Improving Law Enforcement Skills to Improve Outcomes for Victims

9th National Strengthening Indian Nations Justice for Victims of Crime Conference

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Victimology

- Why children?
- Are there discernable “at risk” characteristics?
- Are they the perfect victim?

Victim Selection

- Vulnerable to predator
- Accessibility
- Availability
- Covetous (see over and over)
- Undefendable prey
- Fantasy
- Damaged goods

Children – The Ideal Victims

- Naturally curious
- Easily led by adults
- Need for affection and attention
- Need to defy adults
- Children are poor witnesses
- Sexual acts may be difficult to discern as criminal

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Challenges Faced by the Victimized Child

- Embarrassment
- Shame
- Fears of feeling responsible
- Fears of being blamed
- Fear of being punished
- Fear of exposure/labels
- Fear of court process
- Fear that no one will believe them

Factors that Govern how Children React to Abuse

- Developmental stage of child at time of abuse
- Duration of the abuse
- Support systems available to child
  - Reaction by parents
  - Sensitivity of intervening agencies
- Sophistication of the child
- Environment within which the abuse occurred

Factors that Govern how Children React to Abuse

- Relationship of offender to child
- Severity of the abuse
- Degree of physical force
- Degree of psychological duress
- Degree of participation by child
- Sex of child/sex of offender

Behavioral Indicators of the Sexually Abused Child

- Overly compliant “sexualized child”
- Acting out aggressive behaviors
- Hints at sexuality
- Persistent and inappropriate sexual play
  - Peers
  - Toys
  - Themselves
  - Others
- Detailed and age inappropriate sexual behavior

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Behavioral Indicators of the Sexually Abused Child

- Inability to make friends/sudden change of friends
- Lack of trust
- Non-participation in school events
- Inability to concentrate in school
- Extraordinary fears/phobias
- Self destructive behavior
- Sleep disturbances

Behavioral Indicators of the Sexually Abused Child

- Regressive behavior
- Social and emotional withdrawal
- Depression
- Suicidal feelings
- Loss of appetite
- Sudden change in mood
- Bedwetting
- Clinginess

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Behavioral Indicators of the Sexually Abused Child

- Anal behaviors
  - Excessive hand washing
  - Excessive bathing
  - Excessive concern over appearance
- Sexual identity and gender role confusion
- Problem with self image
- Manipulativeness

Family Dynamics of the Sexually Abused Child

- Parentification (mother/daughter role reversal)
- Over protectiveness of the child victim
- Extreme paternal dominance
- Extreme maternal dominance
- Social isolation

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Family Dynamics of the Sexually Abused Child

- Exposure of victim to multiple male partners of mother
- Little or no supervision, controls, or limits for the child
- Unstable family environment
- Zealous, fundamental religious philosophy that stresses punishment for sexual expression and experimentation

Other Characteristics

- Has an unusual amounts of money, new toys, clothes, or other possessions
- Spends more than the normal amount of time at recreation areas, theaters, and other juvenile hangouts
- Spends an inordinate amount of time in the company of the adult with whom they are sexually active

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Stages Where Victimization Occurs

- Object of perpetrator's desire
- Sexual victimization
- Internalization of victimization
- Outcry
- Parental/Familial response to outcry
- Criminal/Civil intervention and forensic interview
- Living with consequence
- Testifying in court
- Criminal/Civil disclosure

Sensitivity towards children is a personal and professional acknowledgement that. . .

- We must be open to the exceptional issues of case
- Our tendency is to disbelieve/discount that which makes us uncomfortable
- This field of Child Abuse Investigation is unlike any other aspect of Law Enforcement
- Unlike lay people, where it is understandable that they disbelieve the prevalence of CA, we have direct access to case information that this does occur

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The Child Sexual Abuse Accommodation Syndrome

- Roland C. Summitt, M.D. (Child Abuse & Neglect Vol. 7, pgs. 177-193, 1983)
- An attempt to understand the ways in which children react to sexual abuse
- Five categories for typical reactions
- Recognizes that most children are “groomed” within a familial situation
- Are chosen for being compliant and least likely to complain
- Offender builds on child’s “trust”/need for affection

The Child Sexual Abuse Accommodation Syndrome

- Is a model, not a clinical diagnosis
  - Secrecy
  - Helplessness
  - Entrapment/accommodation
  - Delayed, conflicted and unconvincing disclosure
  - Retraction

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Secrecy

Why don't children tell? Why do children keep the secret?

