the exclusion of persons married to each other is repeated in Sec. 53a-70b, C.G.S., sexual assault in a spousal or cohabiting relationship. Both are class B felonies. The inclusion of married and cohabiting persons in the definitions of sexual intercourse and sexual contact and the elimination of spousal or cohabiting relationships as an affirmative defense will clarify Connecticut law on sexual assault and render a separate statute (53a-70b) for sexual assault in a spousal or cohabiting relationship unnecessary.

The penalty for sexual assault in the first and second degrees for sexual intercourse with a person under a certain age, should be reduced when the actor is two years or less older than the victim. This is a reduction and not an elimination of any penalty in these cases and is appropriate where there is no use of force and the victim and offender are close in age.

The examples cited demonstrate the need to change Connecticut's penal code with regard to sexual assault. Further support for this type of change came up in public testimony expressing concern over what are perceived to be inappropriately mild punishments, or no punishment for certain acts of sexual assault, particularly acts of sexual assault directed toward those persons who are helpless or have diminished capacity to consent.

MODIFICATION OF EXISTING STATUTORY LANGUAGE

RECOMMENDATION

Support language changes in the term "mentally defective" as recommended by a joint committee with representatives from the Department of Mental Health, the Commission on Human Rights and Opportunities and the Office of Advocacy and Protection for Persons with Disabilities.

BACKGROUND/JUSTIFICATION

The recommended language would replace the term "mentally defective" where it appears in the statutes presently.

PILOT SEXUAL ASSAULT RESPONSE UNIT

RECOMMENDATION

Establish a special sexual assault response unit on a pilot basis, to handle sexual assault cases. The unit would be led by an experienced prosecutor who acts as the leader of a multi-disciplinary team that coordinates, investigates and prosecutes sexual assault cases.

BACKGROUND/JUSTIFICATION

Victims of sexual violence and victim advocates believe that sexual assault cases are not consistently prosecuted vigorously and efficiently and criminal justice system personnel do not always respond appropriately to the special needs of sexual assault victims. In some cases there are reports of victims being required to go through multiple interviews because different prosecutors are assigned at different stages of case processing. Sexual assault cases do merit special attention beyond that given to other crimes because of the trauma suffered by the victim/witnesses in these cases.

In the multi-disciplinary team proposed, special emphasis will be placed on vertical prosecution, whereby one prosecutor has the responsibility for a case from beginning to end. This policy eliminates unnecessary duplication of effort and minimizes inconvenience to both the victim/witness and the police. There will also be a focus on close coordination with law enforcement in the investigative as well as the prosecutorial process, in order to make the best and most efficient use of available police information. The unit will also take the lead in developing uniform protocols between court based victim advocates, prosecutors, and community based victim advocates and serve as a focal point for the development of training standards and activities to support the protocols developed. This will require additional representatives to the team from state agencies that provide services to victims of rape, sexual assault and child sexual abuse and private providers, as well as victim advocate groups.

The pilot project would be established in a large judicial district. One full time experienced assistant state's attorney, an inspector and a clerical person will be required.

In order to meet the increased demand on public defender services that the special unit will create, additional resources should be provided to the Office of the Chief Public Defender in the form of one full time experienced assistant public defender and one full time social worker.

CORRECTIONS - JUVENILE AND ADULT

RECOMMENDATION

The State of Connecticut should provide a comprehensive service delivery system for juvenile and adult sex offenders which offers a continuum of care from self-contained secure residential treatment through out-patient treatment and supervision. This service delivery system should be based upon a consistent philosophy of treatment, qualified treatment providers, and long-term evaluation of services.

Prosecutorial, court and child protective services policies and procedures should support treatment for sex offenders by assuring that offenders are made accountable for their sex offenses. Reports of sexual abuse by child protective services to prosecutorial and law enforcement agencies should be mandatory. Plea and charge bargaining should be limited so that case disposition/conviction will accurately reflect the sexual nature of the offense. Prosecution should result in court orders for sex offender-specific treatment.

A committee on sex offender treatment should be established with representation from the Department of Children and Youth Services, the Department of Correction, the Department of Health Services, the Division of Criminal Justice, the Division of Public Defender Services, the Judicial Branch, the Office of Policy and Management, victim advocacy groups, and sex offender treatment providers. This committee's duties should include planning for, coordinating and implementing these correctional recommendations. The committee should begin its work by July 1, 1993, have a completed plan for the comprehensive system by January 1, 1994, and begin its implementation immediately.

BACKGROUND/JUSTIFICATION

Research has shown that by the time a sex offender has been incarcerated, he has committed an average of seven rapes, and child molesters have been shown to have committed up to twenty four pedophilic acts prior to incarceration. Convicted rapists are also more likely to repeat their offense than those convicted of other violent crimes.

The human costs of these crimes are staggering. Mental health problems, including post traumatic stress disorder, major depression and suicide attempts, are more likely to occur in rape victims than in non-victims. Also, rape victims have higher rates of drug and alcohol consumption. Victims may never recover fully from their ordeal. These human costs extend to the families of the victims and to their friends.

Add to this human suffering the costs of investigating the crimes, capturing the perpetrators, trials, incarceration and parole, and victim expenses, and the enormous cost to society of sex offenses can begin to be comprehended. With such huge costs involved, even minor reductions in the recidivism of sex offenders will produce major savings.

Sex offender-specific treatment has been shown to reduce reoffending. While we cannot say that sex offenders are cured through treatment, or that treatment is a viable option for all sex offenders, it is clear that there is a significant difference in re-arrest rates between treated and untreated sex offenders.

States which have successfully lowered recidivism of sex offenders have developed a coherent system of service responses which begins at the court level and continues throughout the offender's involvement in the justice system. It is imperative that a strong message be imparted to the sex offender regarding the close interaction between the therapeutic and legal systems. Unlike traditional psychotherapy, treatment for sex offenders should include limited confidentiality and a significantly

lower degree of choice. The offender must clearly understand that there are no avenues to manipulate the legal and therapeutic systems against one another.

To implement such a system in Connecticut, training should be provided to all persons who will be directly involved with sex offenders. This could be done by limiting direct involvement and designating specialized personnel, or by widespread training and coordination efforts.

