

ALASKA LEGISLATURE COMMITTEE FILES 1903-1900

4013 SJUD CHILD PROTECTION: SEXUAL ABUSE OF MINORS

889

B. Department of Public Safety, Commissioner Robert Sundberg

Sundberg recognized his responsibility, as mandated by the Governor, to spearhead the formation of a written protocol regarding state agency response to reported cases of child sexual abuse. It is his desire to report back to the legislature, as soon as possible, the completion of that task.

C. Council on Domestic Violence and Sexual Assault, Barbara Miklos

Miklos briefly outlined the purpose and activities of the Council, and pointed out three pieces of legislation which are of particular importance to the Council. Specifically, these bills are SCR 9, SB 447, and HB 568. It was suggested that, because the proposed protocol calls for cooperation from the local treatment agencies throughout the state, the Alaska Network on Domestic Violence and Sexual Assault should be included as a signatory on the protocol. Miklos responded that to include the Alaska Network as a signatory would be too time consuming, based on the fact that a consensus would be required from all Network programs, and would be difficult to accomplish in a timely manner.

D. Department of Law, Gayle Horetski, Assistant Attorney General

Horetski began by explaining that the Department of Law becomes involved in child sexual abuse cases on two levels: civil and criminal. In civil cases, they act as legal advisors to the Department of Health and Social Services when they must go to court with a Child in Need of Aid (CINA) petition. Two specific problems have been identified in this area. First, it has been noted that in Anchorage the court is often not granting the CINA petition if there is not an accompanying criminal charge. Also, there is sometimes conflicting court orders issued; the perpetrator may be ordered to treatment with the victim in the civil case, and ordered to stay away from the victim in the criminal case. Relating to criminal cases, Horetski made only one major point. The quality of the trial depends to a great extent on the skill of the individual officer who investigated the case. It was her request that "whatever else comes out of this meeting, we must realize that increased training of investigators is essential to improve the conviction rate in prosecutions of child sexual abuse. A case is often won or lost based on the quality of the initial interview."

III. The Justice System Response in Three Communities

A. Fairbanks

Three individuals involved with the Fairbanks Child Sexual Abuse Task Force were on hand to relay their experiences. These individuals were Jacquelyn DeHaven, Paralegal Assistant, Fairbanks District Attorney's Office; Rebecca Snow, Assistant Attorney General, Fairbanks; and Adie Goldberg-Yates, Counselor, Fairbanks Resource Center for Children and Parents. Ms. Snow

expressed the opinion that successful intervention in child sexual abuse is a long-term commitment. The first year of the Fairbanks Task Force involved a great deal of struggle between the various agencies involved because of the territoriality of responsibility - no one was willing to share their resources or wanted to give up any of their responsibility. However, a sustained effort has resulted in cooperation among the involved agencies. Ms. Goldberg-Yates discussed the issue of presumptive sentencing. As a counselor, she feels that presumptive sentencing has undermined efforts by local agencies to promote treatment for perpetrators. Treatment people had been able to use sentencing as a "carrot". They can no longer say, "cooperate in treatment and we will walk you through the legal system." Treatment teams are now at odds with the legal system as a result. Also, she felt that presumptive sentencing undermined Title 47, which encourages agencies to deal with the child within the context of the family. There is also a problem in Fairbanks in obtaining cooperation from the medical community. They have been unsuccessful in finding a pediatrician or family practitioner who is willing to put special efforts into dealing with the issue, and have found it difficult to get them into court when they need them. Ms. DeHaven briefly outlined the activities of the Special Assault Unit within the District Attorney's office. The unit is based on "vertical prosecution" - the child only deals with one attorney from start to finish. During the initial investigation, a joint interview is conducted by the attorney and police investigator. They have set up a special room for this purpose with toys, small furniture, and an environment in which the child may move around during the interview and be more comfortable. With increased cooperation among the various agencies, they have seen an increased conviction rate in prosecutions for child sexual abuse. Ms. DeHaven noted two changes in the system which would make them even more effective: 1) a hearsay evidence law, and 2) better training of police officers and troopers in investigative and interviewing techniques for this specialized area. Ms. Snow closed with the comments that a state level protocol must also have grass-roots level support, and that it is unreal to issue a state-wide protocol without addressing what will be happening in more remote areas.

#### B. Soldotna, Duane Udland, Chief of Police

Mr. Udland presented the Kenai Peninsula Child Sexual Abuse protocol, stating that it has brought some agreement among the agencies involved. Mr. Udland agreed with previous speakers that increased on-going training of police officers is essential, and that presumptive sentencing is harmful from a treatment perspective. He suggested the use of plea bargaining to reduce the charges in order to avoid presumptive sentencing. In the future, he would like to see the reporting law changed to require individuals to report to law enforcement agencies rather than to the Department of Health and Social Services. He was also critical of the fact that although juvenile offenders are not treated like adults, juvenile victims are thrown into the adult system.

#### C. Anchorage, Victor Krumm, District Attorney

Mr. Krumm suggested the need for a "Child Sexual Assault Center" - one centralized facility - a "think tank" that can put together all victim services. He noted that children who are not victims of incest need to be covered more fully - DFYS has no authority in cases other than incest. It was mentioned at this point that there is no legal sanction requiring families to seek treatment for victims.

#### IV. Suggestions to Improve the System's Response

Mr. Hickey stated that the premise of the Agreement under consideration was

- 1, To establish a basic "flooring" of state services through which nobody would fall,
- 2) To establish the concept of an umbrella of services,
- 3) A clear statement from a high level of state government that this is a priority.

In summary, all members of the Criminal Justice Working Group will be studying the attached draft for a Child Sexual Abuse Agreement for Alaska and will make recommendations at their next meeting. While there is some disagreement regarding how specific or how general the agreement should be, there is a consensus that swift action on their part will help ensure increased funding for child sexual abuse programs in the FY 86 budget.

Two overriding themes emerged from the testimony of the guest speakers:

- 1) There is an enormous need for increased training of law enforcement officers and others involved in investigation and interviewing of child sexual abuse cases, and
- 2) Presumptive sentencing is not an effective means of dealing with the problem. Although there are individuals for which the mandatory sentence is suitable, it is counter-productive from a treatment perspective.

## WHO MAY BE INVOLVED WITH MY FAMILY?

In the civil CINA proceeding there may be the DFYS social worker; an assistant Attorney General, who represents DFYS; a guardian ad litem to represent the best interests of the child; an attorney for each parent; and mental health professionals who do evaluations and treatment. In addition, in the criminal case, the police, District Attorney, and possibly a probation officer will be involved.

## WILL OTHER PEOPLE KNOW?

All of the professionals involved will keep information they learn confidential. However, criminal proceedings are public and some information may be revealed in the criminal court process.

## HOW DO WE GET HELP?

Your DFYS social worker can recommend mental health professionals who have specialized training in child sexual abuse. Individual, family and group therapy are often needed by each family member. Treatment should begin as soon as possible. Payment is the responsibility of the parents. If there is a problem, you should talk with your social worker.

Many communities have support groups for members of families in which child sexual abuse has occurred. Your DFYS social worker will know if these are available in your community.

## HOW LONG WILL ALL THIS TAKE?

It may be many months before the civil and criminal court proceedings are finished. Even if it happens more quickly, it will seem like a very long time. During this time, and usually for a year or more after, DFYS stays involved. Treatment usually lasts a year or more also.

