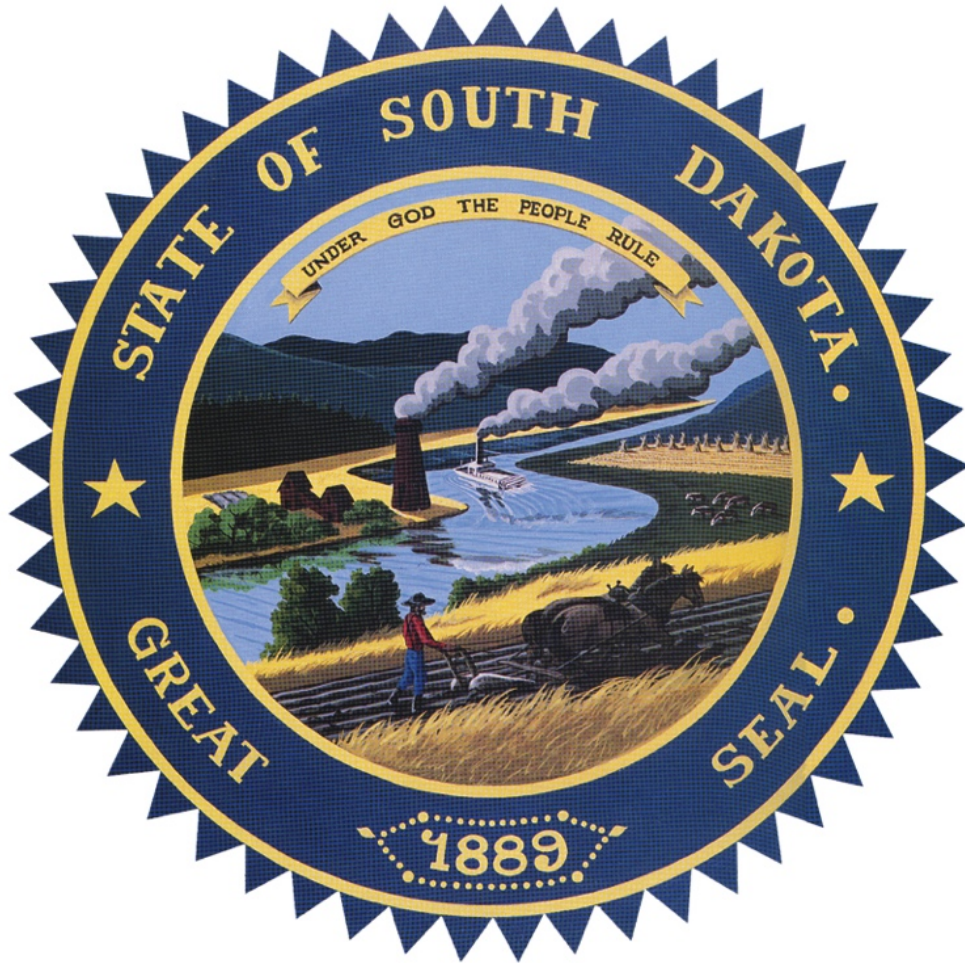


FINAL REPORT

January 2016



JOLENE'S LAW TASK FORCE



South Dakota State Legislature

Senator Deb Sohlt

January 11, 2016

Governor Dennis Daugaard
500 East Capitol Avenue
Pierre, South Dakota 57501

Dear Governor Daugaard:

On behalf of the 2015 Jolene's Law Task Force regarding Child Sexual Abuse in South Dakota, I respectfully submit this final report and recommendations. Child sexual abuse is not an easy topic to regard or discuss. Because of the sensitive nature, to truly face the horrific nature of this experience for our children is difficult at best. And yet, this task force took on the challenge to fully understand this issue through study of evidence-based research and quality data metrics. We also boldly assessed the depth and breadth of child sexual abuse education, prevention, response, prosecution and public understanding.

We believe that the thirty-four recommendations presented and two overarching recommendations to continue this critical work in 2016, will be the platform to significantly change and improve the landscape of child sexual abuse in our state. Hallmark to this plan is to establish an academic Center for Child Maltreatment and develop an entirely new response system throughout the state.

The task force came to understand that:

- 1) child sexual abuse is a serious, significant issue in South Dakota,
- 2) at least 4000 kids in our state experience sexual abuse every year,
- 3) this topic is a public health priority for the safety and health of our kids,
- 4) it happens in all socio-economic and race groups,
- 5) South Dakota adults need to lead a culture shift to protect our children,
- 6) the most powerful lever for change rests with mandatory reporters,
- 7) a coordinated system of response and early intervention must be developed, and
- 8) a single entity should be responsible to aggregate statewide child sexual abuse data.

Additionally, any sustainable solution to reduce child sexual abuse in South Dakota will require establishing an academic Center for Child Maltreatment and a statewide coalition of vested stakeholders.

The time is now to bring child sexual abuse out of the shadows. Fully combating child sexual abuse requires removing the societal stigma about the topic, recognizing that it exists in our state amongst all populations, and having the courage to support our children by changing how things are now. We completely believe that we can do better, and that to delay moving forward is to be a participant in the torture that our children endure.

Thank you for entrusting us with this very important work to save our children.

Respectfully,

Senator Deb Sohlt
Chair, Jolene's Law Task Force

Executive Summary

Child sexual abuse is an adult problem. In no other way do we make our children responsible for their own safety, as we give them shelter, clothing, food, education and take care of them when they are sick. And yet if they are being sexually abused, we leave it up to them – to tell, to endure, to heal. Adult retrospective studies show that one in four women and one in six men were sexually abused before the age of 18. It is estimated that 73 percent of child victims do not tell anyone about the abuse for at least a year and of the remaining 45 percent do not tell anyone for at least five years. Some never tell anyone about it.

In 2014, through SDCL2-6-31, Jolene’s Law Task Force was charged to study the prevalence and impact of child sexual abuse (CSA) in the state. By the end of year this year, five major tenets around which to set goals for improvement, strategies for implementation and associated funding plans were identified. In 2015, Governor Dennis Daugaard authorized the task force to carry on this important work for an additional year.

The seventeen Jolene’s Law Task Force members represented the executive and legislative branches, along with a medical doctor specializing in child sexual abuse, a states attorney, professionals from Child Advocacy Centers, counseling, law enforcement, the Federal Bureau of Investigation and the Tribal community. Additionally Jolene Loetscher, a victim of child sexual abuse and for whom the task force is named, was a member. Senator Deb Soholt served as chair and Senator Alan Solano as vice-chair of the task force. Six meetings were conducted April through November.

The task force came to understand that: 1) child sexual abuse is a serious, significant issue in South Dakota, 2) at least 4000 kids in our state experience sexual abuse every year, 3) this topic is a public health priority for the safety and health of our kids, 4) it happens in all socio-economic and race groups, 5) South Dakota adults need to lead a culture shift to protect our children, 6) the most powerful lever for change rests with mandatory reporters, 7) a coordinated system of response and early intervention must be developed, and 8) a single entity should be responsible to aggregate statewide child sexual abuse data. Additionally, any sustainable solution to reduce child sexual abuse in South Dakota will require establishing an academic Center for Child Maltreatment and a statewide coalition of vested stakeholders.

Major Findings of the Jolene’s Law Task Force

- In South Dakota annually at least 4,000 children experience sexual abuse. With data from only one tribal community, along with the percentage of delayed or never reporting, this annual number is critically conservative.
- Female victims comprise 76.2% of all reports of child sexual abuse, and of those 48.9% are Caucasian, 36.6% are Native American with the remaining 14.5% representing other races and unknown. Girls are more sexually abused between the ages of 11 and 15.
- Male victims represent 23.8% of all reports, and of those 51.7% are Caucasian, 29.5% are Native American with the remaining 18.8% other races and unknown. Boys are more sexually abused between the ages of 0 and 5.
- All counties in South Dakota have reported child sexual abuse.
- The vast majority of child sexual abuse reports indicate the perpetrator as being male.

- The highest percentage of offenders are known to their victims, with the most being “other known person” followed by parent/guardian and other relative.
- Child sexual abuse is an adult problem.
- Child sexual abuse is a medical problem so appropriate medical response and treatment/referrals is of critical importance.
- This topic is a serious and costly public health concern. CSA is a risk factor for suicide attempts, depression, sexually transmitted diseases and subsequent sexual assault.
- The Adverse Childhood Experiences Study (ACES) reveals the staggering proof of the health, social and economic risks that result from childhood trauma, such as:
 - One or more ACE increases the risk of cancer, heart disease, depression and obesity.
 - Those with an ACE score of 6 and higher have a lifespan almost two decades shorter than those with a score of zero.
- Health care costs significantly increase with child maltreatment from medical visits and associated expense. Commonly without a unifying diagnosis, treating symptoms of illness not the underlying sexual abuse disease.
- Toxic stress damages the developing brain architecture, which can lead to life-long problems in learning, behavior, and physical and mental health.
- The more adversity a child experiences in the first three years of life, the greater the odds of developmental delay.
- Early high stress experiences imbed into the body with lifelong cognitive, emotional and physical health effects. Those with ACES of 7 or 8 are 3 times more likely to have cardiovascular disease as an adult.
- The South Dakota Department of Health random sample self-reported Youth Risk Behavior Survey of students in 9th – 12th grades reveals that South Dakota is consistently above the national average with respect to unwanted sexual activity. Those who have been forced to have sex are more likely to seriously consider and actually attempt suicide.
- South Dakota statute dictates multiple mandatory reporters, but the education, ongoing training and understanding of professional accountability is not adequate in the state.
- There is a large and growing body of research documenting poor undergraduate and graduate training in criminal justice, social work, medical and mental health professionals to address any aspect of violence with children.
- With the number of mandatory reporting professionals working who have access to identifying children – and also become parents and community leaders themselves – there is a depth of workforce to significantly change the response to child maltreatment on our state.
- Appreciably enhancing the undergraduate and graduate education of mandatory reporters in South Dakota would be a powerful lever for prevention and early detection of child sexual abuse.
- The collection of evidence in child sexual abuse impacts the decision to file charges and can affect the conviction rate of offenders.
- Children exposed to one type of violence are at greater risk of experiencing other types of violence, so poly-victimization screening is needed in all child maltreatment cases.
- Utilization of a Child Advocacy Center (CAC) and Multi-Disciplinary Team (MDT) approach is best practice in response to child sexual abuse. Only 4 of 66 counties and two reservations in South Dakota are within a county or tribal community that has a NCA Accredited CAC and MDT.
- Delays in criminal child abuse cases can be detrimental to successful prosecution and the well being of the child victim.
- Mandated reporters in the field need training in how to recognize and report child abuse. This is even more significant with child sexual abuse due to the subtle nature of cues that it is happening.

- Professionals working with child sexual abuse cases are at a statistically significant risk for symptoms of vicarious trauma, compassion fatigue, secondary traumatic stress or burnout.
- School personnel identify 52% of all identified child abuse cases classified as causing harm to the child, more than any other profession or organizational type, including child protective services agencies and the police.
- Jolene’s Law Task Force conducted a survey of thirty-two random sample South Dakota schools with respect to child sexual abuse staff education, student curriculum and response to disclosure. The summary of findings revealed inconsistency in policy, approach, training, and response along with significant barriers of time and financial resources to further develop.
- It will be important to elevate the conversation regarding child sexual abuse in the state, and bring the topic out of the shadows.
- Any public campaign regarding child sexual abuse will need to arm South Dakota adults with language and response tools so that children are not re-victimized.
- Fully combating child sexual abuse requires removing the societal stigma about the topic, recognizing that it exists in our state amongst all populations, and having the courage to support our children and responsibly report.

After thorough analysis of research and data, along with extensive dialogue, the Jolene’s Law Task Force makes the following thirty-four policy recommendations and two overarching recommendations to continue the work in 2016 to combat child sexual abuse in South Dakota.

Recommendations: Statistics/Benchmarks

- Build upon 2015 baseline statistics to guide future decisions of identification, prevention and response to child sexual abuse across South Dakota and to measure decision effectiveness.
- Partner with South Dakota Kids Count to develop methodologies for accurate incidence reporting and to help inform effectiveness of implemented strategies.
- Explore the feasibility of a single agency being responsible for aggregating data from the various recipients of child sexual abuse reports.
- Develop necessary Memorandums of Understanding or Shared Use Agreements to allow for the collection of more detailed victim information for use by the aforementioned single agency that can be used in predictive modeling processes.
- Work with all Native American tribes in South Dakota in collecting and reporting data to be used in predictive modeling processes and in ongoing quality improvement of child abuse reporting and response systems.
- Develop protocols to be used by the various recipients of child sexual abuse reports to ensure the ongoing collection, measurement and analysis of aggregated data to gauge outcome and effectiveness of implemented changes.

Recommendations: Public Health Priority

- Set statewide public health priorities for reduction of child sexual abuse in South Dakota.
- Improve medical and mental health responses to violence:

- Establish routine screening for Adverse Childhood Experiences (ACES) within medical and mental health professional practices and in medical facilities – and then respond with excellence in treatment, evidence collection and reporting.
- Improve medical screening of male victims of violence in response to statistically significant reluctance to disclose.
- Within health system structures, address the spiritual impact of trauma.
- Establish “No Hit Zone” protocols in all South Dakota medical facilities.
- That future YRBS add more specificity to questions to key on lifetime exposure to unwanted sexual advances and provide a forum for confidential expression for those that have not disclosed. Will help to inform future education/communication strategies in the schools. This was approved by the CDC during JLTF 2014 with future South Dakota surveys to include:
 - Have you ever been touched, grabbed, or pinched in a sexual way that made you feel unsafe or uncomfortable?
 - Have you ever been forced to do sexual things, such as kissing or touching, when you did not want to? (Do not count sexual intercourse.)
 - Have you ever been physically forced to have sexual intercourse when you did not want to?

Recommendations: Mandatory Reporters

- Establish a Center for the Prevention of Child Maltreatment at the University of South Dakota to contribute to the state’s overall public health by strengthening culture related to preventing and responding to child maltreatment. The Center will:
 - Coordinate education, outreach, and research initiatives that increase public awareness and prevention of child maltreatment and sexual abuse throughout the state.
 - Actively engage education partners (public and private universities, Tribal colleges, and technical schools), state and Tribal governments, and professional organizations in determining training needs.
 - Develop and deliver learning competencies and training programs appropriate for all levels – from students’ first learning about child maltreatment, to skills for counselors, teachers, and social workers who work with victims, to legal and health professionals who may require specialized training for licenses and certifications.
 - Identify and conduct research regarding the latest prevention and treatment techniques and provide data management and analysis assistance to state agencies.
 - Operate under the following broad guidelines:
 1. Develop competencies, curricula, consistent training standards, and professional development opportunities for mandatory reporters of child maltreatment and sexual abuse in partnership with state, community, and academic organizations;
 2. Facilitate the creation of community, state, and education partnerships to advocate against child maltreatment and sexual abuse;
 3. Identify potential funding sources and develop inter-professional grant proposals for research and practice related to treating and preventing child maltreatment and sexual abuse;
 4. Collaborate with state, regional, and national stakeholders, and provide leadership in developing research areas addressing child maltreatment and sexual abuse; and

5. Provide assistance/expertise to Board of Regents institutions on creating new degree programs related to child maltreatment and sexual abuse as well as revising/creating courses in fields requiring mandatory reporter training.