A long-term independent research study should be part of the development of the comprehensive service delivery system for sex offenders. This study should focus on both treatment while incarcerated and in the community. We must look beyond the short-term answers. We must offer treatment to offenders to lower recidivism and protect the community. To do this effectively, we must constantly monitor and assess the effectiveness and long-term outcomes of treatment.

Activities of the new committee on sex offender treatment should include, but not be limited to, the following:

- conduct a needs assessment including data on sex offenders in Connecticut and current service availability; a survey of state personnel and service providers on the quality, accessibility, and need for services; and an analysis of service gaps;
- describe in detail the current service delivery systems in place;
- review literature on sex offender treatment program characteristics and effectiveness; and
- develop recommendations for required services, qualifications for service providers, range of services to be available, priorities for funding, structural change in delivery systems, method for assuring qualified providers, evaluation mechanisms, and a timetable for implementing these recommendations.

ONGOING SERVICES FOR VICTIMS WITH DEVELOPMENTAL DISABILITIES

RECOMMENDATION

Recognizing that developmentally disabled persons are particularly vulnerable to sexual abuse, agencies/facilities that are operated, licensed or funded by the state to serve persons with disabilities should be required to do the following:

EDUCATION AND TRAINING

- provide to their clients education and training in the areas of human sexuality, assault prevention, assertiveness and appropriate social interaction skills and boundaries; and
- provide to the parents of their clients and all staff annual training in the detection, reporting and prevention of sexual abuse, including procedures for responding to allegations of abuse or for reporting abuse.

PERSONNEL SERVICES

- employ adequate screening of prospective employees in order to screen out those who pose a risk to their clients;
- establish a sufficient probationary period of supervision and monitoring to fairly assess the appropriateness of new employees as caregivers;
- provide appropriate supervision on all shifts and weekends to ensure a safe environment; and
- create a physical and social environment which reduces the risk of sexual exploitation between clients and staff and between clients.

SERVICES TO DEVELOPMENTALLY DISABLED SEX OFFENDERS OR VICTIMS

- develop and use identification procedures which will identify those most vulnerable to sexual abuse or those with a history of abuse or victimization;
- provide supervision and monitoring of the care of those identified to ensure a safe environment;
- use the least disruptive methods to protect victims from further abuse;
- develop an accurate system to track client to client sexual offenses and make the information available to treatment needs;
- develop specialized crisis intervention and advocacy services and train staff in their use;
- use a comprehensive social-sexual evaluation and assessment for offenders and victims; and
- develop and use a specialized continuum of treatment services for the developmentally disabled sex offender

BACKGROUND/JUSTIFICATION

Four factors which contribute to the sexual abuse of the developmentally disabled are isolation, lack of information, poor assertiveness skills combined with compliance as the norm, and dependency upon others. Appropriate education and training for both children and adults with disabilities that addresses these factors reduces their vulnerability. Current efforts to prepare people with disabilities to avoid or

resist sexual assault is inadequate. Symptoms of abuse that might be readily investigated in a non-disabled person are often overlooked in people with disabilities. Symptoms may be masked by the person's level of functioning or incorrectly attributed to the person's disability. For example, sleeplessness, fearfulness of places or people, difficulties at work or school and behaviors that are promiscuous, provocative or sexually inappropriate may be under investigated. Staff should be well trained in identifying these symptoms.

Administrative strategies that prevent the occurrence of sex offenses constitute the most cost-effective and humane approach to the problem of sexual abuse of the developmentally disabled. Screening of prospective employees, close supervision during the probationary period and monitoring of all staff at all times should be done to reduce the likelihood of employing or maintaining uncaring, exploitive or abusive staff.

The physical environment and daily procedures can be shaped to reduce the potential for abuse or exploitation. For example, there are no policies or regulations which require same sex staff to assist clients with intimate, personal hygiene, or standards for privacy across environments. This increases the risk of abuse and confuses educational efforts to educate clients regarding privacy of body parts or autonomy over their bodies.

Developmentally disabled persons are unique in their need for services and advocacy both as members of a class of disabled people and as members of a class of sex offenders. As developmentally disabled people, they are provided increased opportunities for social access less constrained by prejudices that restricted them in the past. A developmentally disabled person who is also a sex offender often continues to be viewed more generally through his diagnosis as "developmentally disabled" and to receive well-intentioned protection from "labels" that would more accurately identify sexual offending behaviors. Thus, in the name of advocacy, this subgroup of sex offenders is denied an accurate diagnosis and subsequent access to appropriate treatment. Not identifying and diagnosing this group places them at continuing risk of repeat offending and perpetuates the cycle of victimization.

Delivery of effective crisis intervention and necessary support and treatment services require comfort and familiarity with the specialized characteristics and needs of developmentally disabled people. The emotional trauma involved for both the victim and offender is itself a challenge. When factoring in the significant variability in areas of cognitive functioning, social skills, communication skills, and diverse physical and medical conditions, the specialized demands of this intervention and service delivery are extremely critical. Effective crisis intervention, a system for identification and assessment must be followed up by a specialized and intensive continuum of intervention and long term treatment services. Documented experience with the more successful programs consistently support these components of service.

Personnel policies, procedures and environmental controls which can be implemented with little or no cost should be identified and put into place initially. Changes which will require more investigation, planning, coordination and funding will need to be examined in a more systematic method utilizing existing expertise at the Departments of Mental Retardation, Protection and Advocacy and Mental Health.

SEXUAL MISCONDUCT BY PROFESSIONALS

RECOMMENDATION

An official, state-level task force should be created and charged with addressing the issue of sexual misconduct among licensed and unlicensed health and mental health care providers. This group should include, but not be limited to: representatives of various health care and mental health disciplines, including appropriate state agencies (Department of Mental Health, Department of Mental Retardation, Department of Children and Youth Services, and Department of Health Services), appropriate professional organizations, licensing review boards, victims of professional sexual misconduct, legislators, members of the Connecticut Bar Association and representatives of victim advocacy groups. The issues addressed should include, but not be limited to, criminal penalties, civil redress, other sanctions, licensing, reporting, and training and education of professionals.