## IS MY FAMILY GOING TO BE SPLIT UP FOREVER?

DFYS always tries to help the family be a resource for the child. During treatment there is usually no contact between the offender and victim except when approved by DFYS. This usually means the spouses are apart, at least for a time. During treatment, the adults evaluate their relationship and decide about their future. The outcome of the criminal case also affects whether the family is able to be together or not.

The child is helped in treatment to try to strengthen the relationship with the non-offending parent and to reestablish a safe, caring relationship with the offending parent. Whether the child will ever be able to live in the same household with the offender depends on individual circumstances.

## CHILD SEXUAL ABUSE

### IN MY FAMILY

...

### WHAT NOW?



State of Alaska  
Department of  
Health and Social Services  
Division of  
Family and Youth Services

January, 1984

### WHAT KIND OF SEXUAL ABUSE CASES DOES THE DIVISION OF FAMILY AND YOUTH SERVICES (DFYS) GET INVOLVED WITH?

DFYS must become involved when a child is sexually abused by a parent, by someone caring for the child, or by someone staying in the home.

### WHAT DOES THE SOCIAL WORKER DO AFTER RECEIVING THE REPORT OF SEXUAL ABUSE?

The social worker will usually talk with the child, the person who the child told, and the non-offending parent. Sometimes the social worker also talks to other people who may know something about the report. When possible, a police officer will be with the social worker during these interviews. Usually, the police officer will talk to the alleged offender.

### WILL THE POLICE BE NOTIFIED?

Yes. Sexual abuse of children is a serious crime. The police will often take part in the first interviews, and will continue their own investigation in cooperation with the District Attorney's office.

### WILL THE OFFENDER GO TO JAIL?

In the criminal case, the District Attorney will decide whether to have the offender prosecuted and arrested. If the District Attorney's office brings charges and the offender pleads guilty or is convicted, the offender may be sentenced to jail.

### WHAT HAPPENS TO MY CHILD?

Sometimes the child will be placed in foster care right after the report is received. This happens when DFYS takes emergency custody. After talking with the non-offending parent, the child, and other people, the social worker may decide the child can stay at home or stay with a relative or friend where the child can be protected. At other times, the child will need to stay in foster care. In every case in which the child stays in foster care, the court will be involved.

### HOW DOES MY CHILD FEEL?

Immediately after your child tells someone, your child has lots of mixed feelings, which often include relief, fright, anger, and betrayal. The child may feel he or she is at fault. A child may become so afraid of what will happen that he or she will take the report back hoping that now the abuse will stop.

Because of the emotional confusion the child feels, the child may have problems with withdrawal, angry outbursts, suicide attempts, truancy, drug and alcohol abuse, inappropriate sexual behavior, and physical ailments. Other children may show no outward signs, but all children experience strong feelings.

### WHAT CAN I DO TO HELP MY CHILD?

Most important is to believe and care for your child. You should also cooperate with the helping professionals.

Although the non-offending parent is having a hard time dealing with everything that has happened, the parent needs to give support to the child. Even with the belief and support of the non-offending parent, the child's problems may take time to resolve.

### DO I HAVE TO GO TO COURT?

In nearly every sexual abuse case, the social worker will file a petition with the court which describes the child's situation and asks the court to give DFYS custody. This civil court action is called a child in need of aid (CINA) proceeding. There may be a separate criminal case which is handled by the police and the District Attorney.

In the civil CINA proceeding, there is usually more than one court hearing. The CINA petition usually asks for two years of custody, but the actual length of separation will depend on the individual circumstances. The court may also impose other orders about contact between the offender and the family, evaluations, counseling, support groups, visiting, and child support. In the CINA proceedings, both legal parents have a right to participate and to be represented by an attorney.

Statistics on Child Abuse and Neglect for 1983

Division of Family and Youth Services

Physical Abuse: 1,458

Neglect: 3,497

Sexual Abuse: 619

REPORTED PHYSICAL AND SEXUAL ABUSE CASES  
FY 83

Definitions

1. Substantiated: Cases where there was sufficient evidence to support a child in need of aid determination and/or criminal action;
2. Unsubstantiated: Cases where the social worker believes that an incident occurred; however, the child was too young to have a provable case, there was insufficient evidence, or the child's safety was ensured;
3. Unconfirmed: Cases where there was insufficient evidence to determine the incident occurred.

Sexual Abuse

<u>Region</u>	<u>Substantiated</u>		<u>Unsubstantiated</u>		<u>Unconfirmed</u>		<u>Total</u> #
	#	%	#	%	#	%	
Southcentral	146	60%	56	23%	41	17%	243
Northern	42	34%	57	47%	23	19%	122
Northwestern	7	46%	4	27%	4	27%	15
Southeastern	68	72%	19	20%	7	8%	94
Western	29	60%	15	31%	4	9%	48
Grand Total	292	56%*	151	29%*	79	15%	522

\* Substantiated and unsubstantiated reports total 85%.

Physical Abuse

<u>Region</u>	<u>Substantiated</u>		<u>Unsubstantiated</u>		<u>Unconfirmed</u>		<u>Total</u> #
	#	%	#	%	#	%	
Southcentral	149	55%	89	33%	33	12%	271
Northern	36	25%	88	61%	21	14%	145
Northwestern	5	42%	7	58%	-0-	-0-	12
Southeastern	63	50%	34	27%	29	23%	126
Western	13	65%	6	30%	1	5%	20
Grand Total	266	46%*	224	39%*	84	15%	574

\*Substantiated and unsubstantiated reports total 85%.

DFYS TRAINING TOPICS FOR FY 84

1. Sexual Abuse of Children
2. Building Family Traditions
3. Adolescent Substance Abuse
4. Hand to Reach Youth
5. Circle of Life
6. Cross/Cultural Issues in Treatment
7. Sex Offender Treatment
8. Counseling Techniques
9. Legal Intake Procedures
10. Probation Work Overview and Update
11. Entry Level Training for DFYS Social Workers
12. The Resistant Client
13. Training for Foster Parents
14. Caseload Management
15. Elder Abuse
16. Adoption Disruption
17. Behavior Management

Sexual Abuse Workshops are scheduled as follows:

Southcentral Region	May 30 - June 1
Sitka Symposium (Tentative Agenda attached)	May 16, 17, 18
Southeastern Region	June 14 & 15
McLaughlin Youth Center Treatment of Adolescent Sexual Offender	Dates undecided
Northern Region Nome Area	March 21 - 23 June, 1984

TENTATIVE AGENDA

GOVERNOR'S SYMPOSIUM ON  
CHILD ABUSE AND NEGLECT

May 16, 17, and 18, 1984

SITKA, ALASKA

Wednesday - May 16, 1984

6:30 - 8:00 p.m. Reception & Registration

Thursday - May 17, 1984

8:30 - 9:00 a.m. Welcome, The Honorable Senator Richard Eliason

9:00 - 10:00 a.m. Keynote Address "Providing a Safe Society for  
Children" - Dr. Donald C. Bross, Executive Director  
of the National Association of Counsel for  
Children

10:00 - 10:15 a.m. Break

10:15 - 10:30 a.m. Special Remarks, The Honorable Representative  
Peter Goll

10:30 - 11:45 a.m. Panel of Southeast Legislators - "Children: Our  
Most Valuable Natural Resource" - Moderator:  
John Pugh, Deputy Commissioner, DHSS