- Add emergency medical technicians to the statutory list of mandatory reporters in South Dakota.

Recommendations: Criminal Justice and Child Protection Services Response

- State, local, and tribal law enforcement take measures to improve the collection of corroborating evidence in child sexual abuse cases and establish as a goals:
 - Collect at least 5 pieces of corroborating evidence in CSA cases.
 - Take crime scene photographs in every case of child sexual abuse.
 - Enhance training in corroborating evidence collection and crime scene photographs.
- South Dakota law enforcement be trained in poly-victimization and methods of screening for poly-victimization with children exposed to violence.
- Develop and implement a Regional MDT SVU-CSA Pilot Project in 13 counties of the northeast part of the state, headquartered in Watertown and coordinated with the nearest CAC in Sioux Falls.
- Identify an entity to provide oversight of the Pilot Project and future regional MDT development.
- Provide advanced MDT child sexual abuse training for MDT members.
- Provide first responder child sexual abuse training and training on the MDT/CAC model starting within the Pilot Project Region and expanding statewide.
- Define Child Advocacy Centers in South Dakota state statute.
- Within the UJS Court Improvement Committee, identify and implement a method to identify the timeframes for resolution of criminal child abuse cases in South Dakota. Additionally reach out to federal partners, Federal Bureau of Investigation (FBI) and United States Attorney General (USAG) for same.
- Work with the Unified Judicial System and States Attorneys to possibly revise statute regarding minors aged 13 – 17 needing to personally face their perpetrators in court.
- Provide an on-line training video for mandated reporters. (The Children’s Justice Committee is moving forward on production of the video expected to be on-line mid-summer 2016).
- Statutorily require annual training for all mandatory reporters. If the requirement needs to be incremental, and taking into consideration that half of child abuse reports are from schools, it is recommended that all school district employees be required to participate in mandated reporter training.
- Encourage public and private employers of professionals working with child victims of violence develop and implement written plans specifically for vicarious and secondary trauma prevention and intervention practices within their organizations and agencies.

Recommendations: K-12 Education

- Conduct proposed school survey in early 2016 to inform strategies for improved response and reporting in South Dakota K-12 schools.
- Provide education to all school personnel, not just teachers and administration, as children are more likely to disclose with those they trust regardless of role function.

- Collaborate with the school counselor state organization in development of strategies within schools.

Recommendations: Public Awareness

- Increase public awareness of effective child sexual abuse and exploitation prevention strategies.
 - Frame prevention messages in ways that increase understanding of effective prevention strategies, provide positive developmental approaches, and motivate actions that will lead to social changes needed to support prevention.
 - Disseminate well-developed and tested messages through mass and social media in South Dakota, as well as through other creative technology, personal networks, and spheres of influence.
 - Increase effective educational efforts that promote social justice as well as healthy environments, relationships and sexuality.
- Move beyond the concept of “stranger danger” when addressing child sexual abuse.
- Do not use “good touch”, “bad touch” language in education/awareness language as proven to re-victimize the child.
- Develop bystander education to build skills on how to safely intervene and to be able to help a child in distress.
- Partner with statewide youth-serving organizations to expand public awareness and education.
- Provide community education on what elements constitute a safe environment for children.
- Provide language for adults to use when talking to kids that does not re-victimize, and creates a safe place for a child victim to disclose.

Overarching Recommendation: Continue Work in 2016

- **That a statewide coalition of vested entities regarding child sexual abuse be convened to:**
 - Develop ten-year measurable goals for improvement in all recommendation areas.
 - Develop incremental benchmarks within the larger goals.
 - Design action plans to attain benchmarks and ten year goals.
 - Utilize evidence-based practice and research to inform action plans.
 - Secure funding (preferably grant support) and implement developed plan strategies.
 - Measure incremental outcomes to inform continued strategy or change of action steps.
 - Design statewide infrastructure that sustains the effort moving forward.
- **That the 2015 Jolene’s Law Task Force members be reappointed to:**
 - Meet at least twice in 2016 as the accountability body for the statewide coalition to assure that purpose and intent of the effort remains intact.
 - Assist in the design of future statewide infrastructure.
 - Foster a strengthening of the coalition that includes clarifying agency leadership roles.
 - Fund activities through a DOH grant within the South Dakota Network Against Family Violence and Sexual Assault.

Formation of the Task Force and Background

On March 6, 2015, Governor Dennis Daugaard held a press conference and announced the continued effort and funding of Jolene's Law Task Force, he said:

One issue that has seen bipartisan support this last year is Jolene's Law Task Force, formed in 2014 to combat child's sexual abuse. I have become aware that some legislators are concerned about the legislature's ability to support the task force for a second year. But in my estimation, this work is too important. So toward that end I'm announcing today that the executive branch will partner with the task force members to carry on this important work for a second year.

I have become aware that there is grant funding in excess of what we had expected to receive in the Department of Health. Through this grant, the South Dakota Network Against Family Violence and Sexual Assault (The Network) will be able to provide the necessary support for Jolene's Law Task Force to further pursue stated objectives through 2015. I admire the outcomes that this Task Force accomplished in 2014, and pleased that we have found a way for the effort to continue.

In 2014, through SDCL2-6-31, Jolene's Law Task Force was charged to study the impact of child sexual abuse (CSA) in the state and make a report to the 2015 Legislature on the prevalence of sexual abuse of children in the state and make policy recommendations to address the following areas:

1. Methods to increase awareness of issues regarding sexual abuse of children, including warning signs that may indicate that a child is the victim of sexual abuse and the actions and language a child may use to express that they are a victim of sexual abuse;
2. The actions that a child who is the victim of sexual abuse could take to obtain assistance and intervention;
3. How to best provide support and assistance to children who are victims of sexual abuse;
4. Policies to encourage adults to take responsibility for the protection of children from sexual abuse and to respond appropriately when sexual abuse of a child is suspected;
5. Collaboration of public and private organizations to assist in the recognition and prevention of sexual abuse of children, using research and evidence based practice;
6. Any other recommendation the task force deems appropriate in addressing this issue.

The final report from the initial year (2014) of Jolene's Law Task Force can be found at: <http://legis.sd.gov/docs/Interim/2014/2014AnnualReport.pdf> (pages 14 – 20)

In 2015 the South Dakota Legislature passed Senate Bill 70 *to require that mandatory child abuse reporter be available to answer questions when the report required by Section 26-8A-8 is made to authorities.* Governor Dennis Daugaard signed the bill into law on March 13, 2015.

On April 1, 2015 Governor Daugaard re-appointed the 2014 Jolene's Law Task Force members. He named Senator Deb Soholt of Sioux Falls as Chair and Senator Alan Solano of Rapid City as Vice-Chair. Joining them on the task force were:

- Senator Jenna Haggard, Sioux Falls,

- Representative Peggy Gibson, Huron,
- Representative Tona Rozum, Mitchell (additionally appointed May 2015),
- Jolene Loetscher, Sioux Falls,
- Nancy Free, DO, FACOP, FAAP, Medical Director of Child’s Voice, Sanford Children’s Hospital, Sioux Falls and Medical Director of Avera St. Mary’s Central South Dakota Child Assessment Center, Pierre,
- Hollie Strand, Education and Public Awareness Specialist, Children’s Home Society, Rapid City
- Angela Lisburg, MS, RN, FNP-C, Avera St. Mary’s Central South Dakota Child Assessment Center, Pierre,
- Christine Bisek, Capital Area Counseling Services, Pierre,
- Wendy Kloepfner, States Attorney Hughes County, Pierre (new in 2015),
- TateWin Means, Attorney General Oglala Sioux Tribe, Pine Ridge,
- Cameron Corey, Division of Criminal Investigation, Watertown,
- Daniele Dosch, FBI Victim Advocate, Rapid City,
- Virgena Wieseler, Department of Social Services,
- Colleen Winter, Department of Health, and
- Ann Larsen, Department of Education.

Support personnel provided by South Dakota Network Against Family Violence and Sexual Assault: Krista Heeren-Graber, Director and Cynthia Tobin, Project Specialist.

The task force was charged to continue studying the 2014 objectives, along the following five major tenets around which to set goals, strategies for implementation and associated funding plans:

1. Improving Education and Training: a) undergraduate and graduate level, b) training in the field for all stakeholder disciplines;
2. Improving Medical Health, Mental Health and Spiritual Care Responses to Instances of Violence: a) restructured medical and mental health care, b) developing effective partnerships with faith communities;
3. Improving Criminal Justice and Child Protection Responses to Instances of Violence: a) enhanced collection of evidence, b) resolving cases more quickly, from crime scene to trial c) improving the alternative or appropriate response system, d) improving the mandated reporting system, e) reducing vicarious trauma;
4. Improving the Development and Delivery of Prevention Initiatives: a) expanding prevention initiatives, b) linking with youth serving organizations; and
5. Improving Public Awareness, Public Policy and Research; a) connecting research to the work of front line professionals, b) public awareness, and c) public policy.

Jolene’s Law Task Force met six times in Pierre on April 20, June 1, August 18, September 28, October 26 and November 17, 2015.

Three Task Force members – Dr. Free, Senator Solano, and Representative Gibson – attended The National Partnership to End Interpersonal Violence across the Lifespan (NPEIV) Think Tank and International Summit & Training on Violence, Abuse and Trauma in August. All are involved in action teams related to public awareness, training and mentoring, practice, research and public policy and informed the full Task Force of benchmark evidence-based knowledge and strategies.

Major Findings & Policy Recommendations

Statistics and Benchmarks

According to National Children's Advocacy Centers:

- Most professionals in the field of child abuse estimate sexual abuse rates between 8 percent and 20 percent. Adult retrospective studies show that one in four women and one in six men were sexually abused before the age of 18.
- It is estimated that 73 percent of child victims do not tell anyone about the abuse for at least a year and that 45 percent do not tell anyone for at least five years. Some never tell anyone about it.

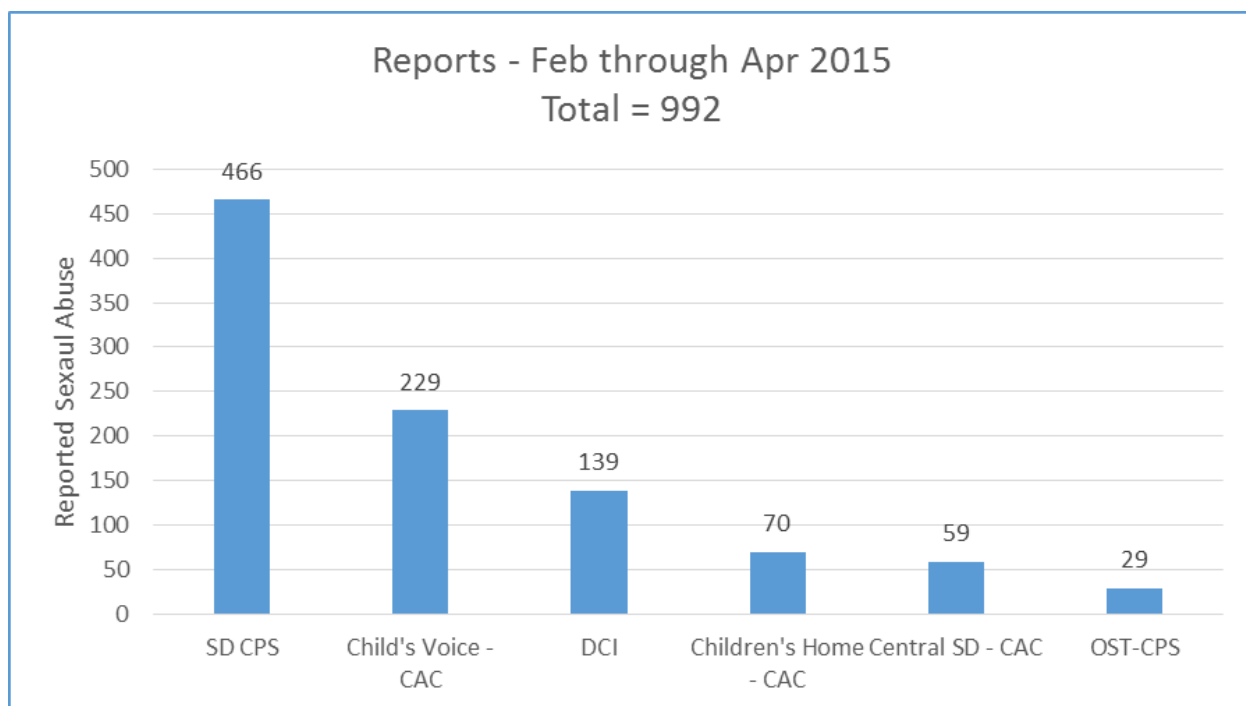
It was important to establish a baseline of reported child sexual abuse in South Dakota that removes duplicated reports of the same incident to multiple agencies. Due to the volume of reports throughout an entire year, a sample three month data pull (February, March and April 2015) was conducted within the following voluntary cooperating agencies:

Central South Dakota Child Assessment Center (Child Advocacy Center),
Children's Home Child Advocacy Center,
Child's Voice (Child Advocacy Center),
Oglala Sioux Tribe Child Protection Services,
South Dakota Division of Criminal Investigation, and
South Dakota Department of Social Services Division of Child Protection Services.

Confidentiality was protected by not requesting specific names of victims or known offenders. Predictive analysis was used to identify duplicate reports contained, which involved matching the data elements of the victim's sex, age, race, and county of residence. If all of those data elements match, the records were considered as possible duplicates. Possible duplicates were then further analyzed matching the remaining data elements if known. Those determined to be duplicates were then removed from the final analysis of reported sexual abuse.

Reports of Child Sexual Abuse by Agency

During the three month sampling period each agency provided data on individual reports it received for child sexual abuse. If the same incident was reported to multiple agencies during the sampling period, an incidence of sexual abuse would be counted more than once. During the three month sampling period there were a total of 992 reports of child sexual abuse into the six agencies providing data.