BACKGROUND/JUSTIFICATION

The loss to society of the personal achievement and community participation by individuals traumatized by sexual violence are enormous. Health and mental health professionals are in a unique position of familiarity with these losses and with the painstaking and costly process of healing. Re-victimization of an already traumatized individual by a person who has been placed in a position of trust and healing has very serious implications. The consequences of these abusive relationships are enduring and pervasive and are carried into other significant relationships: families, marriages and other intimate relationships, the work place, and future therapy relationships.

The process of therapy must be built upon trust, with clear rules for which the therapist is held responsible. Sexual misconduct by health and mental health care providers involves the abuse of power: the use of emotional, psychological and social authority to gratify the needs of the one in power at the expense of the person with less power. The major professional societies, such as the Connecticut Psychological Association, the Connecticut Association of Social Workers, the Connecticut Psychiatric Association, and the Connecticut Medical Association, explicitly prohibit sexual contact with clients.

A review of the literature reveals that the populations most vulnerable to therapist abuse are those who have experienced previous sexual abuse. The incidence of abuse is highest for the male therapist-female client relationship, but exists in other relationships, as well. Self-reporting surveys indicate that up to 13% of mental health professionals have sexual contact with their patients or clients and that only 4-8% of the traumatized clients report this behavior.

Studies show that 90% of victims of client sexual involvement suffer further harm. Sexually exploited clients experience an increase in symptoms, including suicidal feelings and attempts, increased depression, self-loathing, increased anxiety, sleep disorders, substance abuse, self-destructive behaviors, failed relationships, and an increased rate of hospitalizations and social service interventions. To further complicate matters, traumatized individuals often do not get additional therapy to treat the effects of the abusive therapeutic relationship because of the loss of trust. As a result, the direct increase in costs to society includes substance abuse effects and treatment, hospitalizations, absence from work, and other disability repercussions.

The issue of sexual misconduct by professionals has not been fully explored either professionally or legally. It is time to address and clearly denounce this abuse of power and trust and to take a stand against the failure of the system to heal.

APPENDICES

Appendix A

Governor's Task Force on Sexual Violence

Proposed Action Plan

Background: Connecticut is faced with a growing crime epidemic and it is clear that a comprehensive examination of the state's response to sexual violence is not only appropriate but essential. This examination requires a multi-disciplinary approach.

Sexual violence is the fastest growing crime in the United States. During recent Congressional hearings, it was documented that there were more reported rapes in the United States in 1990 than ever before. Connecticut and 28 other states from every region in the country set records for the number of reported rapes.

- Nationally, there are 78 rapes per hour, 1,871 every day.
- Rape rates have risen four times as fast as the total crime rate in the last ten years. For example, this year Hartford has seen an increase of 21.7%
- One-third of all women will be sexually assaulted at some point in their lives.
- As few as one in ten rapes are reported to authorities.
- Sexual assault cuts across every age, race, ethnic group, community and socio-economic status. It happens inside the victim's home, in the workplace and on the street.
- In Connecticut, rape crisis centers have experienced a 20% annual increase in growth for each of the last three years. Over the last five years, they have doubled the number of victims served.
- Last fiscal year, the 13 rape crisis centers in the state provided service to 5,391 sexual assault victims and their families.

If the Women and Violence Act is enacted by Congress, Connecticut can expect to receive significant levels of federal funding to address a variety of issues. Nationally, there will be \$300 million available for law enforcement efforts and \$20 million for colleges to fund campus rape education and prevention programs. Title V authorizes at least \$500,000 to each state for victim services and monies for training state and federal judges.

Currently, Connecticut funds the Connecticut Sexual Assault Crisis Services with a combination of state and federal dollars. Connecticut's General Fund share is \$444,120 and the federal pass-through is \$443,017 which averages to 62% of the services operating budget. This does not include the monetary value of thousands of trained volunteers.

Purpose: Advise the Governor on Connecticut's response to sexual violence.

Objectives:

- Review and determine the adequacy of the criminal justice system's response to sexual violence in Connecticut including, but not limited to, police, forensic, prosecutorial and court procedures, sentencing and sex offender treatment options;
- Examine all Connecticut General Statutes pertaining to sexual violence and present recommendations for statutory revision;
- Identify and assess the adequacy of community-based services and advocacy available to sexual assault victims and their families; and
- Identify and assess the adequacy of current public awareness and prevention efforts throughout the State.

Membership: The Governor's Task Force on Sexual Violence will be composed of approximately 18 persons. Members will represent the state's criminal and juvenile justice systems, social and victim services agencies, higher education, police, hospitals, and businesses.

Activities: The Governor's Task Force on Sexual Violence will operate through meetings, one public hearing and three working groups—Initial System Response, Court Response, and Risk Reduction. Each member would be assigned to serve on one working group which would report back regularly to the Task Force as a whole. Additional experts who are not members of the Task Force may serve as working group members.

A. Initial System Response Group

The Initial System Response Group (ISR) would address the initial responses of police, hospitals and victim services agencies to incidents of sexual violence. Issues would include police notification of victims, mandated police training, forensic evidence collection, linking hospitals with local services agencies, HIV testing, medical and service resources, and confidentiality.

B. Court Response Group

The Court Response Group (CR) would address prosecution, defense and court responses to sexual violence. Issues would include inconsistencies, errors and clarifications of the penal code, expert witnesses, television in the courtroom, confidentiality of the victim, and victims services protocols.

C. Risk Reduction Group

The Risk Reduction Group (RR) would address correctional and preventive responses to sexual violence and general public awareness on this subject. Issues would include adult and juvenile treatment programs, availability of adequate alternate sanctions, notification of victims concerning offender release, college campus program, employee awareness programs, prevention in the schools and public education.