- Threats – spoken, implied, child or loved one
- Physically abused child afraid of continued abuse
- Promises of safety for child and loved ones if victim keeps secret
- Children long for approval and affection, may keep silent for fear of losing parents love and approval

Helplessness

Children are inherently helpless and subordinate, dependent and immature

- They lack the ability to escape
- Easy for powerful adults to overcome
- Attempts to protect themselves fail, victim believes (s)he is helpless
- Eventually victim stops trying to protect herself
- Many in chronic situations begin to withdraw emotionally, psychologically
- See PTSD, dissociative disorders definition

Entrapment and Accommodation

- Chronic secrecy, helplessness cause the child to feel trapped
- Acceptance of the situation becomes a form of survival
- Chronic SXAB children make sense of power and control or blame themselves for continuing abuse; this is affirmed by the perpetrator, i.e., “Daddy’s Little Girl”
- PHAB children believe they deserve abuse because of bad behavior

Entrapment and Accommodation

- EMAB/neglected children find “I deserve it” systems of belief in themselves
- PTSD/dissociative disorders are usually present

Delayed, Conflicted and Unconvincing Disclosure

- Iceberg Effect
- Adults who ask a victim about abuse PRIOR to child's decision to tell must recognize the questions may create an acute emotional or psychological crisis for the child
- Subsequent disclosures may be fraught with anxiety, retractions and inconsistencies, i.e., unconvincing
- Remember that defense mechanisms employed to help the child cope may produce fragmented or repressed memory

Retraction

- **Children who disclose may be flooded with guilt, fear, blame, betrayal, confusion**
- **Adult responses are conflictual and frightening – foster care, arrest, multiple interviews, scorn of sibling(s), examinations (secondary victimization)**
- **Children may gravitate back to abusive world (s)he knows (abusive anomaly)**
- **Remember: children may love their abuser, not the abuse**

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Delayed Disclosures of Childhood Sexual Abuse

- **Retrospective phone study**
  - **3220 respondents via random dialing method**
  - **N=288**
  - **Over age 18**
- **Rape defined as vaginal, anal, penile or object penetration**
- **28% never told anyone**
- **47% had not disclosed for at least 5 years after the rape**
- **25% disclosed abuse within a month**

Smith, Letourneau, Sanders, Kilpatrick, Resnick, Best 2000
Delay in Disclosure of Childhood Rape: Results from a National Survey

The Sexualized Child

- Occurs when victim's sexual feelings, attitudes and behavior are shaped by a developmentally inappropriate and interpersonally dysfunctional fashion as the result of sexual victimization

Four Stages of Sexually Abused Children

- Traumatic sexualization
- Betrayal
- Powerlessness
- Stigmatization

Finkelhor, Brown 1985

Traumatic Sexualization

- Child is sexually eroticized/objectified by offender
- Child is “conditioned” for sexual behavior and subsequently rewarded with affection, attention and gifts for that behavior
  - Over a long period of time (chronic), victim may learn to manipulate others with this cycle of sexual awareness

Finkelhor, Brown 1985

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Traumatic Sexualization

- Perpetrators fetishize and distort parts of child's body, giving the body part more meaning and significance
- Morally and developmentally confusing information
- Frightening experience, memories, events become paired with sexual victimization

Finkelhor, Brown 1985

Traumatic Sexualization: Behaviors and Outcomes

- Repetitive sexual preoccupation, compulsive sex play
- Sexual interest inappropriate for age
- Sexual aggression
- Promiscuity/older sexual partners
- Aversion to sexual activities
- Sexual dysfunctions

Traumatic Sexualization: Behaviors and Outcomes

- For youth, boys fear that the victimization may cause them to become homosexuals; girls fear they are no longer virgins, or their future sexual partners will be able to “tell”
- Sexual norm confusion occurs in future relationships, i.e., victim “traded sex” for the attention of the abuser. Victim may view this as normal way to give and obtain affection

Traumatic Sexualization: Behaviors and Outcomes

- If the child’s memory of sexual contact during victimization was one of revulsion, fear, pain, anger or other negative emotions, this pairing may effect later sexual experiences
  - This aversion may account for sexual dysfunctions of victims

Betrayal

- Refers to the dynamic by which children discover that their perpetrator, whom they were vitally dependent upon, has caused them harm, or the child believes the adult knew the victimization was taking place but did nothing to protect them