Source: Jolene's Law Task Force

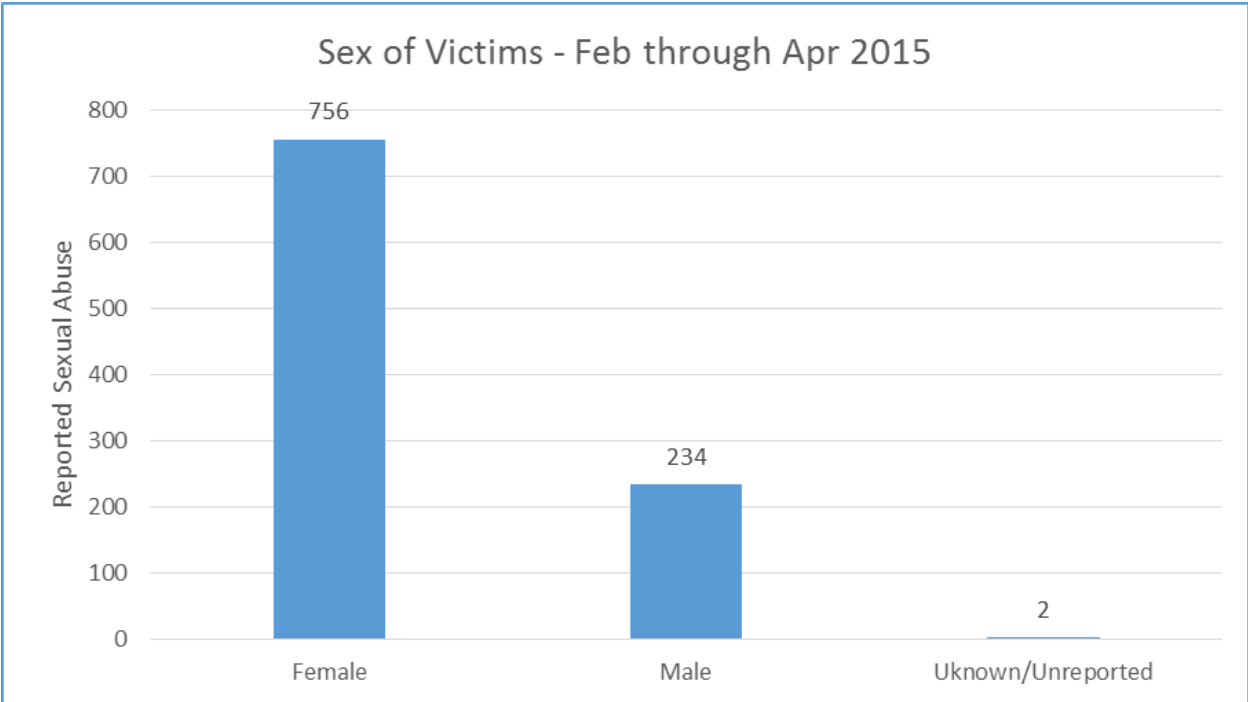
Note: Information contains duplicate reports

If the number of reported child sexual abuse cases during the sampling period were consistent throughout an entire year, these six agencies would receive a total of nearly 4,000 reports of child sexual abuse annually.

In South Dakota child sexual abuse is a serious, significant problem for the safety and health of our kids. With the percentage of delayed reporting by children – or never reporting – the annual number of 4,000 is critically conservative.

Reports of Child Sexual Abuse by Victim's Sex

Historically in South Dakota child sexual abuse reports are heavily weighted toward female victims. During the sampling period, female victims comprised 76.2% of all reports of child sexual abuse.

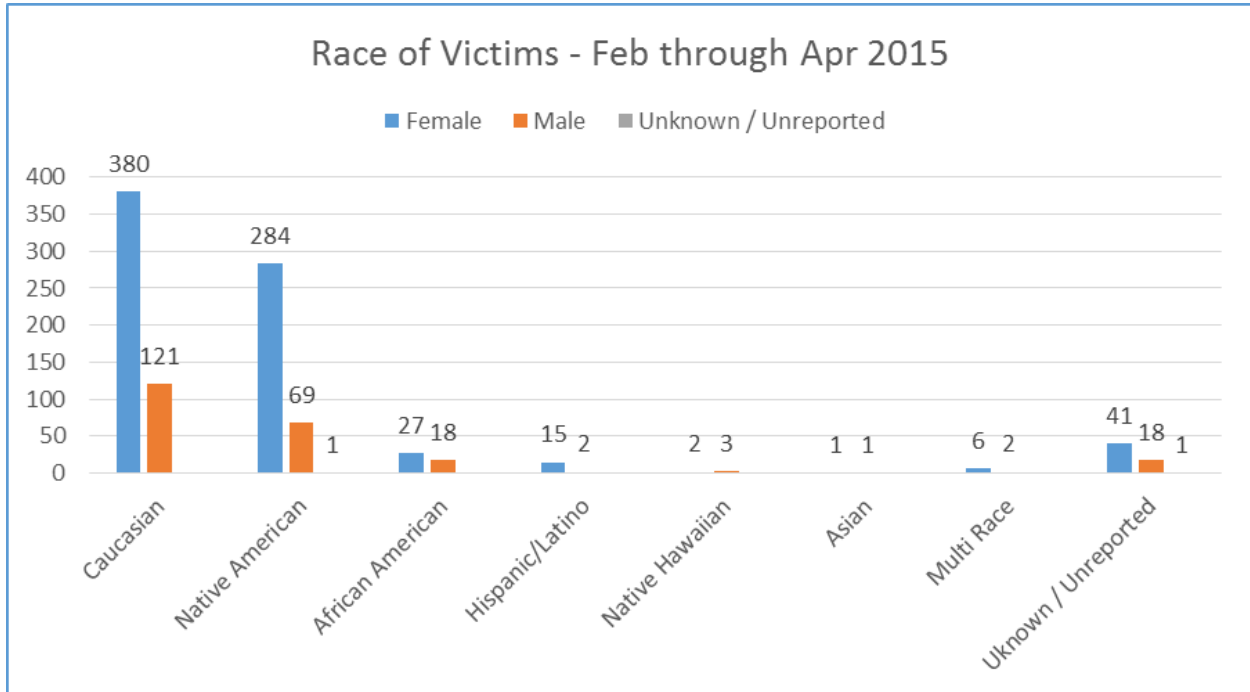


Source: Jolene's Law Task Force

Note: Information contains duplicate reports

Reports of Child Sexual Abuse by Victim's Race

A breakdown of victim's race for female victims is that 48.9% are Caucasian and 36.6% are Native American with the remaining 14.5% representing other races and unknown. A breakdown for male victims shows 51.7% Caucasian and that 29.5% are Native American with the remaining 18.8% other races and unknown.



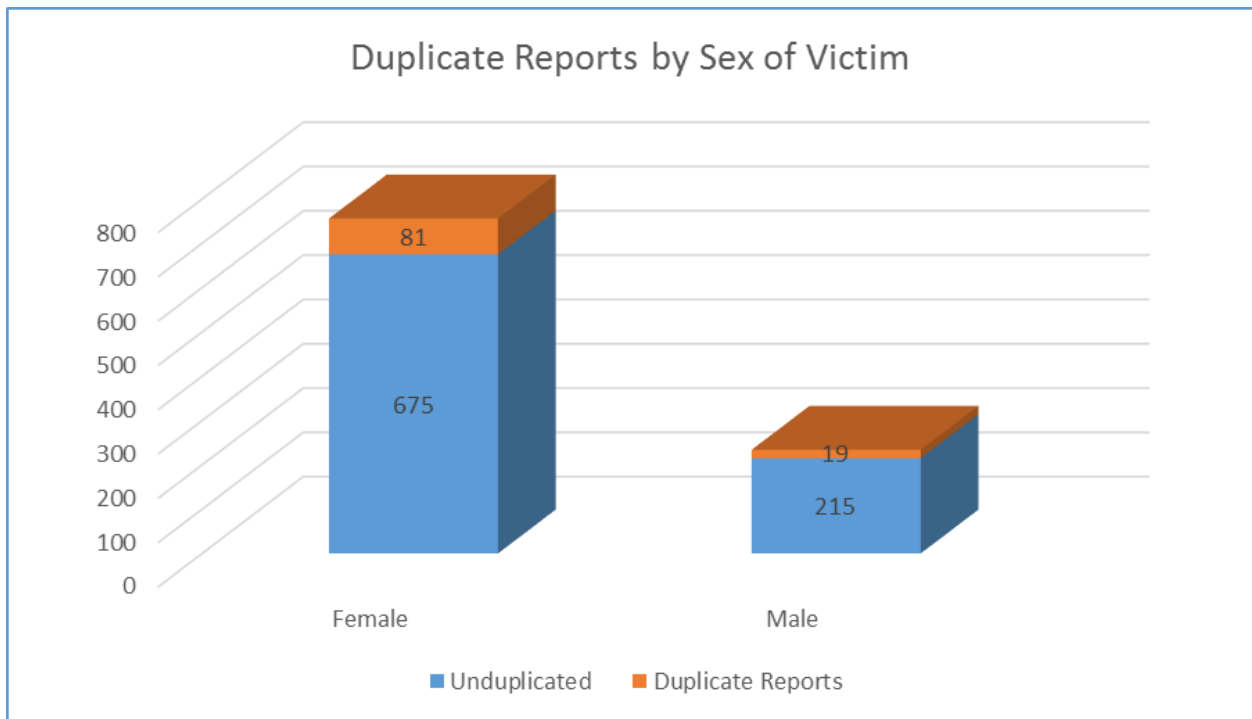
Source: Jolene's Law Task Force

Note: Information contains duplicate reports

Duplicate Reports by Victim's Sex

Through predictive analysis the duplicated reports were able to be identified. For female victims, 10.4% were identified as duplicate reports and 8.1% for male victims. Removing duplicate reports resulted in a total number of unduplicated child sexual abuse reports of 890 during the three month sampling period.

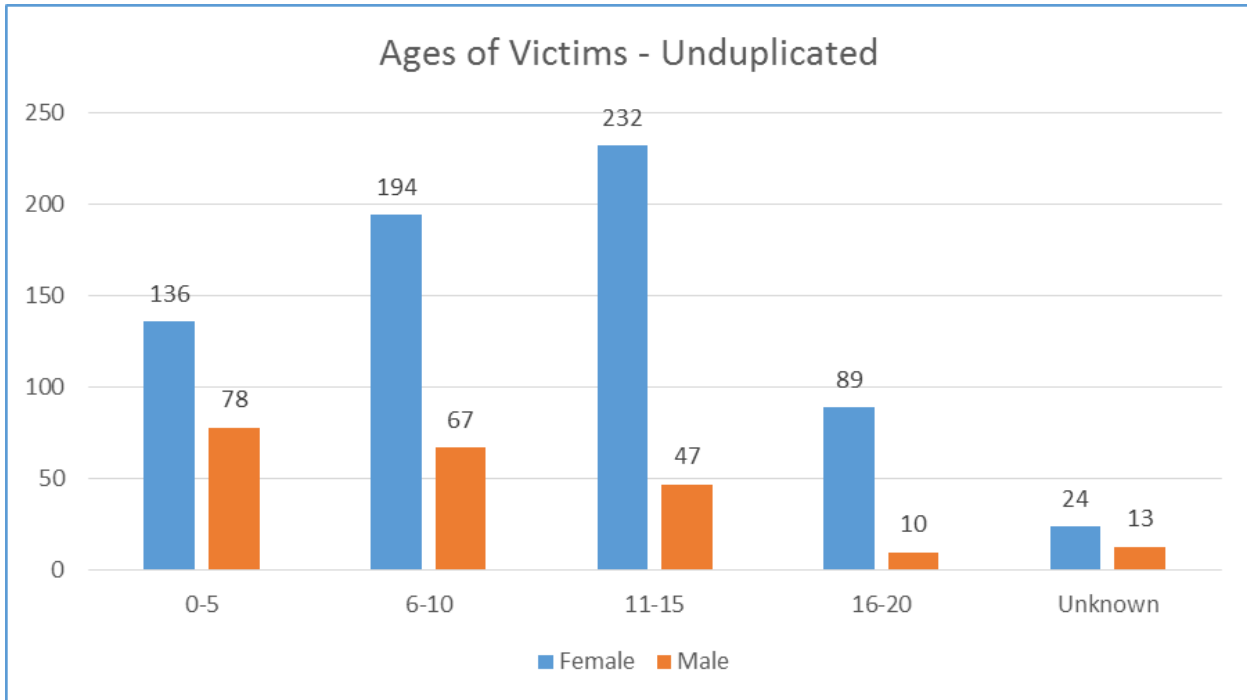
The number and percentage of duplicate reports may be impacted by the length of the sampling period and the agencies reporting.



Source: Jolene's Law Task Force

Ages of Child Sexual Abuse Victims

For reporting purposes, the age of victims was grouped into 5-year age spans. Data shows an increasing percentage of female victims as they age until reaching the age of 15 and then the number of sexual abuse reports as a percentage of the total drops significantly. With male victims, the data shows the highest percentage within the 0-5 year age category with steady decreases through age 15 and a significant drop after age 15.



Source: Jolene's Law Task Force

Report by County of Victim's Residence

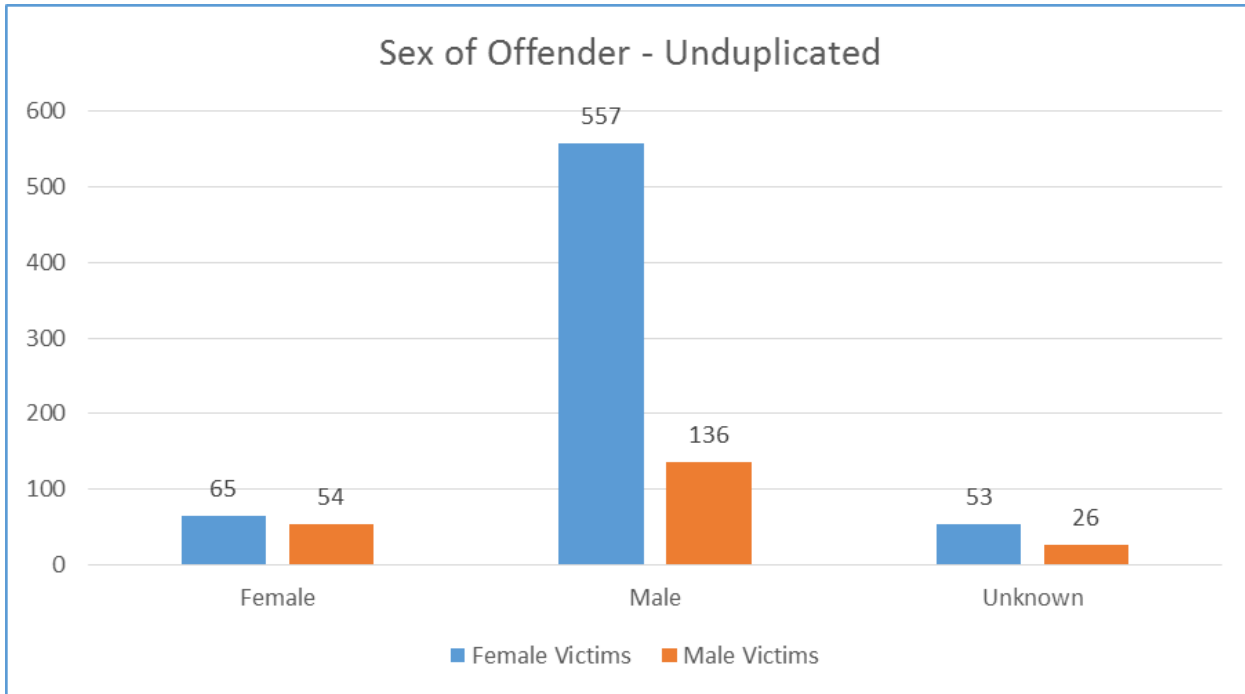
As would be expected, the highest number of child sexual abuse reports come from the state's two most populous counties, Minnehaha and Pennington. Further analysis of the county of victim's residence comparing the number of reports to the number of children residing in each county may provide additional insight into the prevalence of child sexual abuse reports by county. Readers of this report must understand that this data only represents reported cases. Historically, the number of reported cases is under-reported and could vary significantly by county.