Appendix B

Governor's Task Force on Sexual Violence

Outline of Issues

I. Initial System Response

A. Police

1. Uniform practices with victims
 - a. Specialized units
2. Protocols with hospitals, rape crisis centers and the Department of Children and Youth Services (DCYS)
3. Reports to the Sex Crimes Analysis Unit of the State Police
4. Aggressive investigations
 - a. Interviewing techniques
 - b. Resources
 - c. Specialized units
5. Training
 - a. Mandated on-going training
 - b. Specialized training, i.e. dealing with special populations
 - c. Evidence collection

B. Hospitals

1. Uniform practices with victims
2. Forensic evidence collection
 - a. Conducted in emergency departments of hospitals or elsewhere
 - b. Conducted by physicians and/ or special nurse examiners
 - c. Available at all hospitals or regional specialty
 - d. Resources for adults and children
 - e. Difficulties with current evidence collection kit
 - f. Cost
3. Protocols with police, rape crisis centers and DCYS
4. HIV testing
5. Training
 - a. Mandated on-going training
 - b. Specialized training

C. Rape Crisis Centers

1. Uniform practices with victims and families
2. Protocols with police, hospitals and DCYS
3. Resources for adults and children
4. Confidentiality requirements
5. Training
 - a. Mandated on-going training
 - b. Specialized training

II. Court Response

A. Uniform practices with victims

1. Prosecutors
 - a. Specialized units
2. Court personnel

B. Court-based victim advocacy

1. Uniform practices with victims
2. Resources

C. Protocols between court-based victim advocates and prosecutors, court personnel and community-based victim advocates

D. Training

1. Uniform on-going training
2. Specialized training

E. Penal code

1. Clarifications
2. Inequities
3. Statutes of limitation
4. Affirmative defense provisions
5. Violence towards gay persons

F. Inter-state notification and apprehension of suspects and escaped offenders

G. Correspondence from offender to victim

H. Rape shield law and practice

I. Use of expert witnesses

J. Confidentiality of victims' identities

K. Sentencing

1. Adult
 - a. Length of sentence
 - b. Mandatory treatment
2. Juvenile
 - a. Confidentiality of records
 - b. Length of sentence

III. Risk Reduction

A. Corrections

1. Adult corrections
 - a. Treatment
 - i. Specialized unit in Adult Probation
 - ii. Mandated insurance coverage
 - b. Resources
2. Juvenile corrections
 - a. Treatment
 - b. Resources

- B. College Campuses
 - 1. Uniform policies and practices
 - 2. Security forces
 - 3. Use of internal disciplinary boards
 - 4. Prevention efforts
 - 5. Training
- C. Employee Assistance Programs
 - 1. Uniform policies and practices
 - 2. Awareness/prevention
 - 3. Resources for employee assistance
 - 4. Sexual harrassment
- D. Prevention in the Schools
 - 1. Daycare programs for children and providers
 - 2. Elementary programs
 - 3. Secondary programs
 - 4. Parent training
 - 5. Teacher training
 - 6. Resources
- E. Public Awareness
 - 1. General awareness
 - a. Psychological focus
 - b. Sociological basis
 - 2. Media treatment of individual victims
- F. Ongoing Services for Victims
 - 1. Persons with disabilities
- G. Sexual Misconduct by Professionals
 - 1. Mental health providers
 - 2. Other health care providers

Appendix C

An Act Concerning Sexual Violence

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Subsection (b) of section 17a-101 of the general statutes is repealed and the following is substituted in lieu thereof:

Any physician or surgeon registered under the provisions of chapter 370 or 371, any resident physician or intern in any hospital in this state, whether or not so registered, and any registered nurse, licensed practical nurse, medical examiner, dentist, psychologist, school teacher, school principal, school guidance counselor, school paraprofessional, social worker, police officer, clergyman, osteopath, optometrist, chiropractor, podiatrist, mental health professional[,] OR physician assistant, any person who is a Connecticut certified substance abuse counselor, any person who is a Connecticut certified marital and family therapist, ANY PERSON WHO IS A SEXUAL ASSAULT COUNSELOR, OR A BATTERED WOMENS' COUNSELOR AS DEFINED IN SECTION 52-146k or any person paid for caring for children in a day care center who has reasonable cause to suspect or believe that any child under the age of eighteen has had physical injury or injuries inflicted upon him by a person responsible for such child's or youth's health, welfare or care, by a person given access to such child by such responsible person, or by a school employee other than by accidental means or has injuries which are at variance with the history given of them, or is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual abuse, sexual exploitation, deprivation of necessities, emotional maltreatment, or cruel punishment, or has been neglected as defined by section 46b-120 shall report or cause a report to be made in accordance with the provisions of subsection (c) of this section, except that if a member of a school staff who is required to report under the provisions of this section has reasonable cause to suspect or believe that any such child has had such injuries inflicted upon him by a school employee, the member of the school staff shall report the information which is to be included in the report described in said subsection (c) to the superintendent of the school district or supervisory agent of the nonpublic school in which the school employee is employed and such superintendent or supervisory agent shall immediately notify the child's parent or other person responsible for the child's care that a member of the school staff has made such a report and shall report or cause a report to be made in accordance with the provisions of said subsection (c). When the attendance of the person who has such reasonable cause to suspect abuse with respect to such child is pursuant to the performance of services as a member of the staff of a hospital, school, social welfare agency or any other institution, such person shall notify the person in charge of such institution, or his designated agent, that such report has been made. Any person required to report under the provisions of this section who fails to make such report shall be fined not more than five hundred dollars.

Section 2. Subsection (a) of section 17a-412 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) [On and after July 12, 1977, any] ANY physician or surgeon licensed under the provisions of chapter 370 or 371, any resident physician or intern in any hospital in this state, whether or not so licensed, and any registered nurse, licensed practical nurse, medical examiner, dentist, osteopath, optometrist, chiropractor, podiatrist, social worker, clergyman, police officer, pharmacist, physical therapist, nursing home facility administrator, nurses aide or orderly in a nursing home facility, ANY PERSON WHO IS A SEXUAL ASSAULT COUNSELOR OR A BATTERED WOMEN'S COUNSELOR AS DEFINED IN SECTION 52-146k, any person paid for caring for a patient in a nursing home facility, any staff person employed by a nursing home facility and any regional ombudsman or patients' advocate who has reasonable cause to suspect or believe that a patient in a nursing home facility has been abused, neglected, exploited or abandoned, or is in a condition which is the result of such abuse, neglect, exploitation or abandonment, shall within five calendar days report such information or cause a report to be made in any reasonable manner to the nursing home ombudsmen office. Any person required

to report under the provision of this section who fails to make such report within the prescribed time period shall be fined not more than five hundred dollars.