Finkelhor, Brown 1985

Betrayal

- Trusted person (perpetrator) manipulated them with lies, promises and erosion of moral standards
- Victim learns that person (perpetrator) they trusted has actually treated them with callous disregard

Finkelhor, Brown 1985

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Betrayal

- Family member, especially mother, who knew of victimization but was unwilling or unable to protect the child
- Family members whose attitude towards the victim has significantly changed (post disclosure)

Finkelhor, Brown 1985

Betrayal

Higher Sense

- **Trusted person**
- **Loving father who offends at later age**
- **Natural siblings' rejection**

Lower Sense

- **Stranger**
- **Immoral stepfather who is sexually aggressive**
- **Stepbrother support of perpetrator**

Children who are disbelieved, blamed or ostracized undoubtedly experience a greater sense of betrayal than those who are supported throughout the disclosure process

Betrayal: Behaviors and Outcomes

- Severe levels of grief and depression emanate from victim's abuse by a trusted loved one
- Victim's need to reestablish trust and security may manifest itself in clinginess and dependent behavior in the very young victim; in adults, impaired judgment (broken radar) and issues of over dependency

Betrayal: Behaviors and Outcomes

- Female victims of incest have a markedly high vulnerability to relationships which are physically, psychologically and sexually abusive. In extreme circumstances, they fail to recognize obvious red flags when these partners become sexually abusive toward their children
- Internalization

Betrayal: Behaviors and Outcomes

- For adult male victims, future relationships are affected by anger, hostility and aggressive behavior. These behaviors are recognized as the victim's way of protecting themselves from future betrayals
- Externalization

Powerlessness

- The process in which the child victim's will, desires and sense of efficacy are continually contravened. The child's sense of self, body space, territory or boundary are repeatedly violated against the child's will
- It is reinforced when children's attempt to halt or disclose the abuse fails
- It increases when children feel fear and a circumstantial entrapment in the abusive situation

Powerlessness: Behaviors and Outcomes

- Fear/anxiety and disorders related to them; these fears and disorders can extend into adulthood
  - Nightmares, phobias, somatic complaints
- Effect on efficacy and coping skills, fear of being revictimized, innate fear of the inability to protect oneself and fear of ineffectiveness in life, relationships, school, work, etc.
- High risk of revictimization – looking/acting like a victim; attracts predators

Powerlessness: Behaviors and Outcomes

- Another reaction to powerlessness, some sexual abuse victims (especially male victims) may have a dysfunctional need to control or dominate (power)
  - Appear to be tough, aggressive, fearsome, to retain the power they lost to the offender; the victim recognizes with the offender, thus becomes the offender

Stigmatization

- Victim's personal feelings of badness, shame, guilt are communicated to the victim through circumstances and experiences that become incorporated into the child's self image
- From the abuser who may blame victim for activity, demean the victim or furtively convey a sense of shame about the sexually abusive behavior

Stigmatization

- Pressure of mutual secrecy
- Messages from family, friends, society, media that says sexual abuse victims have loose morals, are damaged goods, etc.

Stigmatization: Behaviors and Outcomes

- Feelings of aloneness, isolation, gravitation to deviate subcultures, including prostitution
- Drug/alcohol abuse, criminal activity
- Self-destructive behavior, including suicide
- Guilt/shame/low self esteem reinforced by societies perception of the victim as spoiled merchandise, etc.
- Intense fears of rejection and oddness

Defense Mechanisms

- Repression
- Suppression
- Denial
- Reaction Formation
- Rationalization
- Projection
- Identification
- Displacement
- Sublimation
- Isolation
- Regression
- Conversion

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Recantation

- Does not mean all is lost
- Does not mean it did not happen
- Does mean other factors are at play
- Does mean there is more work to be done

Recantation Risk Factors

- Abuse is by a family member or friend of family
- Threats
- Hostility to disclosure by family members
- Lack of support by family members
- Expressed support for offender by family, church, community
- Denial by offender

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Recantation Risk Factors

- Continued contact of offender
- Failure of intervening agencies to address other family violence, neglect, abuse in home
- Repeated questioning of victim
- Lack of coordination of investigative/support agencies
- Failure of investigator to acknowledge that children of survivors are more than two-times more likely to be abused

Recantation Risk Factors

- Women who were abused are two-times as likely to abuse their children
- Lack of/usage of protective orders
- System delays
- Child placement after disclosure
- No vertical prosecution