Aurora	1	Douglas	1	Meade	10
Beadle	23	Edmunds	2	Mellette	1
Bennett	5	Fall River	2	Minnehaha	248
Bon Homme	2	Grant	4	Moody	7
Brookings	14	Gregory	3	Oglala Lakota	50
Brown	41	Haakon	1	Out of State	7
Brule	8	Hand	4	Pennington	138
Buffalo	8	Hanson	2	Roberts	9
Butte	2	Hughes	24	Rosebud	1
Charles Mix	14	Hutchinson	3	Spink	2
Cherry	1	Jackson	4	Todd	35
Clark	3	Lake	9	Tripp	9
Clay	6	Lawrence	7	Turner	8
Codington	15	Lincoln	17	Union	14
Corson	10	Lyman	20	Unknown	13
Custer	6	Lyon	1	Walworth	2
Davison	21	Marshall	3	Yankton	30
Day	2	McCook	2	Ziebach	4
Dewey	12	McPherson	2		

Source: Jolene's Law Task Force

Report of Sexual Abuse by Offender's Sex

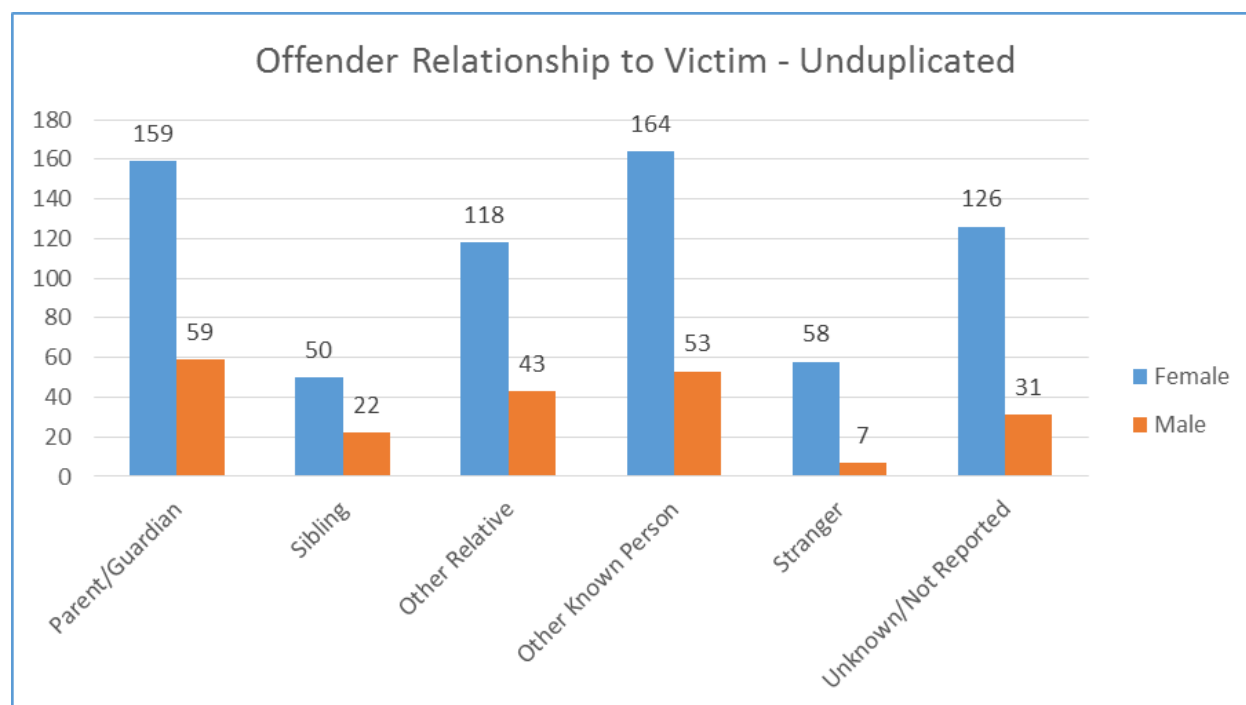
The vast majority of child sexual abuse reports indicate the perpetrator as being male. With female victims, 82.5% of the reported perpetrators were male and 9.6% were female. For male victims, 63.3% of the reported perpetrators were male and 25.1% were female.



Source: Jolene's Law Task Force

Report by Relationship of Offender to Victim

The relationship of the offender to the victim was grouped into six categories. The data reveals that a high percentage of offenders are known to their victims for both female and male victims. For females, 72.7% of offenders were known by the victim, 8.6% were strangers, and 18.7% were unknown/not reported. For males, 82.3% of offenders were known by the victim, 3.3% were strangers, and 14.4% were unknown/not reported. This data supports the need to move beyond the concept of “stranger danger” when addressing child sexual abuse.



Source: Jolene's Law Task Force

Recommendations: Statistics/Benchmarks

- Build upon 2015 baseline statistics to guide future decisions of identification, prevention and response to child sexual abuse across South Dakota and to measure decision effectiveness.
 - Partner with South Dakota Kids Count to develop methodologies for accurate incidence reporting and to help inform effectiveness of implemented strategies.
 - Explore the feasibility of a single agency being responsible for aggregating data from the various recipients of child sexual abuse reports.
 - Develop necessary Memorandums of Understanding or Shared Use Agreements to allow for the collection of more detailed victim information for use by the aforementioned single agency that can be used in predictive modeling processes.
 - Work with all Native American tribes in South Dakota in collecting and reporting data to be used in predictive modeling processes and in ongoing quality improvement of child abuse reporting and response systems.
 - Develop protocols to be used by the various recipients of child sexual abuse reports to ensure the ongoing collection, measurement and analysis of aggregated data to gauge outcome and effectiveness of implemented changes.
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Child Sexual Abuse as a Public Health Priority

Child sexual abuse is an adult problem. In no other way do we make our children responsible for their own safety, as we give them shelter, clothing, food, education and take care of them when they are sick. And yet if they are being sexually abused, we leave it up to them – to tell, to endure, to heal.

At the victim level, child sexual abuse is a medical problem first and foremost, so appropriate medical response and treatment/referrals is of critical importance. Many cases will never be suitable for prosecution and if the perpetrator/offender is not a parent, caregiver or guardian then the case in South Dakota will not have Child Protection Services involvement. To understand child sexual abuse from a single perspective, such as only through the Department of Social Services or the Division of Criminal Investigation is to miss the breadth and depth of focus that this topic commands for the health of our children.

Jolene's Law Task Force came to understand that the sexual abuse of children is a serious and costly public health concern. Reducing the issue to individual and family dynamics alone is to miss powerful communitywide or population-based strategies for change.

The Centers for Disease Control and Prevention (CDC) and the World Health Organization have declared violence prevention a public health priority and that Child Sexual Abuse (CSA) is a widespread problem associated with a variety of negative health outcomes. They purport that CSA is a risk factor for suicide attempts, depression, sexually transmitted diseases, and subsequent sexual assault.

The Adverse Childhood Experiences Study (ACES) is research conducted by Kaiser Permanente and the CDC (principal investigators: Robert F. Anda, MD, MS and Vincent J. Felitti, MD). Over 17,000 men and women were surveyed on 10 types of adverse childhood experiences [ACE] (sexual abuse, physical abuse, emotional abuse, neglect, witness of domestic violence etc.). About two-thirds reported at least one ACE and of those 87% reported at least one additional ACE. Twenty-eight percent had experienced child sexual abuse (28% women, 16% men), tying with physical abuse (28%) as the top adverse childhood experience.

To date, more than 50 scientific articles have been published about ACE, along with more than 100 conference presentations. Data continues to be analyzed, revealing staggering proof of the health, social, and economic risks that result from childhood trauma. Some of the significant findings are:

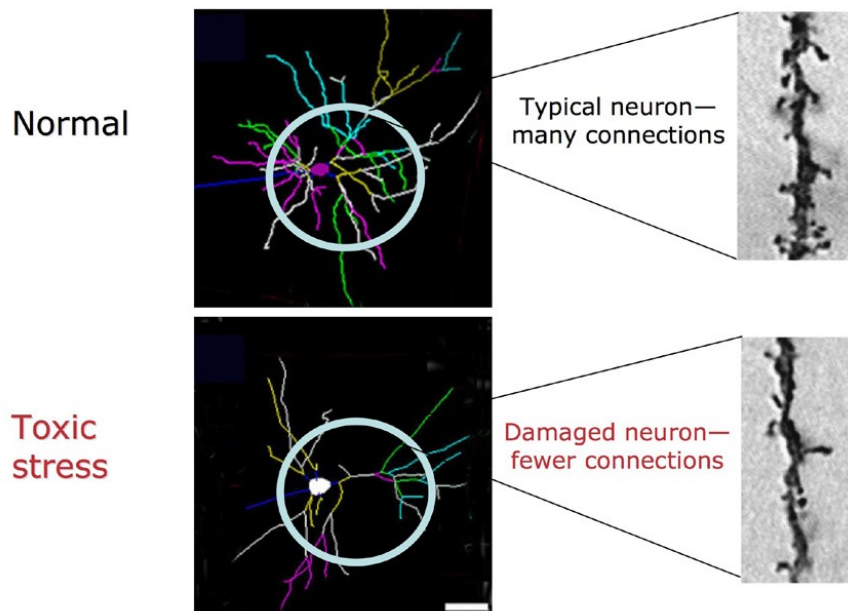
- One or more ACE increases the risk of a host of health issues, such as cancer, heart disease, depression and obesity.
- Those with an ACE score of 6 and higher have a lifespan almost two decades shorter than seen in those with an ACE score of 0 but otherwise similar characteristics (Felitti 2010).
- 18% of women and 10% of men with depression have zero ACE score, but 54% of women and 36% of men with depression have an ACE score of 4 or higher.
- 95% of smokers and 98% of alcoholics have one or more ACE score.
- Health care costs significantly increase with child maltreatment. The higher the ACE score, the more frequent medical visits and expense caused, in part, because ACE "patients with multiple visits to the doctor commonly do not have a unifying diagnosis underlying all the medical attention. Rather, they have a multiplicity of symptoms: illness but not disease." (Felitti 2010).

Child Sexual Abuse and Damage to Brain Development

Science is now clear that toxic stress damages developing brain architecture, which can lead to life-long problems in learning, behavior, and physical and mental health. Scientists now know that chronic, unrelenting stress in early childhood, caused by repeated abuse, for example, can be toxic to the developing brain. While positive stress (moderate, short-lived physiological responses to uncomfortable experiences) is an important and necessary aspect of healthy development, toxic stress is the strong, unrelieved activation of the body's stress management system. In the absence of the buffering protection of adult support, toxic stress becomes built into the body by processes that shape the architecture of the developing brain in a negative way. Child sexual abuse sets up this serious toxic response.



Persistent Stress Changes Brain Architecture



Prefrontal Cortex and
Hippocampus

Sources: Radley et al. (2004)
Bock et al. (2005)

Source: *"The Science of Early Childhood Development"* and the Working Paper series from the National Scientific Council on the Developing Child.

www.developingchild.harvard.edu

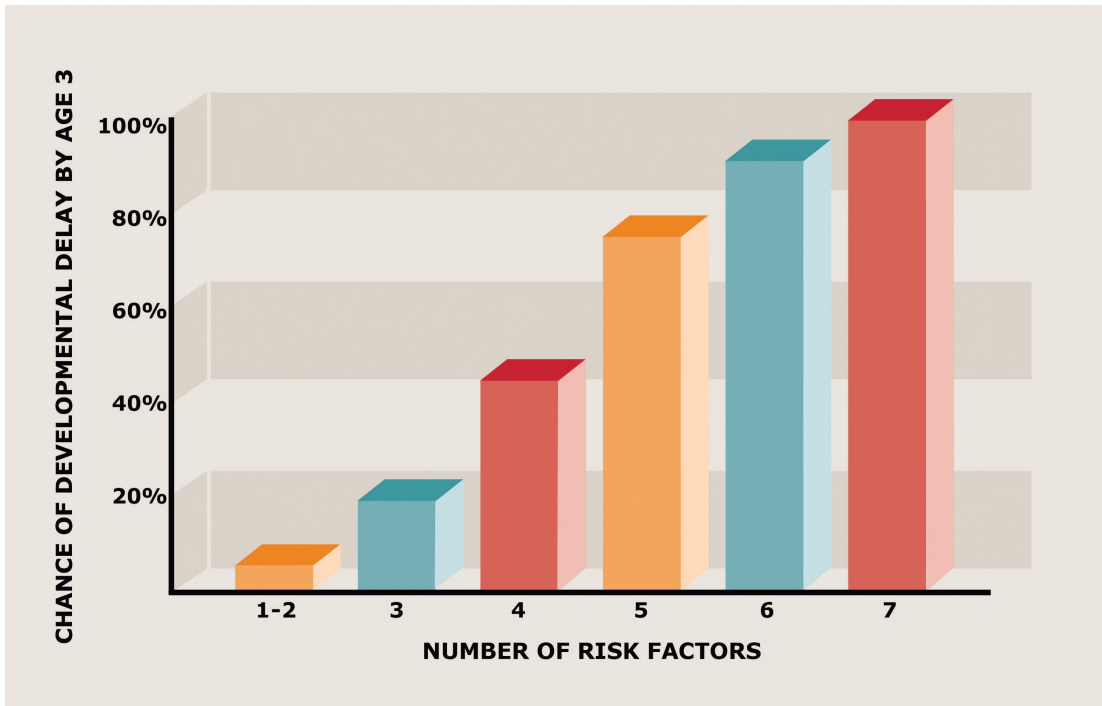
Child Sexual Abuse and Lifelong Adversity

Significant adversity impairs development in the first three years of life—and the more adversity a child faces, the greater the odds of a developmental delay. Indeed, risk factors such as poverty, caregiver mental illness, child maltreatment, single parent, and low maternal education have a cumulative impact: in this study, maltreated children exposed to as many as 6 additional risks face a 90-100% likelihood of having one or more delays in their cognitive, language, or emotional development.