11:45 - 12:00 Noon Break

12:00 - 1:30 p.m. Luncheon/Speaker Shelley Brazier, Director  
Region IX Center for Children, Youth and  
Families "Networking"

1:30 - 4:30 p.m. Workshops

A. Foster Care - Ray Curtis

B. Panel: "Sexual Offender Treatment - Does  
It Work?"

Moderator: Myra Munson, MSW  
Assistant Attorney General

Participants: Anna Giarretto  
Stephen C. Wolf, Northwest  
Treatment Associates  
Lucy Berliner OR  
Doris Stevens, Harborview  
Sexual Assault Center

- C. Substance Abuse - Glenn Lambert, Director,  
Odyssey House, Salt Lake City, Utah
- D. Mental Health - Dr. David Kapuzzi, Portland  
State University

Friday - May 18, 1984

8:30 - 10:00 a.m. Panel of Southeast Human Service Providers:  
"Tying it Together in Southeast"  
Moderator: Wes Terwilliger, Director, Gateway  
Mental Health

10:00 - 10:15 a.m. Break

10:15 - 11:45 a.m. Panel "Networking: Future Directions"  
Moderator: Bruce Garberding  
Participants: Work Shop Presenters

11:45 - 12:00 Noon Break

12:00 - 1:30 Governor's Address/Luncheon

1:30 - 4:30 p.m. Workshops

- E. Foster Care - Ray Curtis
- F. Child Sexual Abuse - Anna Giaretto
- G. Domestic Violence - Susan Shechter,  
Director, Womens Educational Institute  
at the Center for Democratic Alternatives
- H. Schools & Human Services  
Bruce Garberding, MSW, ACSW

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*Jbx Protocol*

## Protocol for Child Sexual Abuse Cases

CPS/Police

### I. Timely Notification of Police by CPS

On receipt of a referral which appears to relate to possible sexual abuse, a DFYS intake worker will obtain as much preliminary information from the referrant as is available and make a judgment as to whether or not sexual abuse is likely in the case as presented. If the preliminary inquiry produces significant indication of sexual abuse, the intake worker will immediately contact the appropriate police agency to notify them and to agree on the earliest possible time for a joint interview.

### II. Joint Interview

Whenever possible, the victim shall be interviewed by the assigned police officer, intake worker, and assistant district attorney in order to minimize the number of interviews required. When such an interview has been scheduled, the police officer shall contact the Special Assault Unit of the District Attorney's office to coordinate an assistant district attorney's attendance at the joint interview. Such interviews will whenever possible be video taped. Also, whenever possible they will take place in the special interviewing room at the courthouse.

### III. CPS Investigation

The CPS investigation and initial interviews will focus on the child-victim and other nonoffending family members, not on the alleged offender. Since the legal rights of the alleged offender may be compromised if statements are made prior to constitutional cautions being given, there should be no interrogation of the alleged offender by CPS in regard to the specific allegations until after the police investigator has interviewed the offender and has agreed to any CPS interview. It is the responsibility of the assigned police officer to interview the alleged offender and to carry out an investigation which may result in criminal charges being filed.

If in the initial CPS family interview, the alleged offender is present, it is appropriate for the CPS worker to notify him of the allegations, to explain the CPS role in the investigation, to inform him that state law requires CPS to report the situation to the police and to inform him that there is the possibility of criminal charges. The CPS worker shall not give legal advice to the alleged offender, nor shall she/he make statements about the police investigation other than the fact that there may be one.

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IV. Cases With Inconclusive Evidence

Those cases where the police investigation produces insufficient evidence to support criminal charges, the assigned police officer will prepare an offense report to keep on file in the criminal justice computer system in the event of future offenses. This information will only be available to people within the criminal justice system and to CPS.

V. Statute of Limitations

CPS workers shall forward referrals of child sexual abuse to the police whether or not the time of the offense is beyond the statute of limitations. Timely notification to the police is important.

Any question in regard to this protocol should be directed to:

AGENCIES REPRESENTED ON THE FAIRBANKS INTERAGENCY CHILD SEXUAL ABUSE TASK FORCE  
APRIL 9, 1984

1. Division of Family and Youth Services
2. Fairbanks Youth Facility
3. Juvenile Intake Unit
4. Juvenile Corrections
5. Office of the District Attorney
6. Office of the Attorney General
7. Public Defender Agency
8. Alaska State Troopers
9. Fairbanks Police Department
10. Adult Probation and Parole
11. Child Custody Investigator
12. Resource Center for Parents and Children
13. Women in Crisis
14. Fairbanks Community Mental Health Center
15. Fairbanks Counseling and Adoption
16. Fairbanks Native Association Community Services
17. Family Focus
18. Adults Molested as Children Group
19. Army Community Services
20. Army Community Mental Health
21. Eielson Clinic (Eielson Air Force Base)
22. Terry Foster (attorney in private practice)

*Per Dan Hickey*

*Defendants  
# of Offenses*

SEXUAL ASSAULTS - MINORS\*  
01/01/84 - 03/30/84

	ANCHORAGE	FAIRBANKS	BARROW	BETHEL	JUNEAU	KENAI	KETCHIKAN	KODIAK	NOME/ KOTZEBUE	PALMER/ VALDEZ	SITKA	TOTAL
Referred for Prosecution	30 (76)	9 (22)	2 (3)	3	6 (10)	6 (7)	6	1	8 (14)	5 (20)	3 (6)	79 (158)
Accepted as Referred	11 (52)	7 (20)	- (1)	-	4 (8)	2	5	-	3 (9)	3 (18)	1 (2)	36 (110)
Accepted Higher Felony	4 (6)	-	-	-	-	-	-	-	-	-	-	4 (6)
Accepted Lesser Felony	2	2	2	-	-	1	-	-	1	-	-	8
Accepted as Misdemeanor	-	-	-	-	-	1 (2)	-	-	1	-	-	2 (3)
Prosecution Declined	13 (15)	1	-	3	2	3	1	1	3	2	2 (4)	31 (19)
Guilty Plea as Charged	10 (30)	1 (3)	-	-	3 (5)	-	2	1	-	-	-	17 (38)
Guilty Plea as Amended	1 (5)	-	-	-	2	1	-	-	-	-	-	4 (5)
Dismissed	4 (21)	1 (3)	-	-	1	1	2	-	-	-	-	9 (24)
No True Bill	-	-	-	-	-	-	-	-	-	-	-	-
Jury Trial - Guilty	4 (8)	1 (8)	-	-	1 (3)	-	-	1	-	1 (1)	1	9 (20)
Jury Trial - Not Guilty	- (3)	-	-	-	-	-	-	-	-	(1)	-	(4)
Jury Trial - Hung	3 (8)	-	-	-	-	-	-	-	-	-	-	3 (8)
Court Trial - Guilty	1 -	1	-	-	-	-	-	-	-	-	-	2
Court Trial - Not Guilty	-	-	-	-	-	-	-	-	-	-	-	-

*Total disposed 23*

\* This chart depicts actual criminal case prosecutions handled by the criminal division of the Department of Law during the first quarter of 1984. Additionally, during this period the division opened 15 investigative files which involve assistance provided to law enforcement agencies in cases involving sexual assaults against children.