Section 3. Section 19a-112a of the general statutes, as amended by public act 92-151, is repealed and the following is substituted in lieu thereof:

(a) There is created a commission on the standardization of the collection of evidence in sexual assault investigations composed of [eleven] THIRTEEN members as follows: The chief state's attorney or [his] designee;[,] the executive director of the permanent commission on the status of women or [her] designee; the commissioner of health services or [his] designee; THE COMMISSIONER OF THE DEPARTMENT OF CHILDREN AND YOUTH SERVICES OR DESIGNEE; one member from the [state police major crimes division] DIVISION OF STATE POLICE AND ONE MEMBER FROM THE STATE FORENSIC LABORATORY to be appointed by the commissioner of public safety; [one member from the state forensic laboratory to be appointed by the director of the state forensic laboratory;] one member from Connecticut Sexual Assault Crisis Services, Inc. to be appointed by its board of directors; one member from the Connecticut Hospital Association to be appointed by the president of the association; one emergency [room] physician APPOINTED BY THE PRESIDENT OF THE CONNECTICUT COLLEGE OF EMERGENCY PHYSICIANS;[,] one obstetrician-gynecologist and one pediatrician to be appointed by the president of the Connecticut State Medical Society; [and] one [emergency room] nurse to be appointed by the president of the Connecticut [Nurse's] NURSES' Association; AND ONE EMERGENCY NURSE TO BE APPOINTED BY THE PRESIDENT OF THE EMERGENCY NURSES ASSOCIATION OF CONNECTICUT. The commission shall be within the [department of health services] DIVISION OF CRIMINAL JUSTICE for administrative purposes only WITH THE CHIEF STATE'S ATTORNEY OR DESIGNEE AS CHAIRPERSON OF THE COMMISSION.

(b) For purposes of this section "protocol" means the state of Connecticut [hospital] HEALTH CARE FACILITY protocol for victims of sexual assault which shall consist of regulations adopted in accordance with this subsection pertaining to the collection of evidence in any sex offense crime. The commission shall recommend the protocol to the [commissioner of health services] CHIEF STATE'S ATTORNEY for adoption as regulations in accordance with the provisions of chapter 54. Said regulations shall be adopted no later than [May 26, 1989] JANUARY 1, 1994. The commission SHALL ANNUALLY REVIEW THE PROTOCOL AND may recommend changes to the protocol every [two years] YEAR for adoption as regulations.

(c) The commission shall design a sexual assault evidence collection kit ON OR BEFORE JANUARY 1, 1994, AND MAY RECOMMEND CHANGES IN THE KIT ANNUALLY TO THE CHIEF STATE'S ATTORNEY. Each kit shall include instructions on the proper use of the kit, standardized reporting forms, standardized tests which shall be performed if the victim so consents and standardized receptacles for collection and preservation of evidence. The commission shall provide the

kits to all [institutions in the state with emergency rooms or trauma center facilities] HEALTH CARE FACILITIES IN THE STATE AT WHICH EVIDENCE COLLECTION EXAMINATIONS ARE PERFORMED at no cost to such [institutions] HEALTH CARE FACILITIES.

(d) Each [institution] HEALTH CARE FACILITY in the state [with an emergency room or trauma center facility] which provides for the collection of sexual assault evidence shall follow the protocol as described in subsection (b) of this section upon the request of the alleged victim and shall hold that evidence, maintaining its integrity, for up to sixty days after such collection. Upon the request of the victim or guardian, such evidence shall be transferred to the appropriate state or municipal police department.

(e) No costs incurred by a [hospital or other medical] HEALTH CARE facility for the examination of the victim of sexual assault, when such an examination is performed for the purposes of gathering evidence as described in subsection (b) of this section, shall be charged directly or indirectly to the victim of such assault. Any such cost shall be charged to the division of criminal justice.

(f) THE COMMISSION SHALL ADVISE THE CHIEF STATE'S ATTORNEY ON ESTABLISHING A MANDATORY TRAINING PROGRAM FOR HEALTH CARE FACILITY STAFF REGARDING THE IMPLEMENTATION OF THE REGULATIONS, USE OF THE EVIDENCE COLLECTION KIT AND PROCEDURES FOR HANDLING EVIDENCE.

(g) THE COMMISSION SHALL ADVISE THE CHIEF STATE'S ATTORNEY ON OR BEFORE JANUARY 1, 1994, ON DEVELOPING A SEXUAL ASSAULT EXAMINER PROGRAM AND THEREAFTER ANNUALLY ON ITS IMPLEMENTATION AND EFFECTIVENESS.

Section 4. Subsection (d) of section 29-1c of the general statutes is repealed and the following is substituted in lieu thereof:

The commissioner of public safety shall publish an annual report concerning the extent, fluctuation, distribution and nature of crime in Connecticut. THE ANNUAL REPORT SHALL INCLUDE A SPECIFIC ANALYSIS OF THE NATURE, EXTENT AND PATTERN OF SEX CRIMES IN THE STATE.

Section 5. Subsection (a) of section 46a-11b of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Any physician or surgeon licensed under the provisions of chapter 370 or 371, any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, any person paid for caring for persons in any facility and any licensed practical nurse, medical examiner, dental hygienist, dentist, occupational therapist, osteopath, optometrist, chiropractor, psychologist, podiatrist, social worker, teacher, speech pathologist, clergyman, police officer, pharmacist, [or] physical therapist OR SEXUAL ASSAULT COUNSELOR OR BATTERED WOMEN'S COUNSELOR AS DEFINED IN SECTION 52-146k who has reasonable cause to suspect or believe that any mentally retarded person has been abused or neglected shall, within five calendar days, report such information or cause a report to be made in any reasonable manner to the director or persons designated by him to receive such reports. Such report shall be followed up by a written report within five additional calendar days. Any person required to report under this subsection who fails to make such report shall be fined not more than five hundred dollars.