Source: Barth et al. (2008)

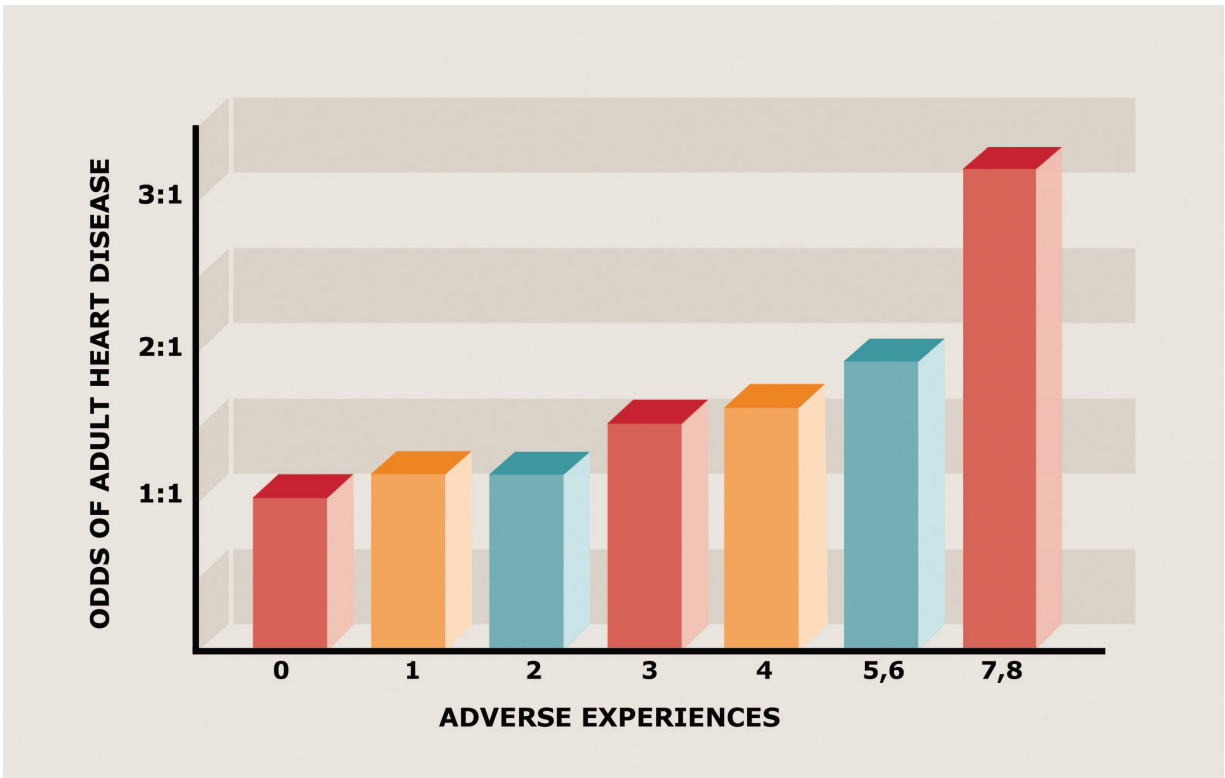
In South Dakota 214 children yearly are reported to endure child sexual abuse by age five. Reported cases significantly under-represent reality, as most child sexual abuse before age five is unrecognized/unreported with the child at a developmental stage where they have no language to disclose and no understanding of what has happened.

Children who have been sexually abused are at serious health risk for damage to brain architecture, cumulative stress factors and lifelong spiritual, emotional and physical problems.



Source: The Harvard Center for the Developing Child

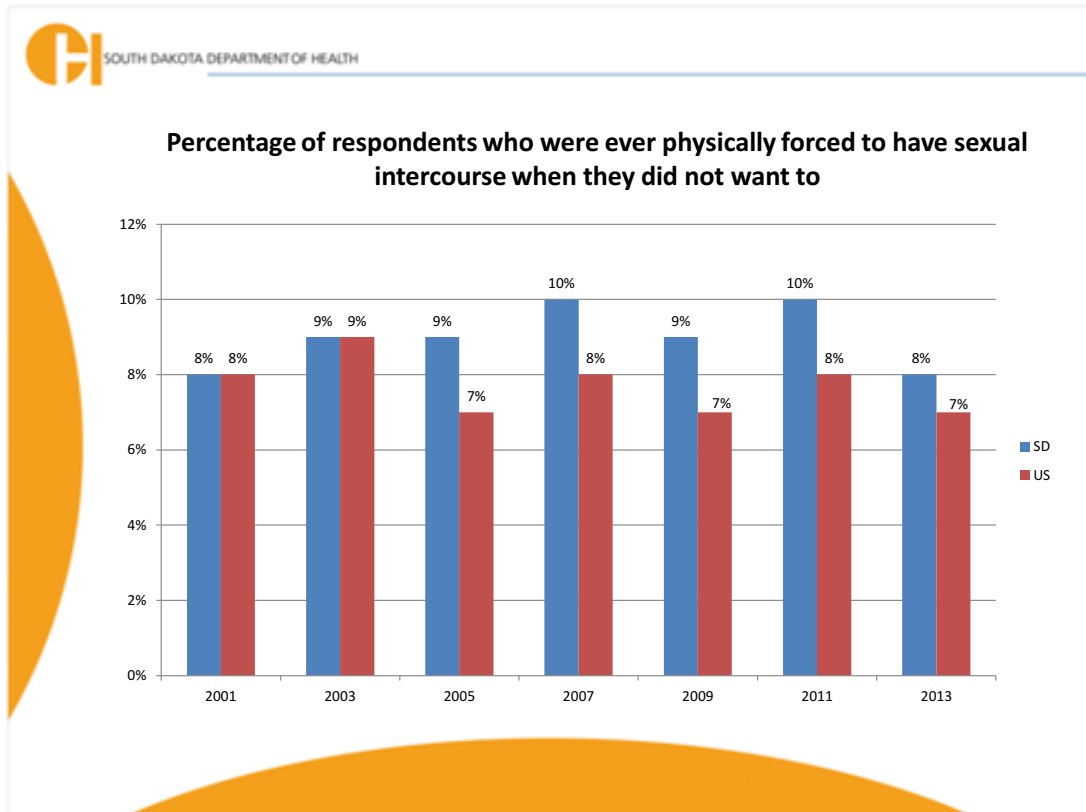
Early experiences actually get into the body, with lifelong effects—not just on cognitive and emotional development, but on long term physical health as well. A growing body of evidence now links significant adversity in childhood to increased risk of a range of adult health problems, including diabetes, hypertension, stroke, obesity, and some forms of cancer. This graph shows that adults who recall having 7 or 8 serious adverse experiences in childhood are 3 times more likely to have cardiovascular disease as an adult. And children between birth and three years of age are the most likely age group to experience some form of maltreatment—16 out of every thousand children experience it.



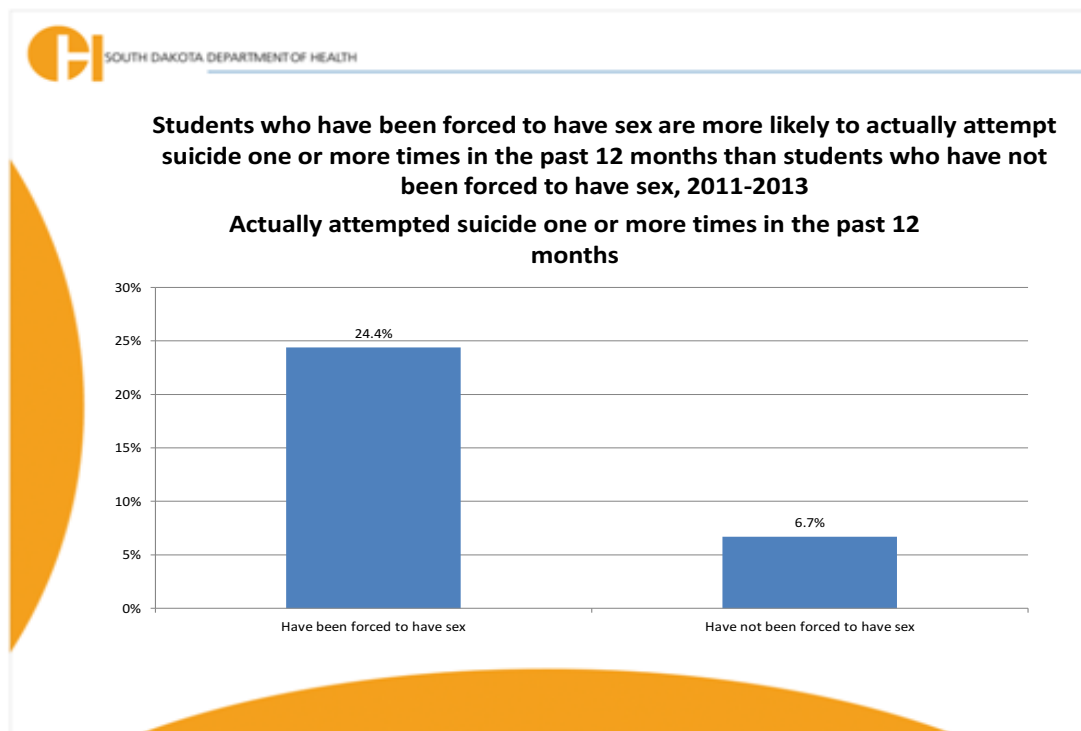
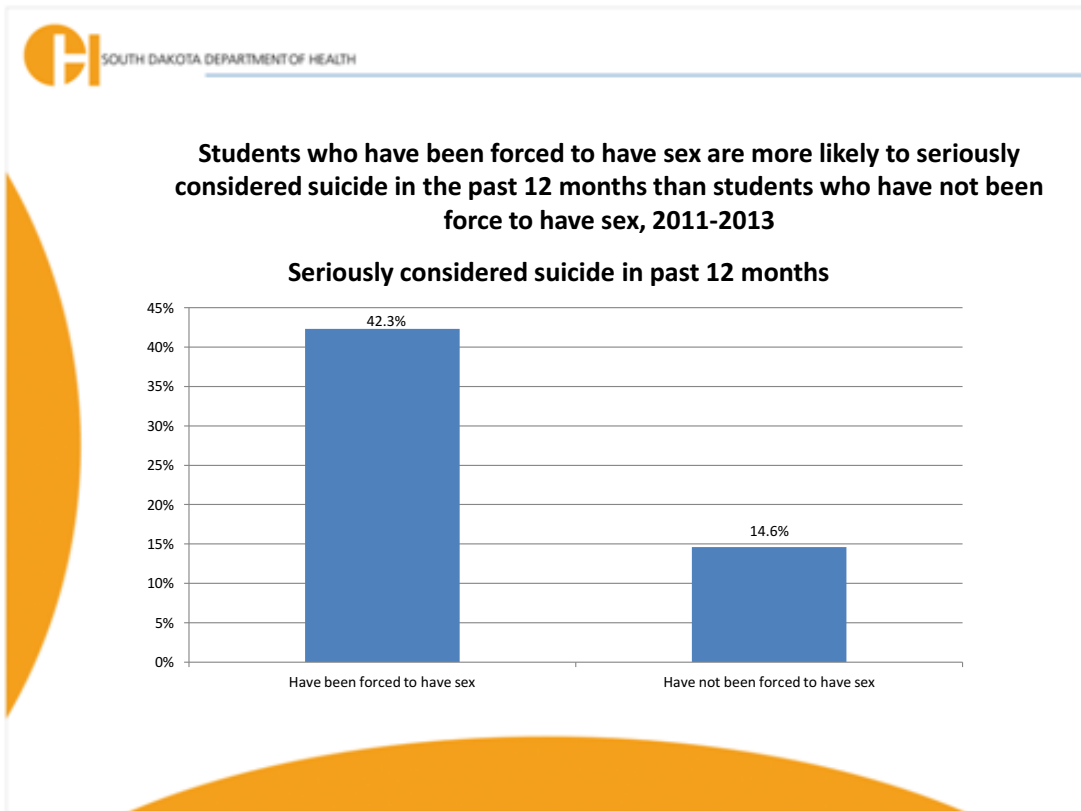
Source: Dong et al. (2004) & The Harvard Center for the Developing Child

The South Dakota Department of Health conducts a Youth Risk Behavior Survey of students in 9th – 12th grades in a sample of public, private and Bureau of Indian Education (BIE) schools every other year. A random sample of 20 – 25 schools and approximately 2500 children are typically involved.

In the 2011 - 2013 survey report, the data shows that unwanted sexual activity is self-reported as an issue in South Dakota with consistent prevalence above national reporting.



Serious outcomes speak to suicidal ideation and actual attempts in those that report unwanted sexual activity as compared to those that have not been forced to have sex.



No Hit Zones

A number of hospitals and clinics in the nation have implemented “No Hit Zone” policies. This is part of overall culture-shifting and messaging that violence is not permissible within the institution. The Kentucky Chapter of the American Academy of Pediatrics provides materials, training and support to any physician office, clinic or hospital interested in becoming a “No Hit Zone.” Those adopting this philosophy train all employees to help establish a new no violence culture.

In the way that no smoking zones created an environment where smoking is viewed as less acceptable, “No Hit Zones” provide opportunities for medical and other providers to intervene in families where violence is inflicted, to move parents and children away from violent conduct and educate about the unhealthy aspects of violence.

Recommendations: Public Health Priority

- Set statewide public health priorities for reduction of child sexual abuse in South Dakota.
- Improve medical and mental health responses to violence:
 - Establish routine screening for Adverse Childhood Experiences (ACES) within medical and mental health professional practices and in medical facilities – and then respond with excellence in treatment, evidence collection and reporting.
 - Improve medical screening of male victims of violence in response to statistically significant reluctance to disclose.
 - Within health system structures, address the spiritual impact of trauma.
- Establish “No Hit Zone” protocols in all South Dakota medical facilities.
- That future YRBS add more specificity to questions to key on lifetime exposure to unwanted sexual advances and provide a forum for confidential expression for those that have not disclosed. Will help to inform future education/communication strategies in the schools. This was approved by the CDC during JLTF 2014 with future South Dakota surveys to include:
 - Have you ever been touched, grabbed, or pinched in a sexual way that made you feel unsafe or uncomfortable?
 - Have you ever been forced to do sexual things, such as kissing or touching, when you did not want to? (Do not count sexual intercourse.)
 - Have you ever been physically forced to have sexual intercourse when you did not want to?