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Sensitivity Tips for Law Enforcement Officers

Recognize that talking to children is different from talking to adults

- No Q & A
- "Think" engaging in an age-appropriate conversation
- Must find a way to relate at the child, preteen, teen level

Sensitivity Tips for Law Enforcement Officers

Do not prejudge what the child is going to say

- **Do not assume what a word means; clarify everything**
  - **"He did sex to me." What is sex?**
- **May miss details (she may never repeat)**
- **Adult used to taking the lead**
- **Officers tend to be impatient, coach, anticipate, what child is going to say (tired of listening)**

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Sensitivity Tips for Law Enforcement Officers

You cannot be judgmental

- **Victim who is a runaway, party girl, or who lives within a criminal culture environment**
- **"She's a little slut; she deserved it"**
- **Drug and alcohol abuser, mini skirts, tattoos, piercings, sexualized behavior, town tramp, cross tracks**
- **"Which came first?"**

Sensitivity Tips for Law Enforcement Officers

Investigative issues surrounding adult (teen) sexual assault have no application and should not be a consideration with child sexual abuse

- 12-16 years of age
- Issues of incest
- Consent
- Outcry validity
- Cognitive manipulation
- Alcohol or other usage

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Sensitivity Tips for Law Enforcement Officers

Victim may love or be dependent on perpetrator

- Serves no purpose for officer to indicate your opinion – ever
- Overhearing other officers/witnesses
- Remember: the very definition of incest is severe dysfunctionality, where children are victims of adult behavior

Sensitivity Tips for Law Enforcement Officers

Create an environment within which the child is comfortable

- Remove barriers
- Never at a desk
- Address the victim's "FEARS"

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Sensitivity Tips for Law Enforcement Officers

Be cognizant of your language and phraseology

- Avoid statements implying blame; avoid the "What did you do?"
- Remember that the child has no responsibility in what occurred and be sure questions reflect this
  - Example: "Did you put your mouth on his penis?" "No. He made me put his penis in my mouth."

Sensitivity Tips for Law Enforcement Officers

Know when to initiate or stop questioning

- Child may be
  - Overwhelmed
  - Fatigued
- The younger the child the shorter their attention span

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Sensitivity Tips for Law Enforcement Officers

When speaking. . .

- Soften your tone, volume, pitch
- Ask one question at a time
- Be comfortable with silence; allow the child time to process

Sensitivity Tips for Law Enforcement Officers

When speaking with children, do acknowledge their emotions but do not interpret their emotions

I see your crying	vs	That was terrible
How does it feel		That must've really hurt

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Sensitivity Tips for Law Enforcement Officers

Be honest with yourself

- If you are not the type of officer who can handle listening to a five-year old talk about her father ejaculating in her face, then don't put yourself in that position
- Children can read your emotions and will react to you

Sensitivity Tips for Law Enforcement Officers

Lastly. . .

- Don't forget to call CPS

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Insensitivity is Fostered by

- Ignorance
- Complacency
- Laziness
- Fear
- Past

Dissociation

Disengagement of feelings, sensations, behaviors, cognitive knowledge during abuse incidents

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Dissociation

Psycho (physiological) process in which there is a separation of emotions, feeling and sensations from a trauma/victimization

- Is a universal survival response
- When an abusive incident (sexual, physical, witness DV) occurs and is more than a child's mind can tolerate, he/she must ESCAPE
- Human (psychological instinct) to survive "kicks in"

Dissociation

Children are most susceptible to dissociation

- **Small in size, vulnerable**
- **Dependent**
- **Developmentally, need for nurturance**
- **Ill equipped to integrate traumatic/abusive experiences**
- **Many are left with no alternative except to dissociate**

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Dissociation

- Occurs on a continuum ranging from normal experiences to extreme Multiple Personality Disorder
- Examples of “Normal” dissociation
  - Highway hypnosis
  - Engrossed in television (movie)
  - Daydreaming
- Duration is brief, individual realizes the dissociation occurred, and quickly reestablishes control

Dissociation

Dissociation may be used as a defense during trauma or during an experience that is not in a normal range for a given developmental stage of life. Dissociation becomes problematic (dysfunctional) when

- It becomes a primary defense rather than an emergency measure
- Individual (victim) cannot reestablish control
- Victim has no awareness of dissociation

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Dissociation

More severe forms (on a continuum) of dissociation are seen with the following experiences