Section 6. Section 53a-65 of the general statutes is repealed and the following is substituted in lieu thereof:

As used in this part, [except section 53a-70b,] the following terms have the following meanings:

- (1) "Actor" means a person accused of sexual assault.
- (2) "Sexual intercourse" means vaginal intercourse, anal intercourse, fellatio or cunnilingus between persons regardless of sex. Its meaning [is limited to persons not married to each other] INCLUDES PERSONS IN SPOUSAL OR COHABITING RELATIONSHIPS. Penetration, however slight, is sufficient to complete vaginal intercourse, anal intercourse or fellatio and does not require emission of semen. Penetration may be committed by an object manipulated by the actor into the genital or anal opening of the victim's body.
- (3) "Sexual contact" means any contact with the intimate parts of a person [not married to the actor] for the purpose of sexual gratification of the actor or for the purpose of degrading or humiliating such person or any contact of the intimate parts of the actor with a person [not married to the actor] for the purpose of sexual gratification of the actor or for the purpose of degrading or humiliating such person. ITS MEANING INCLUDES PERSONS IN SPOUSAL OR COHABITING RELATIONSHIPS.
- (4) "Mentally defective" means that a person suffers from a mental disease or defect which renders such person incapable of appraising the nature of such person's conduct.
- (5) "Mentally incapacitated" means that a person is rendered temporarily incapable of appraising or controlling such person's conduct owing to the influence of a drug or intoxicating substance

administered to such person without such person's consent, or owing to any other act committed upon such person without such person's consent.

(6) "Physically helpless" means that a person is unconscious or for any other reason is physically unable to communicate unwillingness to an act.

(7) "Use of force" means: (A) use of a dangerous instrument; or (B) use of actual physical force or violence or superior physical strength against the victim.

(8) "Intimate parts" means the genital area, groin, anus, inner thighs, buttocks or breasts.

Section 7. Section 53a-67 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) In any prosecution for an offense under this part based on the victim's being mentally defective, mentally incapacitated or physically helpless, it shall be an affirmative defense that the actor, at the time such actor engaged in the conduct constituting the offense, did not know of such condition of the victim.

(b) [In any prosecution for an offense under this part, except an offense under section 53a-70, 53a-70a, 53a-70b, 53a-71, 53a-72a or 53a-72b, it shall be an affirmative defense that the defendant and the alleged victim were, at the time of the alleged offense, living together by mutual consent in a relationship of cohabitation, regardless of the legal status of their relationship.] IN ANY PROSECUTION FOR AN OFFENSE UNDER SECTION 53a-70a OR 53a-72b, IT SHALL BE AN AFFIRMATIVE DEFENSE THAT THE PISTOL, REVOLVER, MACHINE GUN, RIFLE, SHOTGUN OR OTHER FIREARM WAS NOT A WEAPON FROM WHICH A SHOT COULD BE DISCHARGED.

Section 8. Section 53a-70 of the general statutes is repealed and the following is substituted in lieu thereof:

(a) A person is guilty of sexual assault in the first degree when such person (1) compels another person to engage in sexual intercourse by the use of force against such other person or a third person, or by the threat of use of force against such other person or against a third person which reasonably causes such person to fear physical injury to such person or a third person, or (2) engages in sexual intercourse with [a person] ANOTHER PERSON AND SUCH OTHER PERSON IS (A) under thirteen years of age AND THE ACTOR IS MORE THAN TWO YEARS OLDER THAN SUCH PERSON, OR (B) MENTALLY DEFECTIVE OR MENTALLY INCAPACITATED TO THE EXTENT THAT HE OR SHE IS UNABLE TO CONSENT TO SUCH SEXUAL INTERCOURSE, OR (C) PHYSICALLY HELPLESS OR (D) UNDER EIGHTEEN YEARS OF AGE AND THE ACTOR IS SUCH PERSON'S GUARDIAN OR OTHERWISE RESPONSIBLE FOR THE GENERAL SUPERVISION OF SUCH PERSON'S WELFARE, or (3) commits sexual assault in the second degree as provided in section 53a-71 and in the commission of such offense is aided by two or more other persons actually present.

(b) Sexual assault in the first degree is a class B felony for which one year of the sentence imposed may not be suspended or reduced by the court.

Section 9. Section 53a-70a of the general statutes is repealed and the following substituted in lieu thereof:

(a) A person is guilty of aggravated sexual assault in the first degree when such person commits sexual assault in the first degree as provided in section 53a-70, and (1) in the commission of such offense [(1) he uses or is armed with and threatens the use of or displays or represents by his words or conduct that he possesses a deadly weapon, (2) with intent to disfigure the victim seriously and permanently, or to destroy, amputate or disable permanently a member or organ of the victim's body, he causes such injury to such victim, (3) under circumstances evincing an extreme indifference to human life he recklessly engages in conduct which creates a risk of death to the victim, and thereby causes serious

physical injury to such victim, or (4) he] OR IN THE COURSE OF IMMEDIATE FLIGHT THEREFROM, SUCH PERSON OR ANOTHER PARTICIPANT IN THE OFFENSE (A) INTENTIONALLY CAUSES SERIOUS PHYSICAL INJURY TO ANY PERSON WHO IS NOT A PARTICIPANT IN THE OFFENSE, OR (B) IS ARMED WITH A DEADLY WEAPON OR (C) USES OR THREATENS THE USE OF WHAT SUCH PERSON REPRESENTS BY WORDS OR CONDUCT TO BE A PISTOL, REVOLVER, RIFLE, SHOTGUN, MACHINE GUN OR OTHER FIREARM, OR (2) IN THE COMMISSION OF SUCH OFFENSE SUCH PERSON is aided by two or more other persons actually present. No person shall be convicted of sexual assault in the first degree and aggravated sexual assault in the first degree upon the same transaction but such person may be charged and prosecuted for both such offenses upon the same information.

(b) Aggravated sexual assault in the first degree is a class B felony and any person found guilty under this section shall be sentenced to a term of imprisonment of which five years of the sentence imposed may not be suspended or reduced by the court.