Mandatory Reporters

Most child abuse cases are never reported, and child sexual abuse is the most subtle to identify. Only 40% of maltreatment cases and 35% of the most serious cases known to mandated reporters are reported (Finkelhor 1990). 65% of social workers, 53% of physicians and 58% of physicians assistants do not report all cases of suspected abuse (Delaronde, et al. 2000). In a study of 197 teachers, only 26% would report familial abuse and only 11% abuse at the hands of a fellow teacher (Kenny, et al. 2001). The national norm is not to report, thus the situation at Penn State is not unique and all states are vulnerable for the catastrophic media case.

Reasons for failure to report include insufficient evidence, lack of certainty, belief that reporting will cause additional harm, need to maintain a good relationship with patients, clients, parents, ambiguity in some reporting laws, fear of retaliation and fear the reporter's name will be revealed (Kenny, 2001; Bailey 1982).

There is a large and growing body of research documenting the poor undergraduate and graduate training of criminal justice, social work, medical and mental health professionals to address any aspect of violence (Vieth, 2006). Unless on-the-job training is received, many of these professionals go entire careers lacking the necessary skills to investigate, prosecute, treat, prevent, or otherwise respond to needs of victims of violence or offenders (Vieth, 2015).

The United States Attorney General's Task Force on Children Exposed to Violence has recognized the need to improve undergraduate and graduate training in this area and has called for a "national initiative to promote professional education and training on the issue of children exposed to violence" (<http://www.justice.gov/defendingchildhood/>).

South Dakota statute 26-8A-3 specifies those entities required to report child abuse and neglect, and makes intentional failure to report a misdemeanor. The law states that any physician, dentist, doctor of osteopathy, chiropractor, optometrist, mental health professional or counselor, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or court services officer, law enforcement officer, teacher, school counselor, school official, nurse, licensed or registered child welfare provider, employee or volunteer of a domestic abuse shelter, employee or volunteer of a child advocacy organization or child welfare service provider, chemical dependency counselor, coroner, or any safety-sensitive position as defined in subdivision 23-3-64(2), who has reasonable cause to suspect that a child under the age of eighteen has been abused or neglected as defined in § 26-8A-2 shall report that information in accordance with §§ 26-8A-6, 26-8A-7, and 26-8A-8. Any person who intentionally fails to make the required report is guilty of a Class 1 misdemeanor. Any person who knows or has reason to suspect that a child has been abused or neglected as defined in § 26-8A-2 may report that information as provided in § 26-8A-8.

The task force noted that emergency response personnel have not been identified as mandatory reporters in South Dakota, and perceives this as a critical gap in early response.

With the number of mandatory reporting professionals working who have access to identifying children – and also become parents and community leaders themselves – there is a depth of workforce to significantly change the response to child maltreatment in our state. Appreciably enhancing the undergraduate and graduate education of mandatory reporters in South Dakota would be a powerful lever for the prevention and early detection of child sexual abuse.

Recommendations: Mandatory Reporters

- Establish a Center for the Prevention of Child Maltreatment at the University of South Dakota to contribute to the state's overall public health by strengthening culture related to preventing and responding to child maltreatment. The Center will:
 - Coordinate education, outreach, and research initiatives that increase public awareness and prevention of child maltreatment and sexual abuse throughout the state.

- Actively engage education partners (public and private universities, Tribal colleges, and technical schools), state and Tribal governments, and professional organizations in determining training needs.
 - Develop and deliver learning competencies and training programs appropriate for all levels – from students’ first learning about child maltreatment, to skills for counselors, teachers, and social workers who work with victims, to legal and health professionals who may require specialized training for licenses and certifications.
 - Identify and conduct research regarding the latest prevention and treatment techniques and provide data management and analysis assistance to state agencies.
 - Operate under the following broad guidelines:
 1. Develop competencies, curricula, consistent training standards, and professional development opportunities for mandatory reporters of child maltreatment and sexual abuse in partnership with state, community, and academic organizations;
 2. Facilitate the creation of community, state, and education partnerships to advocate against child maltreatment and sexual abuse;
 3. Identify potential funding sources and develop inter-professional grant proposals for research and practice related to treating and preventing child maltreatment and sexual abuse;
 4. Collaborate with state, regional, and national stakeholders, and provide leadership in developing research areas addressing child maltreatment and sexual abuse; and
 5. Provide assistance/expertise to Board of Regents institutions on creating new degree programs related to child maltreatment and sexual abuse as well as revising/creating courses in fields requiring mandatory reporter training.
- Add emergency medical technicians to the statutory list of mandatory reporters in South Dakota.

Criminal Justice and Child Protection Services Response

FINDING: Collection of evidence impacts the decision to file charges and can affect the conviction rate of offenders. South Dakota prosecution of child sexual abuse would be enhanced by improved collection of corroborating evidence and crime scene photography.

Research has found a correlation between the presence of corroborating evidence and successful prosecutions. Child sexual abuse cases involving at least one corroborating witness are “nearly twice as likely” to result in conviction. (Walsh, Jones, Cross, and Lippert, *Prosecuting Child Sexual Abuse: The Importance of Evidence Type, 2010*). Comments from South Dakota prosecutors indicated the value of multiple pieces of corroborating evidence and an interest in improved crime scene photography. Testimony to the Task Force by the Director of the South Dakota Division of Criminal Investigation concurred with the importance of collecting corroborating evidence.

Recommendations: State, local, and tribal law enforcement take measures to improve the collection of corroborating evidence in child sexual abuse cases and establish as a goals:

- Collect at least 5 pieces of corroborating evidence in CSA cases.
- Take crime scene photographs in every case of child sexual abuse.
- Enhance training in corroborating evidence collection and crime scene photography.

FINDING: Children exposed to one type of violence are at greater risk of experiencing other types of violence. Poly-victimization screening is needed in all cases of child maltreatment.

The Office of Juvenile Justice and Delinquency Prevention National Survey of Children’s Exposure to Violence (NatSCEV) found that 38.7 % of children surveyed reported in the previous year more than one type of direct victimization. Of the children who reported direct victimization, 64.5 % reported more than one type. More than 1 in 10 (10.9 %) children reported 5 or more direct exposures to different types of violence in the previous year, and 1.4% reported 10 or more direct victimizations. For example, a child who was physically assaulted in the past year would be five times as likely also to have been sexually victimized and more than four times as likely also to have been maltreated during that period. Similarly, a child who was physically assaulted during his or her lifetime would be more than six times as likely to have been sexually victimized and more than five times as likely to have been maltreated during his or her lifetime (Finkelhor, D., Turner, H.A., Ormrod, R., Hamby, S.L., and Kracke, K. 2009. *Children’s Exposure to Violence: A Comprehensive National Survey*. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention).

In South Dakota, Child Protection Services (CPS) and Child Advocacy Centers (CACs) are aware of the high incidence of poly-victimization among children exposed to violence and the possibility that in a child maltreatment case initiated due to one form of abuse they may find that the child has been the victim of additional instances and forms of maltreatment. Standard practice for CACs and CPS includes poly-victimization screening of all child victims. South Dakota law enforcement is not currently trained in poly-victimization and methods of screening for poly-victimization.

Recommendation: South Dakota law enforcement be trained in poly-victimization and methods of screening for poly-victimization with children exposed to violence.

FINDING: Utilization of a Child Advocacy Center (CAC) and Multi-Disciplinary Team (MDT) approach is best practice in response to child sexual abuse cases. Only 4 of 66 counties and two reservations in South Dakota are within a county or Tribal community that has a NCA Accredited CAC and MDT. The remaining counties and reservations are required to travel in order to utilize these services.

A Child Advocacy Center is a child-friendly facility in which a Multi-Disciplinary Team (MDT) of law enforcement, child protection, prosecution, mental health, medical and victim advocacy professionals and the CAC work together to evaluate alleged cases of abuse, help children heal from abuse, and hold offenders accountable. A functioning and effective multidisciplinary team approach is the foundation of a

CAC. The primary goal of the MDT is to assure the most effective coordinated response possible for every child and family.

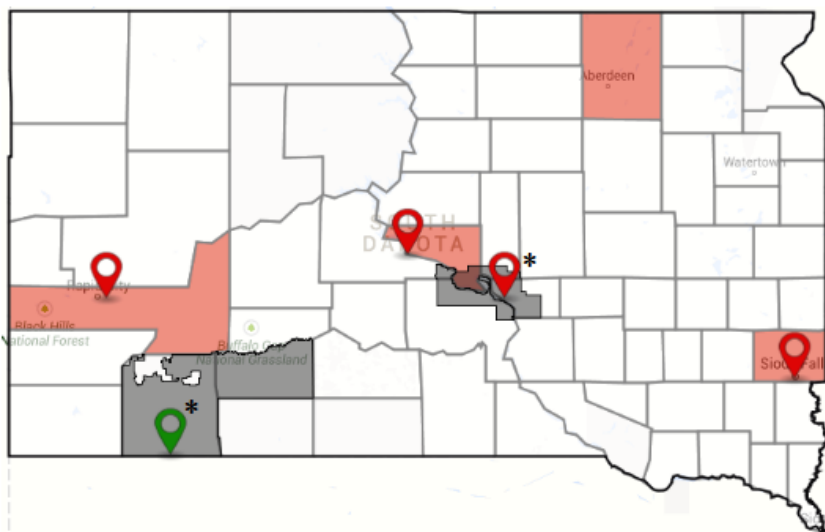
The National Children’s Alliance (NCA) is the national association and accrediting body for the 785 member children’s advocacy centers in communities throughout the United States. Accredited membership in NCA requires that CAC programs meet specific standards. The first requirement is a Multi-Disciplinary Team for response to child abuse allegations. For every standard a CAC is required to meet, there is a tangible, measurable benefit to the child, to the investigation, prosecution and long-term management of child abuse cases.

South Dakota is home to four NCA Accredited CACs: Child’s Voice located at Sanford Hospital in Sioux Falls, Children’s SAFE Place located in Ft. Thompson, Central SD Child Assessment Center located at Avera St. Mary’s Hospital in Pierre, and Children’s Home Child Advocacy Center located in Rapid City. The Oglala Lakota Children’s Justice Center located in Pine Ridge is an Affiliate member of NCA.

In 2014 South Dakota CACs provided service to 1,615 children of which 1,125 were for suspected sexual abuse.

South Dakota Children’s Advocacy Centers

CAC Locations, Including Coverage Areas by NCA Membership Status Level & Tribal CAC Programs

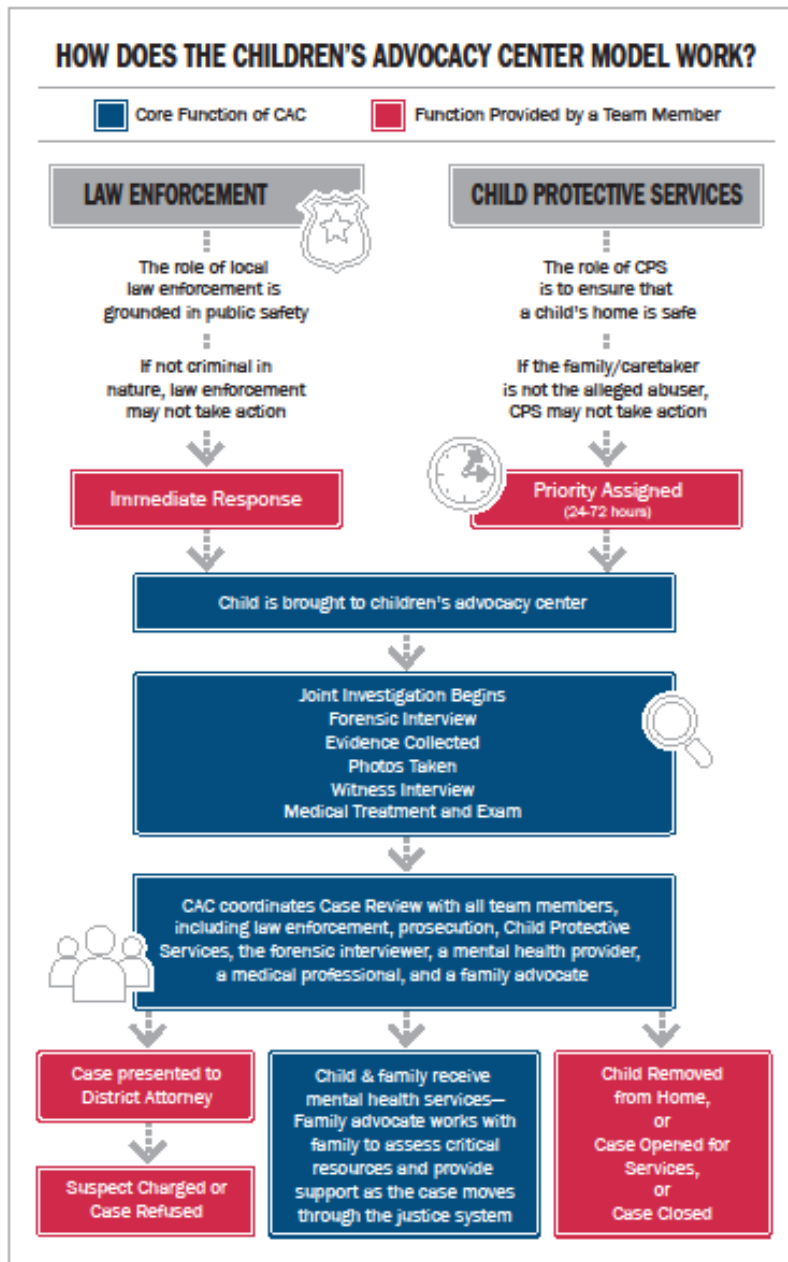


6% of Counties (4 of 66) Covered By NCA Accredited Members
NCA Member CACs also Serve 3 Tribal Communities
 • Children’s SAFE Place (Accredited) Serves Crow Creek Reservation and Lower Brule Reservation
 • Oglala Lakota CASA/CAC (Affiliate) Serves Pine Ridge Reservation

National Children’s Alliance Membership Status
 Accredited NCA Member
 Affiliate NCA Member
 County Served by an Accredited CAC