Accepted

Draft of Agency Protocol: Child Sexual Assault/Abuse VictimsPurpose:

The purpose of this protocol is to provide procedures and guidelines to agencies on the Kenai Peninsula who assist child assault/abuse victims.

Agencies:

This protocol is accepted by and applicable to the following agencies:

Alaska State Troopers - Soldotna  
Central Peninsula General Hospital  
Central Peninsula Men's Health Center  
Kenai Police Department  
Soldotna Police Department  
South Peninsula Women's Services  
Women's Resource and Crisis Center  
Division of Family and Youth Services  
South Peninsula Hospital

Definitions:

1. Child Sexual Abuse means any sexual assault, contact or sexual exploitation of a person under the age of 18 by another person, whether within or without the confines of a family relationship.
2. Child Abuse or Neglect means the physical injury, sexual abuse, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare (or as a result of conditions created by the parent, custodian, or guardian) under circumstances which indicate that the child's health or welfare is harmed or threatened thereby.

## I. Protocol for Women's Center Programs

## A. Direct services to victims

1. Assure that the victim is safe and assess the need for medical attention. Report incident immediately to law enforcement agency *DFYS*
2. Provide support, information and crisis intervention and counseling services to victim, guardian, and significant others.
3. Provide emotional support through the investigative process.
4. Inform victim that reporting is mandatory.
5. Make medical referral were necessary.

## B. Evidence Collection

1. Where appropriate and with guardian's consent, provide transportation of victim to and from police station and/or hospital.
2. Inform victim about police and hospital evidence collection.
3. Inform victim about preserving evidence, i.e. victim should not bathe, change clothes, douche, or tamper with scene of assault, etc.
4. If requested by the victim, and guardian, be present during the hospital exam.

5. Provide appropriate information about assault to police.

C. Interviewing

1. Inform victim and guardian that police and/or Division of Family and Youth Services (DFYS) interview will occur.
2. If requested by the victim, and guardian, be present and provide silent emotional support during the police interview.
3. Be available to provide follow-up information to police officer and/or DFYS.

D. Reporting

1. If under 18 years of age, notification of DFYS and/or law enforcement is mandatory.

E. Follow-Up

1. Provide long-term support and/or counseling to victim, guardian, and significant others.
2. Provide advocacy and support to victim, and/or guardian during trial/court procedures.
3. Provide feedback to other agencies with respect to protocol.
4. With consent, provide information about victim's status to relevant agencies.

## II. Protocol for Central Peninsula General Hospital

- A. Notification of police/DYFS is mandatory if there is a suspicion that physical or sexual abuse or neglect has occurred (if victim is under 18).
- B. Request guardian's consent to release hospital records in the event criminal prosecution becomes an issue.
- C. Get a good history - subjective and objective, what action the patient has taken since the alleged assault, i.e., douche, bath, etc. Note patient's emotional state, (hysterical, alcoholic, stoic, etc.), and where appropriate last menstrual period, previous voluntary coitus, date and time.
- D. Sexual Assault: Collection of specimens by the doctor with assistance from the nurse.
  1. Physician should stand the patient over paper sheet to undress. Fold this sheet and place in brown paper bag and label.
  2. Put patient's clothing in separate paper bags. (NOT plastic). Use large bags for large clothing and smaller bags for small items. Label with patient's name, date, contents.
  3. Using a clean, sterile comb, comb the pubic area of all loose hair. Place hair and comb in a white envelope, label: PUBIC COMBINGS
  4. Use scissors and cut 12 pubic hairs. Place on a clean piece of white paper, fold and put in white envelope, label: KNOWN PUBIC HAIR SAMPLES, patient's name and date.
  5. 12 hairs from the patient (the patient may do this if she wishes) do not cut hair. Place on a clean piece of white paper, fold and put in white envelope, label: KNOWN HEAD HAIR SAMPLES, patient's name and date.
  6. Collect any other foreign debris that is found. (Includes soil, fibers, hair, grass, etc.) Place all debris collected on a white paper and place in an envelope, label: DEBRIS COLLECTION, patient's name and date.
  7. With an orange stick have patient clean fingernails, put scrapings on a clean white sheet of paper, fold and put in a clean white envelope. Use a clean paper and envelope for each hand, label: FINGERNAIL SCRAPINGS RIGHT AND LEFT HAND, patient's name and date.
- E. Sexual Assault: Collection of laboratory specimens by physician.
  1. VAGINAL SWAB (posterior fornix) - Wet mount preparation. Place 5cc saline in test tube, swab fornix and place swab in saline. Physician check for motility.
  2. VAGINAL SWAB FOR ACID PHOSPHATASE - Place in dry tube - label: VAGINAL SWAB FOR ACID PHOSPHATASE, patient's name, date, and nurse's initials. Physician check in lab.
  3. RECTAL SWAB - Place in dry tube - label RECTAL SWAB, patient's name, date and nurse's initials.
  4. ORAL SWAB - (If oral penetration) - Place in dry tube - label ORAL SWAB, patient's name, date, and nurse's initials.
  5. VAGINAL WASHING - 5cc or less of saline - Place in test tube - label: VAGINAL WASHING, patient's name, date and nurse's initials.
  6. VULVA WASHING - 5cc or less of saline - Place in test tube - label: VULVA WASHING, patient's name, date and nurse's initials.
  7. RECTAL WASHING - 5cc or less of saline - Place in test tube - Label: RECTAL WASHING, patient's name, date and nurse's initials.

8. PHOTOGRAPHS - Physician should take photographs of any severe bruises or trauma. Label.

F. Physical Abuse: Collection of Evidence

1. Get a thorough history from the victim (both subjective and objective)
2. Have victim completely undress.
3. Document on chart any marks on body.
4. Photograph any evidence of trauma and label.
5. If appropriate (i.e., if the victim scratched the assailant), take scrapings from under fingernails. Use an orange stick and put scrapings on a clear white sheet of paper. Fold and put in a clean white envelope. Use separate paper and envelope for each hand and label: FINGERNAIL SCRAPINGS RIGHT/LEFT HAND. Also put the patient's name and the date on envelope.
6. Take appropriate x-rays and lab tests.
7. Notify law enforcement agency that the examination is complete, and provide appropriate information about assault to police.

G. By Lab Technician:

1. FOR GROUPING - Collect in Heparin - green stopper vacutainer.
2. Draw one extra tube of Heparinized blood and one extra tube of blood in Fluoride for possible Drug and Alcohol analysis.

When all specimens are obtained, bag together and give to Authorities.

H. Make no conclusions as to the question of abuse.

1. The record should contain the patient's statements. It should give descriptions of the physician's findings and what she/he did. It should state to whom she/he delivered specimens, clothing or photographs. The physician should remember that both she/he and the record may be subpoenaed and that she/he may be required to testify. All information should be exact and detailed to avoid any misinterpretation.

I. Where necessary, protect against disease, pregnancy, and psychological trauma.

1. The attacker may have had a venereal disease. For this reason, with the written consent of the patient or family, some physicians customarily give prophylactic antibiotic therapy.
2. The patient or parents should be counseled regarding the possibility of pregnancy occurring.
3. All patients should be followed. The possibility of delayed psychological effects on victim and parents must be remembered. The family physician or a family pediatrician is best suited for patient follow up.