- **Multiple abusers**
- **Violent or sadistic**
- **Onset of abuse at an early age**
- **Chronic/abuse over extended period of time**
- **Perpetrator is a known loved one who otherwise has a nurturing role**

Behaviors Associated with Dissociation

- Impulsive/compulsive/self abusive behaviors
  - Spending
  - Stealing
  - Self-mutilation
  - Substance abuse
  - Exercising
  - Cleaning
  - Accident proneness
  - Promiscuity

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Behaviors Associated with Dissociation

- **Inability to remember recent events**
  - **Loss of time**
- **Panic attacks**
- **Anxiety**
- **Phobias**
- **History of disorganized behavior**
  - **Inability to complete**
  - **Easily distracted**
  - **Forgetfulness**

Behaviors Associated with Dissociation

- Behavioral manifestations
  - Staring
  - Rocking (repetitive movement)
  - Rigidity in body
  - Unresponsiveness
  - Flat affect while reciting or thinking of abuse
  - Seizure-like behavior
  - Regressive behaviors
    - **Voice, posture, habits**

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Verbal Cues to Past Dissociation

- I left my body and went to the ceiling
- I don't know what happened to me or my brother
- I saw it happen to this other little boy
- I knew it was happening but I thought about something else
- I remember him walking in the door, and the next thing I remember is him walking out
- He came over to the bed, turned out the light. . . and I went out to play (intra-interview amnesia)

Physical or Medical Indicators of Sexual Abuse

- Hymenal disruption, presenting as scars, tears, or abrasions
- Injuries of the posterior forchette in girls (area between the vagina and the anus)
- Significant anal relaxation or the presence of large anal scars
- Presence of sexually transmitted diseases and such things as genital warts

Physical or Medical Indicators of Sexual Abuse

- Chronic irritation about the genitals
- Pregnancy
- Presence of semen in vagina, rectum, mouth, or on other parts of the body

Normal Child Development Age 0-2

- Body exploration
- Physiological/Reflexive reactions (erections, vaginal lubrication)
- Sensuality begins to develop via nurturing touch, e.g., nursing, hugging, face to face cooing
-

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Normal Child Development Age 2-6

- Gender difference awareness
- Curiosity expressed via looking and touching
- Awareness of difference between adults and children
- Curiosity expressed via questions, e.g., why is daddy's penis bigger than mine
- Poop and pee talk

Normal Child Development Age 2-6

- Self exploration/discovery for self stimulation evident
- If not educated, primitive theories of where babies come from
- Little modesty exhibited
- Gender identity established

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Normal Child Development Age 6-11

- Non-exploitative sexual contact with others
- Heterosexual interest increases
- Masturbation in private
- Increasing interest sexually explicit materials
- Awareness that SEX is taboo
- Increasing modesty

Normal Child Development Age 6-11

- Sexual play more secretive
- Sexual language (slang) used with little understanding of actual meaning, e.g., faggot, pervert
- Early puberty menarche, wet dreams
- Development of secondary characteristics
- Sex role identity established

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Normal Child Development Age 11-18

- Pubescent changes continue
- Masturbation continues possibly with shame
- Sexual talk common
- Adult-like sexual experimentation
- Homosexual experimentation is seen
- Sexual harassment by others may occur

Normal Sexual Play vs. Problematic Sexual Behavior

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Normal Sexual Play

- Is exploratory and spontaneous
- Occurs intermittently and by mutual agreement
- Occurs b/t children of similar age, size development, i.e., siblings,cousin, peers
- Is not associated with high levels of fear, anxiety or anger
- Decreases when caregivers tell them to stop
- Can be controlled by increased parental/ caregiver supervision

Problematic Sexual Behavior

- Is a frequent, repeated behavior, such as compulsive masturbation, i.e., masturbating in back of classroom
- Occurs between children who do not know each other well (Example: 8 year old girl shows genitals to new boy in bathroom
- Occurs with frequency and interferes with normal childhood activities
- Is between children of different ages, size and developmental level

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Problematic Sexual Behavior

- Is aggressive, forced or coerced with high levels of manipulation
- Does not decrease after child is told to stop
- Causes harm to themselves and others

Children with Sexual Behaviors

- Some children who have been sexually abused have inappropriate sexual behaviors; others have aggressive or problematic sexual behavior. However, it should be noted that the majority of children who have been sexually abused do not have subsequent inappropriate or aggressive sexual behaviors.

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