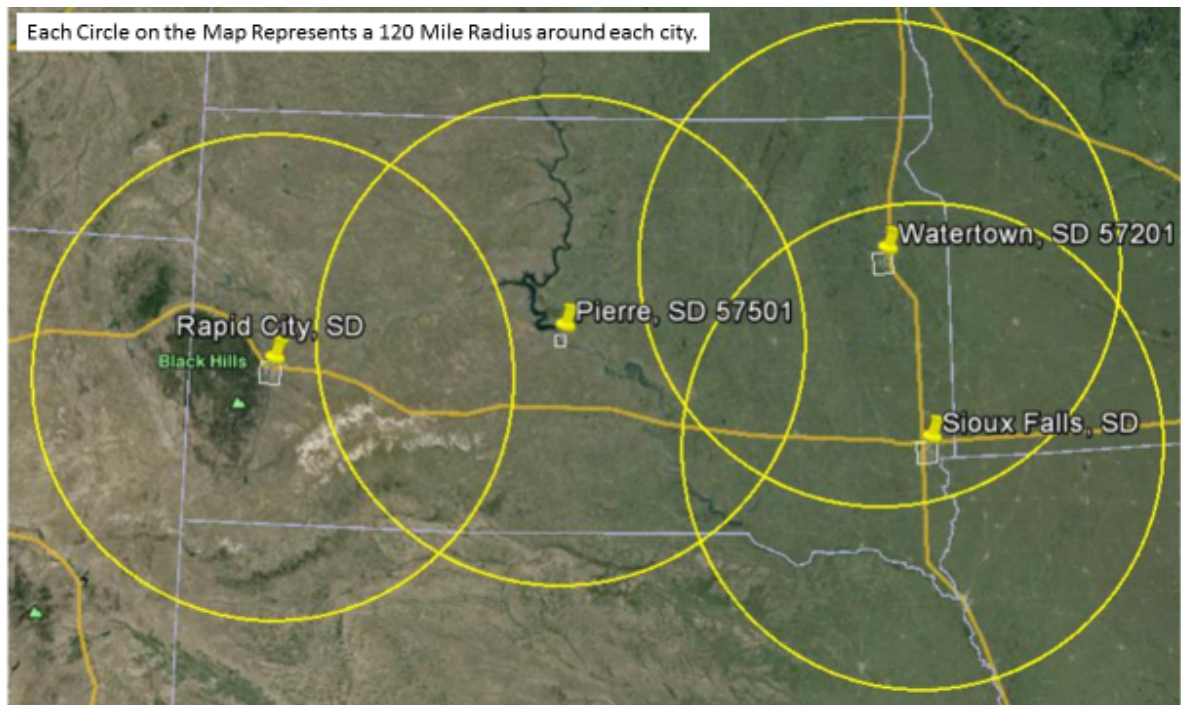
Tribal CAC Programs
 CAC provides services to a tribal community
 Borders of the Tribal Community/Reservation Served by a CAC

In the CAC/MDT model, children are primarily referred to CACs by Law Enforcement or Child Protection Services (CPS). The forensic interview is performed at the CAC. CAC forensic interviewers must adhere to research-based forensic interview guidelines. The interview is performed in a developmentally and culturally sensitive, unbiased, legally fact-finding manner that will support accurate and fair decision-making by the MDT within the criminal justice, child protection, and service delivery systems. The CAC coordinates the Case Review with all the MDT members and follows-up with support services for the victim and family as the case moves through the justice system.



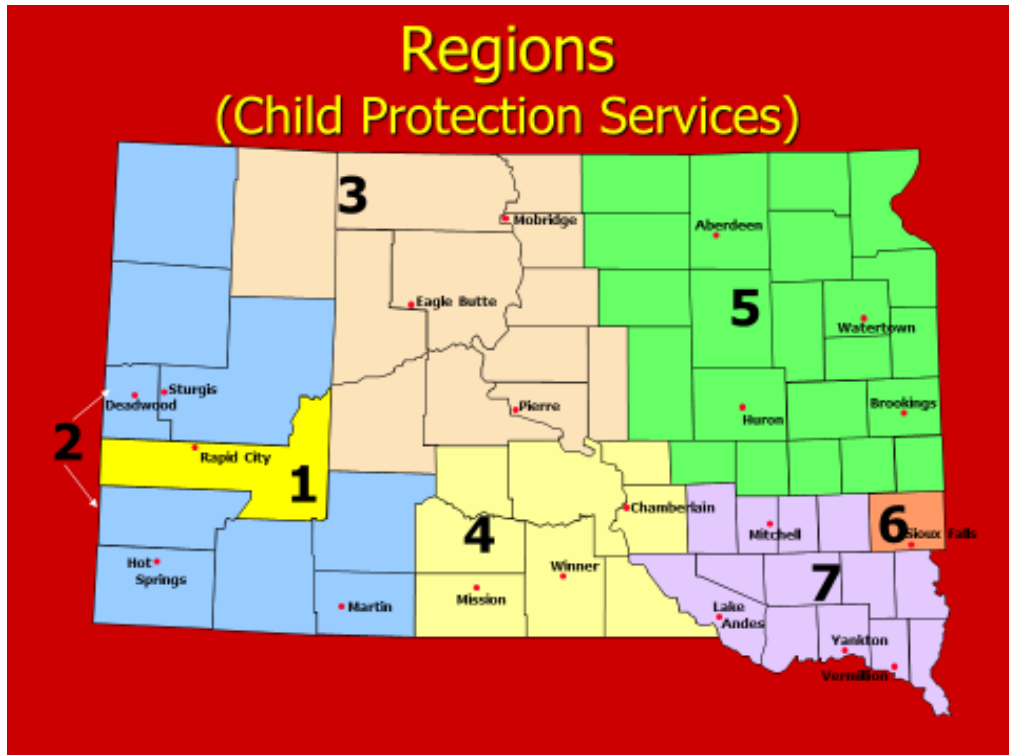
South Dakota CACs do currently conduct forensic interviews and provide some related services to children outside of their county or MDT area. CACs also report they have the capacity to take more referrals. However, long travel distances coupled with smaller rural law enforcement and CPS staffing seems to be a deterrent to fully utilizing current CAC services. Additionally, when a case is referred to the CAC from an area without a functioning MDT, a coordinated response to the case and case review is unlikely to occur.

The NPEIV Plan recommends that CACs have the capacity to conduct forensic interviews within two hours of the report and referral. Using two hours or 120 miles as a guide, a map was created to show where additional services are needed to be able to access services within the recommended time frame. The map below indicates that providing MDT and CAC services in the northeast part of the state would make significant progress toward the goal of statewide coverage.



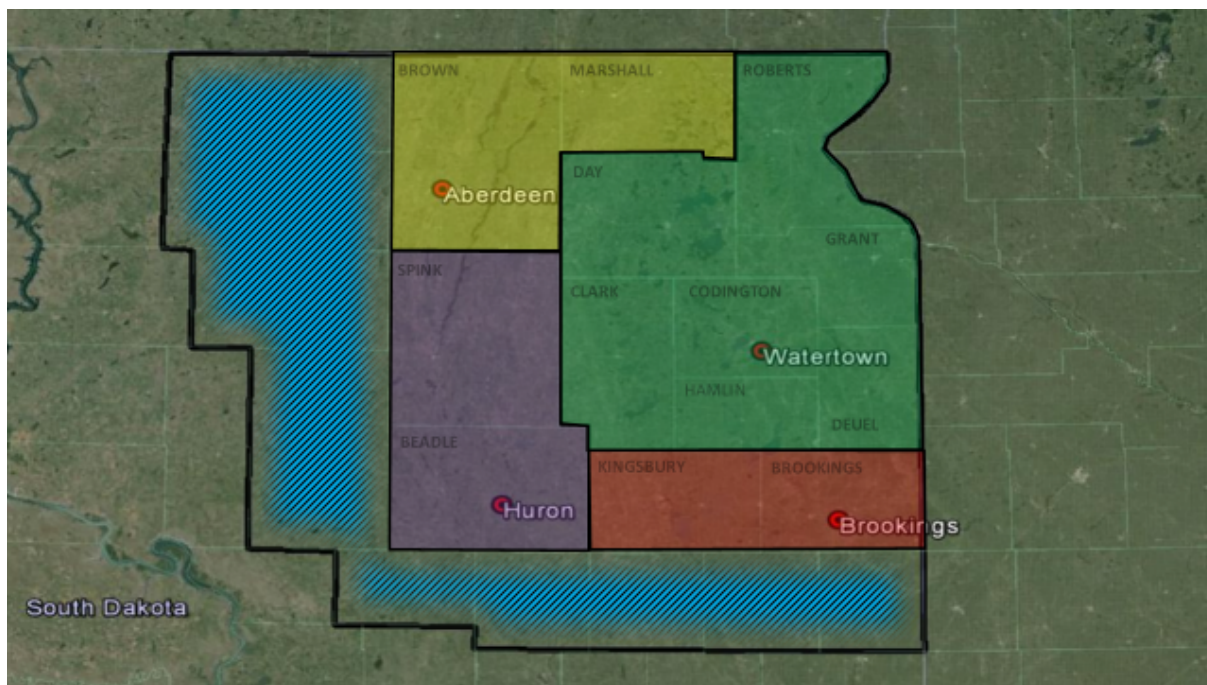
Nationally most MDTs are developed at the county level corresponding to local prosecutors' districts. Considering the sparsity of population in some areas of the state, we believe a regional approach to developing MDTs would be more practical in South Dakota. A regional team approach is not uncommon in South Dakota. South Dakota law enforcement uses a regional team approach with teams, such as Internet Crimes Against Children (ICAC) and South Dakota Department of Social Services uses a regional approach with CPS services.

It was determined that the map of the CPS Regions would serve as a guide to developing regional multi-disciplinary teams. Of the CPS regions, Regions 1 & 2 and Regions 6 & 7 would be combined to create 5 Regional MDTs of law enforcement, child protection, prosecution, mental health, medical and victim advocacy and CAC professionals with expertise in child sexual abuse cases - 5 Special Victim Unit (SVU) – Child Sexual Assault (CSA) - MDTs.



In addition to developing regional MDTs, we will need basic training for law enforcement, prosecutors, and child protection professionals and advanced training for MDT SVU-CSA members on child sexual abuse and the MDT/CAC response model in order to take this concept statewide.

Rather than attempting to manage a statewide expansion of the MDT/CAC model and related training all at once, it was decided to look at developing a pilot project in one region. Thirteen northeast South Dakota counties in CPS Region 5 were selected for the MDT SVU-CSA/CAC Pilot Project: Brown, Marshall, Roberts, Day, Spink, Clark, Codington, Grant, Hamlin, Deuel, Beadle, Kingsbury, and Brookings counties.



Regional MDT SVU-CSA Response Team Pilot Project Outline

The team would operate out of Watertown. This team would be responsible for the following:

- Case review management – Scheduling case review, providing a list of children seen by regional team members during, facilitate case review and manage meeting notes and data.
- Training – Provide direct training or arrange training for MDT local response teams to ensure all teams have up to date training to respond effectively to emerging trends in child abuse and neglect.
- Local MDT Oversight – Provide case review to help determine the strengths and weakness of Local MDT Response Teams. Provide communication for any problems which may need to be rectified by supervisors of the Local MDT Response Team members.
- Data Collection – Ensure pilot project has clear, measurable goals which will be reflected in the data collected and managed by Regional MDT Response Team.
- Identifying partners – Identify partners in the assigned region for mental health services, advocacy for children and families, travel and accommodations, if required for the investigation, and other victim services as determined through case review.
- Identify spiritual and cultural partners for the child’s healing.
- Coordinate Interagency Agreements.

Regional MDT Response Team Members would include DCI Law Enforcement, CPS Regional Manager, Regional Prosecutor (Deputy States Attorney for multiple counties), Medical provider trained in child physical and sexual abuse, Victim Advocate either from the CAC, or a community agency, CAC Forensic Interviewer or Director. The MDT may also need staff support, a person responsible for managing team and coordinating information, case reviews and data collection – generally this is the responsibility of the CAC, but could be done through law enforcement, prosecutor’s office, or CPS.

Local MDT SVU-CSA Response Teams are proposed as follows:

Aberdeen	Huron	Brookings	Watertown
LE	LE	LE	LE
CPS	CPS	CPS	CPS
Medical	Medical	Medical	Medical
Prosecution	Prosecution	Prosecution	Prosecution
Advocacy	Advocacy	Advocacy	Advocacy
Mental Health	Mental Health	Mental Health	Mental Health

Local MDT SVU-CSA Response Teams Responsibilities would include:

- Respond to all calls of reported child sexual abuse in local MDT region as well as possibly other regions if requested – refer all cases of suspected child sexual abuse to the CAC.
- Attend monthly case review, prepared to discuss cases from their local region as well as any other cases for which they may have responded as part of the regional response team.
- Complete data requests as needed for pilot study evaluation.
- Attend regular MDT training provided by Regional MDT SVU-CSA Response Team.
- Collaborate with Federal and Tribal MDTs for continuity.

Recommendations:

- Develop and implement a Regional MDT SVU-CSA Pilot Project in 13 counties of the northeast part of the state, headquartered in Watertown and coordinated with the nearest CAC in Sioux Falls.
- Identify an entity to provide oversight of the Pilot Project and future regional MDT development.
- Provide advanced MDT child sexual abuse training for MDT members.
- Provide first responder child sexual abuse training and training on the MDT/CAC model starting within the Pilot Project Region and expanding statewide.
- Define Child Advocacy Centers in South Dakota state statute.

FINDING: Delays in criminal child abuse cases can be detrimental to successful prosecution and the well being of the child victim. Time frame data for resolving criminal child abuse cases is needed to assess the extent of delays in South Dakota.

The task force became aware of prosecutors' concerns about the need to resolve criminal child abuse cases more quickly in South Dakota. UJS compiles data regarding civil abuse and neglect cases. However, court data was not readily available for criminal child abuse cases. In criminal child abuse cases, delays may result in loss of evidence, recantation and be detrimental to the child's ability to progress in healing from the trauma. Recognizing the special circumstances of child victims, the federal Victims of Child Abuse Act allows federal courts to give scheduling priority in cases of child abuse and to take into account the child's age and the impact of any delay in the proceedings on the child's well-being. An assessment of how quickly criminal child abuse cases are resolved in South Dakota is needed to determine if the best interest of child victims would be served by implementing means to resolve criminal child abuse cases more quickly.

The following was public testimony by a 17-year-old girl at a 2015 JLTF meeting:

I am a survivor of sexual abuse and I don't know if this is possible, but I figured that this would be the best place to see. When I was going through the legal process, there were a lot of things that made it really hard and I just wanted to see if it would be possible to change the accused having the right to face the accuser in cases of minors. Because that's what I was really hung up on. And I attempted suicide before I had to testify because I was afraid of going in front of my abuser. So I wondered if we could work to change that law in cases of minors.

In the SD Constitution (Article 6, Section) those accused have the right to "meet the witnesses against him/her face to face". SDCL § 19-19-806.1, statute in evidence code, creates an exception to the right to confront a witness for an out of court statement of a child under 13 if certain conditions are met.

In all criminal prosecutions the accused shall have the right to defend in person and by counsel; to demand the nature and cause of the accusation against him; to have a copy thereof; to meet the witnesses against him face to face... (§ 7. Rights of accused).