J. Notify law enforcement agency that examination is complete and evidence is available for police use.

### III. Protocol for Law Enforcement Agencies

#### A. Direct services to victim

1. Inform Division of Family and Youth Services of alleged assault immediately, and make reasonable effort to involve them in preliminary interview.
2. Assure that the victim is safe and provide for victim's medical and personal needs.
3. Provide relevant information to victim and significant others about options for an advocate to be present and/or counseling services.
4. Upon victim's or guardian's request, notify local women's center program or local mental health center.
5. Officer provide victim with relevant information about investigative process.

#### B. Evidence Collection

1. Provide information about the assault to the examining physician.
2. Instruct physician in proper collection of evidence techniques and what specimens are needed.
3. Inform victim about preserving evidence when relevant.
4. Retrieve evidence from hospital.

#### C. Interviewing

1. Provide a safe, private place for interviewing the victim.
2. Allow time to develop rapport with victim. Remain calm and respect the victim's feelings.
3. Encourage victim to take time in telling the story, allow silences or breaks in the story, and allow victim to finish own sentences and thoughts.
4. When discussing the sexual assault, insure that you clearly understand the victim's terms and phrases (rather than using terms like fellatio and sodomy, simpler phrases may be essential for clear communication). Use anatomically-correct dolls if necessary.
5. Acknowledge the possibility of temporary memory loss due to shock or trauma, and encourage the victim to recontact the police if additional details are recalled.
6. If another party is present, do not direct questions or comments to the third party.
7. Do not allow personal biases about sex roles to influence the interview.
8. Commence taping when rapport established and appropriate interview foundation has been laid.
9. Some suggestions for conducting sexual assault interview:
  - a) When addressing any issue in the interview, always ask who, what, when, where, how, and why.
  - b) When and where did the victim see the suspect?
  - c) How did the victim meet the suspect?
  - d) Were there any possible witnesses such as a bartender, taxi driver, etc.?
  - e) Did the suspect ejaculate? If so, where? (Advise the victim of the evidence value and do not make it sound sexual.)
  - f) What did the victim do after the assault (change clothes, douche, use mouth wash, etc.)?

- g) Has the victim had consensual intercourse within the last 72 hours? Emphasize the fact that you are not prying into the victim's private life, but the information is necessary to avoid contamination for tests on semen.)
  - h) Is the suspect known to the victim?
  - i) Can the victim identify the suspect?
  - j) A detailed description of the suspect, including any physical abnormalities, clothing, and/or jewelry should be included.
  - k) Get a description of the suspect's vehicle, if suspect had one. Also, find out in what direction the suspect's vehicle traveled after the assault.
  - l) A description of place where assault occurred.
10. If offense is child abuse/neglect, interview accordingly.

#### D. Reporting

1. Notification of Division of Family and Youth Services is mandatory.
2. The District Attorney's office will be notified within 12 hours after assault has been reported.

#### E. Follow-Up

1. Where necessary and appropriate perform follow-up interview with victim.
2. Provide feedback with respect to protocol to relevant agencies.

#### IV. Protocol for Mental Health Centers

##### A. Direct services to victims and significant others

1. Assure immediate safety of victim and assess need for medical attention.
2. Attend to immediate psychological/emotional needs of victim and significant others. (crisis intervention model).
3. Provide relevant information to victim about options for advocacy and counseling services.
4. Report incident immediately to DFYS and/or law enforcement agency.
5. Inform victim, guardian and/or significant others that notification of DFYS/law enforcement is mandatory.

##### B. Evidence Collection

1. Where appropriate, inform victim and significant others regarding police and hospital evidence collection procedures.
2. Inform victim and significant others regarding likelihood of interview with law enforcement and DFYS.
3. Provide appropriate information regarding assault to law enforcement agency.

##### C. Follow-Up

1. Provide follow-up of victim and significant others through to resolution of crisis.
2. Where necessary, provide long-term psychotherapy to help victim cope with current stress and develop greater capacity to cope with future stress.
3. Where appropriate, act as liaison for victim with other agencies (with consent).
4. Provide relevant feedback with respect to protocol to other agencies.

## V. PROTOCOL FOR DIVISION OF FAMILY AND YOUTH SERVICES

### A. ASSISTANCE:

1. Remove perpetrator immediately.
2. Refer guardian/mother and child to local mental health center or appropriate agency.
3. Transport child to physician if physical abuse or if recent sexual abuse has occurred, or have parent transport.

### B. INVESTIGATION:

1. Brief interview with child. Explain who I am, what will be happening.
2. Inform guardian/child of necessity to report to Department of Law.
3. Set up joint law enforcement/S.W. interview, inform victim/guardian of option for advocate being present. Limit the number of interviews.
4. Take emergency custody of child if cannot be protected in home.
5. File CHINA petition through attorney general's office.

### C. REPORTING:

1. Notify Department of Law within 3 days in writing.
2. Notify local law enforcement immediately to assure safety of child.

### D. FOLLOW UP:

1. Probable cause hearing within 48 hours - ask for temporary custody, providing for physical custody with nonabusive parent if perpetrator not in home, no contact, and all in therapy.
2. Refer family to local mental health center or other mental health professional for assessment. (Four to six weeks). Evaluation to determine perpetrator's prognosis for treatment. Write treatment plan based on evaluation results.
3. Adjudication hearing. Child found to be CHINA. Orders continue in effect. (Eight to twelve weeks).

4. Treatment plan assessment with SW, family and therapists.
5. Predisposition report filed by SW - 10 days before disposition hearing.
6. Disposition hearing and order. Child in State's custody, placed in home if perpetrator out of home or when recommended by treatment team. Periodic reviews of treatment ordered.

Bethel

AGREEMENT BETWEEN DFYS AND THE CHILD SEXUAL ASSAULT CASE TEAM

Bethel, Alaska  
July 20, 1982

The goals of the Case Team are: (a) to screen cases of child sexual abuse making multi-disciplinary expertise available at the start of the case; (b) to use the body of information developed to try to bring about systemic change, in cooperation with the bodies represented; (c) to improve inter-agency communication; (d) to provide support to DFYS and to assist the development of comprehensive service plans; (e) to monitor the delivery and follow-up of child protective services for CSA cases. The Case Team will be a consultive body whose function will be to make recommendations to those who bring cases or attend staffings, but not to take independent action. The Case Team binds itself to confidentiality. Professional persons outside the Case Team who already have involvement with a case may bring cases to staffings.

Members of the Case Team are:

Dwayne McConnell - D.A. (When he cannot attend Brian Schuler or Susie Kaltenbacher)  
Dr. Jill Seaman - P.H.S. Hospital  
Dave Martens and Mary Abruska - DFYS  
Barbara Brown - CSAP  
Daniel Bill - YKHC Mental Health

The Case Team will meet weekly (every Monday 8-9 at the Hospital for now). The DFYS member will bring all reported cases (as of Wednesday previous week) to each week's staffing. Barbara Brown will check with DFYS workers each Wednesday to determine the number of cases for scheduling purposes. Review cases may be scheduled if there are few new cases.

If there is a change in the membership of the Case Team or in the confidentiality commitment, this agreement will become void.

CASE TEAM MEMBERS

[Signature]  
Jill Seaman  
Dave Martens  
Mary Abruska  
Barbara Brown CSAP

DFYS

Gloria S. Hawkins  
DFYS: W. Reg. Mgr.