Section 10. Section 53a-71 of the general statutes is repealed and the following substituted in lieu thereof:

(a) A person is guilty of sexual assault in the second degree when such person engages in sexual intercourse with another person and such other person is (1) THIRTEEN YEARS OF AGE OR OLDER BUT under sixteen years of age AND THE ACTOR IS MORE THAN TWO YEARS OLDER THAN SUCH PERSON, or (2) [mentally defective or mentally incapacitated to the extent that he is unable to consent to such sexual intercourse, or (3) physically helpless, or (4) less than eighteen years old and the actor is such person's guardian or otherwise responsible for the general supervision of such person's welfare, or (5)] UNDER THIRTEEN YEARS OF AGE AND THE ACTOR IS NOT MORE THAN TWO YEARS OLDER THAN SUCH PERSON, OR (3) in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over such other person.

(b) Sexual assault in the second degree is a class C felony for which nine months of the sentence imposed may not be suspended or reduced by the court.

Section 11. Section 53a-72a of the general statutes is repealed and the following substituted in lieu thereof:

(a) A person is guilty of sexual assault in the third degree when such person (1) compels another person to submit to sexual contact (A) by the use of force against such other person or a third person, or (B) by the threat of use of force against such other person or against a third person, which reasonably causes such other person to fear physical injury to himself or herself or a third person, or (2) engages in sexual intercourse with another person whom the actor knows to be related to him or her within any of the degrees of kindred specified in section 46b-21, OR (3) ENGAGES IN SEXUAL INTERCOURSE WITH ANOTHER PERSON AND SUCH OTHER PERSON IS THIRTEEN YEARS OF AGE OR OLDER BUT UNDER SIXTEEN YEARS OF AGE AND THE ACTOR IS NOT MORE THAN TWO YEARS OLDER THAN SUCH PERSON, OR (4) INTENTIONALLY SUBJECTS ANOTHER PERSON TO SEXUAL CONTACT WHO IS (A) MENTALLY DEFECTIVE OR MENTALLY INCAPACITATED TO THE EXTENT THAT HE OR SHE IS UNABLE TO CONSENT TO SUCH SEXUAL CONTACT, OR (B) PHYSICALLY HELPLESS OR (C) UNDER EIGHTEEN YEARS OF AGE AND THE ACTOR IS SUCH PERSONS'S GUARDIAN OR OTHERWISE RESPONSIBLE FOR THE GENERAL SUPERVISION OF SUCH PERSONS'S WELFARE.

(b) Sexual assault in the third degree is a class D felony.

Section 12. Section 53a-72b of the general statutes is repealed and the following substituted in lieu thereof:

(a) A person is guilty of sexual assault in the third degree with a firearm when such person commits

sexual assault in the third degree as provided in section 53a-72b, and in the commission of such offense, he uses or is armed with and threatens the use of or displays or represents by his words or conduct that he possesses a pistol, revolver, machine gun, rifle, shotgun or other firearm. No person shall be convicted of sexual assault in the third degree and sexual assault in the third degree with a firearm upon the same transaction but such person may be charged and prosecuted for both such offenses upon the same information.

(b) Sexual assault in the third degree with a firearm is a class [D] C felony for which one year of the sentence imposed may not be suspended or reduced by the court.

Section 13. (NEW)

(a) A person is guilty of sexual exploitation when such person intentionally causes another person to perform an act including, but not limited to, nudity, erotic fondling or masturbation that satisfies the prurient interest of the actor and such other person is mentally defective or mentally incapacitated to the extent that he or she is unable to consent to such sexual exploitation.

(b) Sexual exploitation is a class D felony.

Section 14. Section 53a-73a of the general statutes is repealed and the following substituted in lieu thereof:

(a) A person is guilty of sexual assault in the fourth degree when: (1) Such person intentionally subjects another person to sexual contact who is (A) under fifteen years of age, or (B) [mentally defective or mentally incapacitated to the extent that he is unable to consent to such sexual contact, or (C) physically helpless, or (D) less than eighteen years old and the actor is such person's guardian or otherwise responsible for the general supervision of such person's welfare, or (E)] in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over such other person; or (2) such person subjects another person to sexual contact without such other person's consent AND THE ACTOR IS NOT MARRIED TO SUCH PERSON, or (3) such person engages in sexual contact with an animal or dead body.

(b) Sexual assault in the fourth degree is a class A misdemeanor.

Section 15. Section 54-86d of the general statutes is repealed and the following is substituted in lieu thereof:

Any person who has been the victim of a sexual assault under section 53a-70, 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a, SEXUAL EXPLOITATION UNDER SECTION 13 OF THIS ACT, or injury or risk of injury, or impairing of morals under section 53-21, or of an attempt thereof, shall not be required to divulge his or her address or telephone number during any trial or pretrial evidentiary hearing arising from the sexual assault, SEXUAL EXPLOITATION or injury or risk of injury to, or impairing of morals of, children; provided the judge presiding over such legal proceeding shall find: (1) Such information is not material to the proceeding, (2) the identity of the victim has been satisfactorily established, and (3) the current address of the victim [is] WILL BE made available to the defense IN THE SAME MANNER AND TIME AS SUCH INFORMATION IS MADE AVAILABLE TO THE DEFENSE FOR OTHER CRIMINAL OFFENSES.

Section 16. Section 54-86e of the general statutes is repealed and the following is substituted in lieu thereof:

The name and address of the victim of a sexual assault under section 53a-70, 53a-70a, 53a-71, 53a-72a, 53a-72b or 53a-73a, SEXUAL EXPLOITATION UNDER SECTION 13 OF THIS ACT, or injury or risk of injury, or impairing of morals under section 53-21, or of an attempt thereof shall be confidential and shall be disclosed only upon order of the superior court, except that such information shall be available to the accused IN THE SAME MANNER AND TIME AS SUCH INFORMATION IS

AVAILABLE TO THOSE ACCUSED OF OTHER CRIMINAL OFFENSES.

Section 17. Section 54-193a of the general statutes is repealed and the following is substituted in lieu thereof:

(a) Notwithstanding the provisions of section 54-193, no person may be prosecuted for any offense involving sexual abuse, sexual exploitation or sexual assault of a minor except within two years from the date the victim attains the age of majority or [seven years after] WITHIN FIVE YEARS FROM THE DATE THE VICTIM NOTIFIES ANY POLICE OFFICER OR STATE'S ATTORNEY ACTING IN HIS OFFICIAL CAPACITY OF the commission of the offense, whichever is [less] EARLIER, provided in no event shall such period of time be less than five years after the commission of the offense.