South Dakota 19-19-806.1. further defines that a statement made by a child under the age of thirteen, or by a child thirteen years of age or older who is developmentally disabled as defined in § 27B-1-18, describing any act of sexual contact or rape performed with or on the child by another, or describing any act of physical abuse or neglect of the child by another, or any act of physical abuse or neglect of another child observed by the child making the statement, not otherwise admissible by statute or court rule, is admissible in evidence in criminal proceedings against the defendant or in any proceeding under chapters 26-7A, 26-8A, 26-8B, and 26-8C in the courts of this state if:

- (1) The court finds, in a hearing conducted outside the presence of the jury, that the time, content, and circumstances of the statement provide sufficient indicia of reliability; and
- (2) The child either:
 - (a) Testifies at the proceedings; or
 - (b) Is unavailable as a witness.

However, if the child is unavailable as a witness, such statement may be admitted only if there is corroborative evidence of the act.

The Task Force identified the strong potential for re-victimization of child sexual abuse survivors between the ages of 13 – 17 with respect to South Dakota constitution/statute requirements.

Recommendations:

- Within the UJS Court Improvement Committee, identify and implement a method to identify the timeframes for resolution of criminal child abuse cases in South Dakota. Additionally reach out to federal partners, Federal Bureau of Investigation (FBI) and United States Attorney General (USAG) for same.
 - Work with the Unified Judicial System and States Attorneys to possibly revise statute regarding minors aged 13 – 17 needing to personally face their perpetrators in court.
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FINDING: In addition to training mandated reporters at the undergraduate and graduate education levels, mandated reporters in the field need training in how to recognize and report child abuse. South Dakota does not provide a free on-line version of such training, nor does the state require mandatory reporters to obtain training.

Research has consistently found that several reasons influence professionals' failure to comply with legal mandates to report suspected child abuse and neglect: inability to recognize signs and symptoms of child abuse and neglect, misunderstanding state child abuse and neglect reporting laws, and fear of negative consequences resulting from the report. (Alvarez, Kenny, Donahue, and Carpin, *Why are Professionals Failing to Initiate Mandated Reports of Child Maltreatment...?*, AGGRESSION AND VIOLENT BEHAVIOR 563, 2004). States are addressing training for mandated reporters already in the field in a number of ways. Some states have made on-line training available to mandated reporters, but have no requirements that ensure mandated reporters will take the training. Some states require mandated reporters to receive training. Florida, Illinois, Virginia, Texas, Vermont, and Wisconsin provide for training and require teachers or school district employees to receive training. Louisiana requires all mandated reporters to receive training. Pennsylvania and New York require the state professional licensing boards to include mandated reporter training as part of professional licensure requirements. Arkansas and Nevada take a different approach and require licensing agencies or employers to inform mandated reporters of their duty to report. Of the states that provide on-line training, about half provide it at no cost to trainees.

Recommendations:

- Provide an on-line training video for mandated reporters. (The Children's Justice Committee is moving forward on production of the video which is expected to be on-line mid-summer 2016).
 - Statutorily require annual training for all mandatory reporters. If the requirement needs to be incremental, and taking into consideration that half of child abuse reports are from schools, it is recommended that all school district employees be required to participate in mandated reporter training.
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FINDING: Professionals working with child sexual abuse cases are at a statistically significant risk for symptoms of vicarious trauma, compassion fatigue, secondary traumatic stress, or burnout. Improvement is warranted with South Dakota agencies in providing vicarious and secondary trauma prevention and intervention services for child abuse response professionals.

Research data provides statistics on the prevalence of vicarious trauma in child abuse response professions:

- Between 40% and 85% of “helping professionals” develop vicarious trauma, compassion fatigue and/or high rates of traumatic symptoms (Mathieu, 2012).
- 70% of master’s degree social workers exhibited at least one symptom of secondary traumatic stress (Bride, 2007).
- 70% of sexual assault therapists experienced vicarious trauma (Lobel, 1997).
- 33% of law enforcement showed high levels of emotional exhaustion and reduced personal accomplishment when consistently involved in child sexual abuse cases (Hawkins, 2001).
- 50% of child welfare workers experienced traumatic stress symptoms in severe range (Conrad & Kellar-Guenther, 2006) with 43% meeting post-traumatic stress diagnostic criteria (Bride, 2007).
- 34% of female forensic interviewers reported experiencing symptoms of secondary traumatic stress (Perron & Hiltz, 2006).

The Secondary Traumatic Stress Committee of the National Child Traumatic Stress Network has identified essential concepts for creating a trauma-informed system. NCTSN recommends trauma informed concepts directed at secondary traumatic stress be integrated into agencies’ direct services, programs, policies and procedures, staff development and training.

South Dakota CAC staff affiliated with hospitals reported a higher level of attention to secondary trauma prevention and intervention than child abuse professionals in other systems. However improvements in all systems employing child abuse professionals is warranted.

Recommendation: Public and private employers of professionals working with child victims of violence develop and implement written plans specifically for vicarious and secondary trauma prevention and intervention practices within their organizations and agencies.

K-12 Schools

School personnel identify 52% of all identified child abuse cases classified as causing harm to the child, more than any other profession or organizational type, including child protective services agencies and the police (Sedlak et al., 2010 *Fourth National Incidence Study of Child Abuse and Neglect*). And yet, research shows lack of preparation to be able to appropriately respond:

- Two-thirds of teachers do not receive specific training in preventing, recognizing or responding to child sexual abuse in either their college coursework or as part of their professional development (Kenny, M.C.,2004).
- 24% of school personnel have never received any oral or written guidelines on the mandated reporting requirements of their state (Sedlak et al., 2010).
- As many as 25% of child sexual abuse incidents identified by professionals not working specifically in child protection services are not reported, despite a mandated reporting law that requires it (Sedlak et al., 2010).

Researchers estimate that of the children that disclose having been sexually abused, 40% tell a close friend, rather than an adult or authority (Broman-Fulks et al., 2007).

With the schools being a consistent environment where children could safely disclose, the 2014 Jolene's Law Task Force conducted a survey of thirty-two random sample South Dakota schools with respect to child sexual abuse staff education, student curriculum and response to disclosure. In 2015, Amy Schweinle, Ph.D., William Schweinle, Ph.D., Ramu Sudhagoni, Ph.D., and Michael Lawler, Ph.D., from the University of South Dakota (USD) analyzed this data with the following summary findings:

- A common factor is that each school seems to be doing something different.
- Some schools were content with current programs and trainings, while others were not.
- Curriculum for students was often not formalized.
- Many of the programs did not specifically address sexual abuse, but abuse or stranger danger, in general.
- Most schools discussed mandatory reporting at the beginning of the year for staff or during annual trainings, and many were not formal.
- Frequent concern about and barrier to reporting was lack of knowledge about the topic and the process of reporting.
- Concerned about how difficult it is to discuss the topic within the school and with parents.
- Time and money are also barriers to designing and implementing staff training and a reporting system.

The 2015 Jolene's Law Task Force endorsed a proposal by above listed USD researchers to further study this issue in South Dakota in 2016. The intent would be to gather information from more schools, and obtain specific details about mandatory reporting and educating children about child maltreatment, including child sexual abuse. In particular, the interest would be about the frequency, scope, focus, satisfaction with and perceived effectiveness of current practices and what could be done in the future. There are two broad emphases that would require two surveys:

- First, what are schools doing with regard to child maltreatment including child sexual abuse and what can they do?

- Second, what are the confidence, knowledge, skill and ability of teachers, counselors, and other mandatory reporters with regard to the mandatory reporting process and implementing a curriculum about child maltreatment, including child sexual abuse?

Additionally within the role of professional school counselors, there is education and accountability with respect to student vulnerability, assessing personal crisis issues and appropriate response – including referral. The Task Force noted, however, that not all schools have counselors on staff and those that do have multi-faceted responsibilities with a large number of students that make it difficult to focus in one particular area.

Recommendations: K-12 Education

- Conduct proposed school survey in early 2016 to inform strategies for improved response and reporting in South Dakota K-12 schools.
- Provide education to all school personnel, not just teachers and administration, as children are more likely to disclose with those they trust regardless of role function.
- Collaborate with the school counselor state organization in development of strategies within schools.

Public Awareness

The Task Force explored national and regional campaigns for child sexual abuse public awareness. In South Dakota future strategies to inform the public must be evidence-based. Any development of a program at the state or local level must reflect the unique dynamics of our state and local cultural mores.

At this time, a public awareness campaign may be premature until further development of the response system. It will be important to have a strong network for our citizens to link with when concerned about child sexual abuse risk.

The intent of any campaign is to bring child sexual abuse out of the shadows as a topic, and arm South Dakota adults with language and response tools so that children are not re-victimized. Fully combating child sexual abuse requires removing the societal stigma about the topic, recognizing that it exists in our state amongst all populations, and having the courage to support our children and responsibly report.

Responsible adults that care deeply about our children need education on language of safety, such as “If anyone – even someone that you love and is taking care of you – touches you in a way that makes you feel uncomfortable, I want you to know that you can tell me and I will always believe you and always help”.

Recommendations: Public Awareness

- Increase public awareness of effective child sexual abuse and exploitation prevention strategies.
 - Frame prevention messages in ways that increase understanding of effective prevention strategies, provide positive developmental approaches, and motivate actions that will lead to social changes needed to support prevention.
 - Disseminate well-developed and tested messages through mass and social media in South Dakota, as well as through other creative technology, personal networks, and spheres of influence.
 - Increase effective educational efforts that promote social justice as well as healthy environments, relationships and sexuality.
- Move beyond the concept of “stranger danger” when addressing child sexual abuse.
- Do not use “good touch”, “bad touch” language in education/awareness language as proven to re-victimize the child.
- Develop bystander education to build skills on how to safely intervene and to be able to help a child in distress.
- Partner with statewide youth-serving organizations to expand public awareness and education.
- Provide community education on what elements constitute a safe environment for children.
- Provide language for adults to use when talking to kids that does not re-victimize, and creates a safe place for a child victim to disclose.

Overarching Recommendation: Continue Work in 2016

- **That a statewide coalition of vested entities regarding child sexual abuse be convened to:**
 - Develop ten year measurable goals for improvement in all recommendation areas.
 - Develop incremental benchmarks within the larger goals.
 - Design action plans to attain benchmarks and ten year goals.
 - Utilize evidence-based practice and research to inform action plans.
 - Secure funding (preferably grant support) and implement developed plan strategies.
 - Measure incremental outcomes to inform continued strategy or change of action steps.
 - Design statewide infrastructure that sustains the effort moving forward.
- **That the 2015 Jolene’s Law Task Force members be reappointed to:**
 - Meet at least twice in 2016 as the accountability body for the statewide coalition to assure that purpose and intent of the effort remains intact.
 - Assist in the design of future statewide infrastructure.
 - Foster a strengthening of the coalition that includes clarifying agency leadership roles.
 - Fund activities through a DOH grant within the South Dakota Network Against Family Violence and Sexual Assault.

Over this past year, multiple non-profit agencies within South Dakota have assisted in the work of Jolene's Law Task Force. Those identified as lead agencies were part of the design to continue moving forward. In 2016, it is recommended that at a minimum a representative from the following be a part of the Jolene's Law Coalition:

Department of Health • Department of Social Services • Department of Education • Division of Criminal Investigation • South Dakota States Attorney's • Unified Judicial System • South Dakota CACs • Children's Home Society • South Dakota Network Against Family Violence & Sexual Assault • State Sheriff's Association • USD • SDSU

Additionally it is recommended that the USD Center for Child Maltreatment provide the overall leadership to the Coalition, and that a project manager be engaged for 2016 to facilitate the work and assure recommendations continue to move forward.

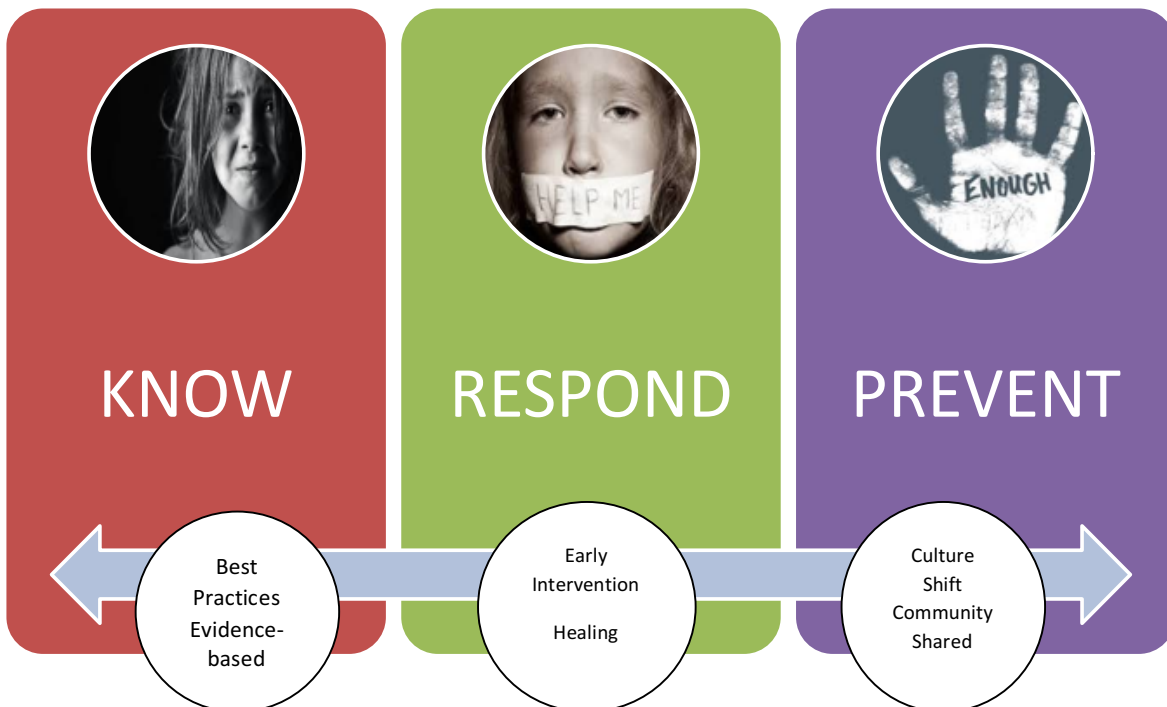
JOLENE'S LAW COALITION

Strong structure to move forward with best practices

Continue to raise child sexual abuse as a public health issue for our children

Know- Respond-Prevent

South Dakota Focus 2016 Ending Child Sexual Abuse



Lead Entities for South Dakota KNOW – RESPOND - PREVENT

USD Center for
Child
Maltreatment
KNOW

- Lead statewide collaborative with all schools that educate mandatory reporters
- Lead evidence-based/research work that informs Respond & Prevent, along with outcome measurement

CPS & CACs
5 Regions System
RESPOND

- Lead statewide collaborative to plan and implement identified response structure
- Lead statewide collaborative design of best practice CAC involvement in every case

Children's Home
Society
PREVENT

- Lead statewide collaborative for public awareness and prevention
- Lead statewide collaborative for K-12 education system