## Southwestern Alaska Council for Prevention of Child Sexual Abuse

Many agencies and individuals in Bethel got together to form the Southwestern Alaska Council for Prevention of Child Sexual Abuse. The program began in April, 1982, with the goals of helping the public to learn about the problem of child sexual abuse; teaching children how to protect themselves and coordinating communication between agencies that work with cases of child sexual abuse.

Better Treatment for Children Committee--The inter-agency organization that has formed as a result is the Better Treatment for Children Committee (BTCC). This group meets once a month and includes the Bethel District Attorney, representatives of: Alaska State Troopers, TWC, PHS Doctors, Bethel Itinerant Nurses, Division of Family and Youth Services (DFYS), Lower Kuskokwim School District (LKSD) and YK Mental Health. The BTCC is working to identify problems in communication between agencies; compile a booklet of inter-agency procedures to be used in child sexual abuse cases and initiate workshops for professionals and para-professionals. Anyone who knows of a problem that could be dealt with by the BTCC should feel free to ask for time on the agenda.

Case Group--A sub-group of the BTCC is the Case Group which meets every week to staff all cases of child sexual abuse that have been reported in the previous week. Recommendations are made on treatment and follow-up. This group includes: the District Attorney, Dr. Jill Seamen, Dave Martens-DFYS, Daniel Bill-YK Mental Health and Barbara Brown-SACPCSA. If a case of child sexual abuse has not been handled properly; there has been no follow-up or the person who reported the case has been unable to find out what happened, they should contact the Case Group.

During this summer many people from Bethel and villages have attended workshops and conferences about child sexual abuse.

There are PSA's on child sexual abuse running continuously on the radio in English and Yupik and also a bi-monthly column in the Tundra Drums newspaper.

### HOW TO REPORT

If you know about a child who is being sexually abused you are required by Alaska State law to report it. The agency that handles all reports is Division of Family and Youth Services (DFYS), Bethel 543-3141, ask for Dave Martens or Mary Abruska.

If you feel more comfortable talking to the Health Aide, Public Health Nurse, Doctor, VPSO, or Trooper, you can tell one of them and they will call DFYS for you.

If you don't want anyone to know who reported you can ask that your name not be used.

A 'survivors support group' for adult women abused as children is accepting new members, call Phyliss Ryan, 543-3682.

A group for sexually abused children will start this fall.

If you would like a booklet about child sexual abuse or more information on any of the groups mentioned above, call Barbara Brown at 543-3994, or write: Southwestern Alaska Council for Prevention of Child Sexual Abuse, Box 1948, Bethel, Alaska 99559.

# STATE OF ALASKA

## DEPARTMENT OF PUBLIC SAFETY

### COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

5/23/  
BILL SHEFFIELD, GOVERNOR

POUCH N  
ROOM 312, GOLDSTEIN BUILDING  
JUNEAU, ALASKA 99811

PHONE: 465-4356

May 21, 1984

The Honorable Joe Flood  
Alaska House of Representatives  
Pouch V  
Juneau, Alaska 99811

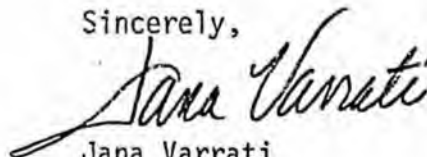
Dear Representative Flood:

The passage of SCR 37 and the confirming Governor's proclamation illustrates a widespread and continuing concern over child sexual assault and abuse. The problem has demanded more and more attention throughout Alaska. As part of "Sexual Abuse and Assault Awareness Month", informational materials have been forwarded to all the Legislative Information Offices. A sample of that information is enclosed for your review.

It is our hope that this information be used by you as a Legislator to issue press releases, to provide a topic for discussion at constituent teleconferences, to draw attention to the problem in the communities you represent, and to foster participation in the service agencies operating in your district.

If you wish additional information please call the Council office or contact the Council-funded program in your election area. A list of those programs is included for your convenience.

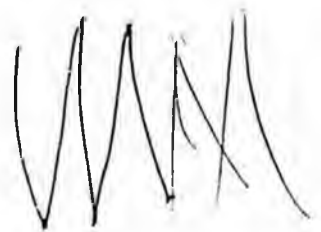
Sincerely,



Jana Varrati  
Vice-Chair

<Enclosures>

cc: Members, Council on Domestic Violence and Sexual Assault



# STATE OF ALASKA



## Executive Proclamation

by  
Bill Sheffield, Governor

The Most recent FBI statistics indicate that Alaska has the highest rate of rape per capita in the nation and more than twice the national average of rape per capita. The number of reported cases of child sexual abuse has increased threefold in the past three years.

In the State of Alaska, there is a high incidence of reported and unreported child and adult sexual assault and abuse cases, and the FBI projects that less than one in ten of all sexual assault cases are reported.

There is a great need for education and training regarding sexual assault and abuse and its prevention. The Governor, the Legislature, many human services and criminal justice professionals, and community groups have recognized the dramatic need to address the problems of sexual assault and abuse in Alaska.


NOW, THEREFORE, I, Bill Sheffield, Governor of the State of Alaska, do hereby proclaim May 1984 as

SEXUAL ASSAULT AND ABUSE AWARENESS MONTH

in Alaska, and urge all citizens to recognize, acknowledge, and increase their awareness of this pervasive problem.

Dated: April 27, 1984

Done by—

  
Bill Sheffield, Governor  
who has also authorized  
the seal of the State of  
Alaska to be affixed to  
this proclamation.



What we think happens:	What is more likely to happen:
A dangerous weird stranger. _____	A person they know, often a relative or friend of the family, is more often the offender. (85% of cases)
Isolated incident. _____	Over and over again.
Out of the blue. _____	A situation that develops gradually, over a period of time.
Rare and extreme. _____	Frequent incidents. There are many forms of sexual assault.
A violent attack. _____	Subtle, rather than extreme force.

#### What is the sexual assault of a child?

Sexual assault means the forcing of sexual contact. The sexual contact may involve handling of the child's genitals or requests for sexual handling by an older child or adult, oral sex, attempts at penetration of the vagina or anus and, rarely, actual penetration. Children may be requested to undress or otherwise expose themselves.

#### Signs to look for:

Children will usually try to hide events that embarrass or confuse them. You may have to rely on general changes in a child's behavior, especially if combined with one or more of the following disturbances.

Sleep disturbances (nightmares, fear of going to bed, wanting light on, waking up during the night, fear of sleeping alone)

Loss of appetite

Irritability

Bedwetting

Needs more reassurance than usual, clings to parent

Behaves as a younger child (regression)

Changes in behavior at school or in relating to friends

Runs away, skips school, acts rebellious

A child may show some of these signs, or none at all. The signs might last only a few days, a couple of weeks, or longer. Remember, these clues do not automatically indicate sexual assault.

#### What to do:

No one knows for sure about the long term emotional effects of sexual assault upon a child, but it is assumed that early intervention in a direct, sensitive way will help to ensure that the child will not suffer permanent long term disturbances. Early help can also prompt the disturbed adult to get the counseling help needed. Children are rarely strong enough to break themselves out of such an uncomfortable situation without the help of some other adult, i.e. a parent, an aunt or uncle, a neighbor or friend. For this reason, it is especially important for parents to talk with their children about sexual assault.

#### Other ways to help:

Go with the child to a private place. Ask the child to tell you what happened in their own words, and listen carefully and quietly.