(b) NOTWITHSTANDING THE PROVISIONS OF SECTION 54-193, NO PERSON MAY BE PROSECUTED FOR ANY OFFENSE INVOLVING SEXUAL ABUSE, SEXUAL EXPLOITATION OR SEXUAL ASSAULT OF A PERSON WHO HAS MENTAL RETARDATION OR POST TRAUMATIC STRESS DISORDER EXCEPT WITHIN ONE YEAR AFTER THE VICTIM BECOMES ABLE TO REPORT THE OFFENSE, PROVIDED IN NO EVENT SHALL SUCH PERIOD OF TIME BE LESS THAN FIVE YEARS AFTER THE COMMISSION OF THE OFFENSE.

Section 18. Sections 29-7a and 53a-70b of the general statutes are repealed.

Section 19. This act shall take effect July 1, 1993.

Fact Sheet

An Act Concerning Sexual Violence

AN ACT CONCERNING SEXUAL VIOLENCE embodies the statutory recommendations of the Governor's Task Force on Sexual Violence. This task force of 19 key state justice and human services officials, victim and offender services providers, and private citizens chaired by Chief State's Attorney Richard Palmer was convened by Governor Weicker in May, 1992 to review Connecticut's current response to sexual violence and report on the adequacy of the criminal and juvenile justice systems; the consistency, clarity and content of the statutes; the availability of services to victims and their families; and the extent of public awareness and prevention efforts in this area.

1. Adds sexual assault/battered women's counselors as mandated reporters of child abuse.
2. Adds sexual assault/battered women's counselors as mandated reporters of elderly abuse.
3. Moves the commission on the standardization of hospital evidence collection from the Department of Health Services to the Division of Criminal Justice. Adds to the membership of the commission a representative from the Department of Children and Youth Services, the Connecticut College of Emergency Physicians, and the Emergency Nurses' Association of Connecticut. Allows annual review of regulations to be redone by January 1, 1994. Adds a training mandate for health care facility staff. Adds the development of a pilot sexual assault examiner program which is the use of specially trained experts to conduct the evidence collection in the health care facilities and to testify in court.
4. Adds a specific analysis of sex crime data to the annual report of the Department of Public Safety to be based on the Uniform Crime Reporting database.
5. Adds sexual assault/battered women's counselors as mandated reporters of abuse of persons with mental retardation.
6. Revises definitions of sexual intercourse and sexual contact to include persons in spousal and cohabiting relationships. Part of effort to clarify and simplify current law which already treats married and unmarried persons essentially the same for sexual assault purposes.
7. Eliminates the affirmative defense to sexual assault that the victim and the defendant were cohabiting. Adds the affirmative defense that the firearm used in the assault could not fire a shot.
8. Limits sexual assault in the first degree (a class B felony) for sexual intercourse with a person under thirteen to those more than two years older than the victim. Moves from sexual assault in the second degree (a class C felony) to sexual assault in the first degree, sexual intercourse with a person who is 1) mentally defective or mentally incapacitated, 2) physically helpless, or 3) under eighteen and the actor is in a guardian's role towards the victim.
9. Clarifies language on type of violence that makes a sexual assault in the first degree into aggravated sexual assault.
10. Limits sexual assault in the second degree (a class C felony) for sexual intercourse with a person thirteen years of age or older but under sixteen to those more than two years older than the victim. Adds to sexual assault in the second degree, sexual intercourse with a person under thirteen by a person not more than two years older than the victim (previously removed from sexual assault in the first degree see 8. above). Eliminates from sexual assault in the second degree, sexual intercourse with a person who is 1) mentally defective or mentally incapacitated, 2) physically helpless, or 3) less than eighteen and the actor is in a guardian's role towards the victim (previously added to sexual assault in the first degree see 8. above).
11. Adds to sexual assault in the third degree (a class D felony) sexual intercourse with a person thirteen years of age or older but under sixteen by a person not more than two years older than the victim (previously removed from sexual assault in the second degree see 10. above).

Moves from sexual assault in the fourth degree (a class A misdemeanor) to sexual assault in the third degree, intentional sexual contact with a person who is 1) mentally defective or mentally incapacitated, 2) physically helpless, or 3) under eighteen and the actor is in a guardian's role towards the victim.

12. Increases the penalty for sexual assault in the third degree with a firearm from a class D felony to a class C felony. Penalty that one year of sentence imposed may not be suspended remains unchanged.
13. Adds new crime of sexual exploitation (a class D felony) for intentionally causing another person who is mentally defective or mentally incapacitated to perform an act to satisfy the first person's prurient interest.
14. Limits sexual contact without consent to those not married to each other. Eliminates from sexual assault in the fourth degree, intentional sexual contact with a person who is 1) mentally defective or mentally incapacitated, 2) physically helpless, or 3) less than eighteen and the actor is in a guardian's role towards the victim (previously added to sexual assault in the third degree - see 11. above).
15. Clarifies that the victim's address will be made available to the defense in the same time and manner as for other criminal offenses.
16. Assures that this covers the new crime of sexual exploitation as well.
17. Revises the extended period for prosecuting sexual offense cases with a minor victim from the time the victim attains the age of twenty, or seven years from the date of the offense, whichever is less to the age of twenty, or five years from the date the victim notifies an official, whichever is earlier. Adds an extended period for prosecuting sexual offense cases with a victim who has mental retardation or post traumatic stress disorder of one year after the victim becomes able to report the offense. In no case would the period of prosecution be less than five years after the commission of the offense for either type of victim.
18. Deletes the Sex Crimes Analysis Unit from the Department of Public Safety as a separate unit with a separate data collection tool. Will eliminate a long and difficult reporting format of limited utility. Will not result in cost savings as the personnel involved handle the Uniform Crime Reporting system in Connecticut as well. Eliminates sexual assault in spousal or cohabiting relationships. Along with definition changes (see 6. above), covers these assaults as any other sexual assault without regard to marital status.
19. Takes effect July 1, 1993.