Tell the child that he or she did well to tell you, that you are very sorry this happened, that you will try to protect him or her.

If you have reason to believe that medical assistance is necessary, contact your physician or public health nurse.

You may contact the social worker or police immediately and a worker or officer will come to your house to take a report.

Tell the child you do not blame him or her for what happened. Continue to believe the child. Remember that the incident was started by an adult, not the child.

Instruct the child to tell you immediately if the adult tries sexual advances again or bothers the child in any way.

Give the child emotional support. They need to feel that they are okay and safe.

Respond to questions or feelings that the child expresses with a calm, matter-of-fact attitude, but do not pressure the child to talk about it.

Try to follow regular routines around the home: expect the usual chores, bedtime schedule, school attendance, rules.

Respect the privacy of your child by not telling other people about it.

Other family members may notice changes in the child's mood. Inform brothers and sisters that something has happened to the child, but will soon be okay. Do not discuss details of the incident(s) with brothers or sisters, except that all children in the family are given enough information to protect themselves.

#### Seeking help

A family where a child has been sexually assaulted is a family that needs help. Seeking help will not make things worse for a family that is already disrupted by altered family roles. Remember: by not seeking help, the child will remain a victim. If you know a family that needs help, contact your local social service or family service worker, a rape crisis group, child protection officer, health department, public health nurse, police officer or trooper.

#### For more information:

##### State:

Council on Domestic Violence and Sexual Assault  
Department of Public Safety  
Pouch N  
Juneau AK 99811

##### Local:

Shelters for Abused Women

Women's Resource Center

Public Health Clinics

## HAS YOUR CHILD BEEN SEXUALLY ASSAULTED



*"HE TOLD ME NOT TO TELL"*

Alaska Department of Health and Social Services  
Division of Public Health  
Section of Family Health  
Produced by  
Visual Information Specialist  
AK/DHSS/PH-83/27  
CSA JURIFAU 2058

### WHAT KIND OF SEXUAL ABUSE CASES DOES THE DIVISION OF FAMILY AND YOUTH SERVICES (DFYS) GET INVOLVED WITH?

DFYS must become involved when a child is sexually abused by a parent, by someone caring for the child, or by someone staying in the home.

### WHAT DOES THE SOCIAL WORKER DO AFTER RECEIVING THE REPORT OF SEXUAL ABUSE?

The social worker will usually talk with the child, the person who the child told, and the non-offending parent. Sometimes the social worker also talks to other people who may know something about the report. When possible, a police officer will be with the social worker during these interviews. Usually, the police officer will talk to the alleged offender.

### WILL THE POLICE BE NOTIFIED?

Yes. Sexual abuse of children is a serious crime. The police will often take part in the first interviews, and will continue their own investigation in cooperation with the District Attorney's office.

### WILL THE OFFENDER GO TO JAIL?

In the criminal case, the District Attorney will decide whether to have the offender prosecuted and arrested. If the District Attorney's office brings charges and the offender pleads guilty or is convicted, the offender may be sentenced to jail.

### WHAT HAPPENS TO MY CHILD?

Sometimes the child will be placed in foster care right after the report is received. This happens when DFYS takes emergency custody. After talking with the non-offending parent, the child, and other people, the social worker may decide the child can stay at home or stay with a relative or friend where the child can be protected. At other times, the child will need to stay in foster care. In every case in which the child stays in foster care, the court will be involved.

### HOW DOES MY CHILD FEEL?

Immediately after your child tells someone, your child has lots of mixed feelings, which often include relief, fright, anger, and betrayal. The child may feel he or she is at fault. A child may become so afraid of what will happen that he or she will take the report back hoping that now the abuse will stop.

Because of the emotional confusion the child feels, the child may have problems with withdrawal, angry outbursts, suicide attempts, truancy, drug and alcohol abuse, inappropriate sexual behavior, and physical ailments. Other children may show no outward signs, but all children experience strong feelings.

### WHAT CAN I DO TO HELP MY CHILD?

Most important is to believe and care for your child. You should also cooperate with the helping professionals.

Although the non-offending parent is having a hard time dealing with everything that has happened, the parent needs to give support to the child. Even with the belief and support of the non-offending parent, the child's problems may take time to resolve.

### DO I HAVE TO GO TO COURT?

In nearly every sexual abuse case, the social worker will file a petition with the court which describes the child's situation and asks the court to give DFYS custody. This civil court action is called a child in need of aid (CINA) proceeding. There may be a separate criminal case which is handled by the police and the District Attorney.

In the civil CINA proceeding, there is usually more than one court hearing. The CINA petition usually asks for two years of custody, but the actual length of separation will depend on the individual circumstances. The court may also impose other orders about contact between the offender and the family, evaluations, counseling, support groups, visiting, and child support. In the CINA proceedings, both legal parents have a right to participate and to be represented by an attorney.

## WHO MAY BE INVOLVED WITH MY FAMILY?

In the civil CINA proceeding there may be the DFYS social worker; an assistant Attorney General, who represents DFYS; a guardian ad litem to represent the best interests of the child; an attorney for each parent; and mental health professionals who do evaluations and treatment. In addition, in the criminal case, the police, District Attorney, and possibly a probation officer will be involved.

## WILL OTHER PEOPLE KNOW?

All of the professionals involved will keep information they learn confidential. However, criminal proceedings are public and some information may be revealed in the criminal court process.

## HOW DO WE GET HELP?

Your DFYS social worker can recommend mental health professionals who have specialized training in child sexual abuse. Individual, family and group therapy are often needed by each family member. Treatment should begin as soon as possible. Payment is the responsibility of the parents. If there is a problem, you should talk with your social worker.

Many communities have support groups for members of families in which child sexual abuse has occurred. Your DFYS social worker will know if these are available in your community.

## HOW LONG WILL ALL THIS TAKE?

It may be many months before the civil and criminal court proceedings are finished. Even if it happens more quickly, it will seem like a very long time. During this time, and usually for a year or more after, DFYS stays involved. Treatment usually lasts a year or more also.

## IS MY FAMILY GOING TO BE SPLIT UP FOREVER?

DFYS always tries to help the family be a resource for the child. During treatment there is usually no contact between the offender and victim except when approved by DFYS. This usually means the spouses are apart, at least for a time. During treatment, the adults evaluate their relationship and decide about their future. The outcome of the criminal case may also affect whether the family is able to be together or not.

The child is helped in treatment to try to strengthen the relationship with the non-offending parent and to reestablish a safe, caring relationship with the offending parent. Whether the child will ever be able to live in the same household with the offender depends on individual circumstances.

## CHILD SEXUAL ABUSE

### IN MY FAMILY

...

### WHAT NOW?



State of Alaska

Department of  
Health and Social Services

Division of  
Family and Youth Services

January, 1984

## THE PROBLEM

Talking to children about sexual abuse isn't easy. It is a topic often approached with fear and hesitancy. Yet the victim statistics convince us that we must try. The record of success stories tells us that prevention works.

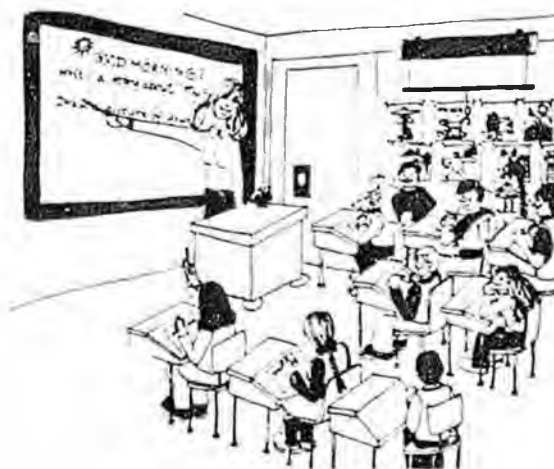
Every year in the United States, an estimated quarter of a million children are sexually abused. Although some children are grabbed by strangers who jump out of cars or dark alleyways, many more are molested by people they know and trust. Approximately 80% of the offenders are known or related to the child.

Parents are critically important in the prevention process. It is reported that in the majority of child sexual abuse cases, children had never been warned by parents or at school about what to do in an abusive situation. By becoming involved and supporting the Alaska Sexual Abuse Prevention Program in the schools, you will be taking an important step towards making your child less vulnerable.



## DID YOU KNOW...

- Children are usually molested by someone they know—often a relative or friend of the family.
- Children are usually not violently attacked or physically harmed during an assault. Most are bribed, tricked or coerced into the situation.
- Non-violent sexual abuse may be more emotionally traumatic than a violent act.
- Children rarely lie about a sexual abuse experience.
- Most children do not directly tell their parents that they were molested. Changes in behavior may be the only signal that something has happened.
- Over half the cases of child sexual abuse are not one time incidents. Many children are abused repeatedly over a period of months or years.
- Sexual abuse can happen to children in rural or urban settings with no regard for race or income level.



## ABOUT THE PROGRAM

The Alaska Sexual Abuse Prevention program provides teachers throughout the state with a uniform, comprehensive unit designed to give students accurate information about sexual abuse. The primary focus is on the child's skill development. Children will be taught to recognize potentially dangerous situations, to understand they have rights and that it is OK to say "No," to identify good and bad touching, and to know who to tell about a touching problem. The use of alcohol and its effect on decision-making is also incorporated.

Minimal emphasis will be placed on who the offender is but rather on a child recognizing the type of behavior that is inappropriate. The offender will be viewed as the person at fault and needing help. The child is not to blame or to feel guilty. This attitude reassures children that they can tell an adult about a touching problem and know they will not get in trouble.

The topic of sexual abuse will be treated seriously yet balanced with entertaining video games, class projects and activities all designed to make the program interesting for the student. Parents are also encouraged to sit in and observe classroom activities.

The sexual abuse program is divided into curriculum for K-6 and 7-12 grades. Two video programs with accompanying discussion questions and learning activities have been designed for the two age groups. The programs have been tested and critiqued for content and age level appropriateness in Akiachak, Ketchikan, and Anchorage, Alaska.

You are encouraged to support this program in your child's school. If you would like additional information, contact The Council on Domestic Violence and Sexual Assault, Department of Public Safety, Pouch N, Juneau, Alaska 99811. (907) 465-4356.

## COMMON QUESTIONS PARENTS ASK

**"WON'T TALKING ABOUT SEXUAL ABUSE SCARE MY CHILDREN?"**

This topic is treated just like any other safety issue. The information is presented in a matter-of-fact, reassuring, and no-scare-tactics fashion. Sexual abuse prevention is incorporated into the general teachings about personal safety. It is not sex education. The object is to teach children skills to avoid and escape from dangerous situations. The more factual information children have, the more they will be aware and not afraid.

**"AREN'T MY CHILDREN TOO YOUNG TO LEARN ABOUT SEXUAL ABUSE?"**

No. Sexual offenders do not discriminate because of age so our prevention efforts shouldn't either. Children as young as one and two years old have been molested. We do not wait for our children to be hit by a car before we teach them how to cross the street safely. Sexual abuse prevention is no different. The program has been tested and appropriate information selected for your child's age.

**"WON'T MY CHILDREN BECOME SUSPICIOUS OF ALL ADULTS?"**

Children have to learn that some people can be trusted and some people should be avoided. This applies to their little friends and to adults. Their judgement of these people should not be based solely on experience but on factual information as well. Children need to know when to be cautious and when to be spontaneous and affectionate.

**"DOES MY SON HAVE TO BE IN THE CLASS?"**

Sexual abuse is not just a girl's problem. Statistics show that 1 out of 4 girls and 1 out of 8 boys will be sexually abused by the time they reach their 18th birthday. Not only are boys potential victims, they can play an important role in providing support for a female victim they know. Likewise, both men and women can be jury members. If boys have never had the opportunity to learn about sexual abuse, their knowledge may be based on misinformation.

SOMEONE TOUCHED  
A PRIVATE PART  
OF MY BODY



## SYMPTOMS OF SEXUAL ABUSE

*If a child has been sexually abused, he or she may exhibit all, some or none of the following symptoms. Although many of these behaviors could indicate a child is upset over something else, note all changes and discuss with a counselor or crisis center worker immediately.*

- Fears aimed at a particular person or location
- Loss of appetite
- Irritable, cranky and short-tempered
- Sleep disturbances (insomnia, nightmares, wanting to keep the light on, fear of going to bed or being alone in bed, wetting bed)
- Needing more reassurance than usual, clinging to parent or other adult
- Excessive curiosity about sexual matters, frequent masturbation, relating to adults or peers in a sexual way, using sexual language or mannerisms which are inconsistent with other children his/her age.
- Change in behavior at school (withdrawn, daydreaming, drop in grades)
- Behaving as younger child—regression
- Rebellious behavior (running away, escape through drugs, skipping school)

*No one knows the long term emotional effects on a victim. But it is believed that if the situation is handled in a direct and sensitive fashion when it is first revealed, the child will probably not suffer permanently from the abuse.*

## HELPING YOUR CHILD AFTER AN ABUSE

1. Continue to believe your child; be non-judgemental and supportive.
2. Instruct your child to tell you immediately if the offender (or anyone else) tries to bother her or him in any way again.
3. Respond to questions or feelings that your child expresses about the molestation in a calm, matter-of-fact fashion. Do not dwell on the topic, but be approachable if your child wants to talk.
4. Follow the regular routine around the home, expecting the usual chores and responsibilities.
5. Respect the privacy of your child by not telling a lot of people or letting friends and neighbors question him or her.
6. Other children in your family may also be upset by the incident. Tell them what has happened and assure them that their brother or sister will be okay. Make sure that all children in the family are given enough information to protect themselves from the molester.
7. Talk privately with someone you trust—your spouse, friend, relative, a counselor—about your feelings. Try not to become emotional in front of your children.

## IF YOU SUSPECT YOUR CHILD HAS BEEN SEXUALLY ABUSED

1. Go to a private place with your child and ask him or her to tell you what happened in his or her own words. Don't force your child to talk.
2. Be patient and caring. Reassure him or her of your love and concern. Explain that you understand that he or she may be upset.
3. Praise your child for telling you about the incident. Emphasize that the molester, not the child, is to blame. Say that you are very sorry that this happened and will protect him or her from further molestation.
4. Call Division of Family and Youth Services (DFYS) or the police immediately. Do not have the child clean-up or change clothes.
5. If you suspect that your child has been injured, call your family physician.



FOR MORE INFORMATION CONTACT:



## A School Program

to  
**PREVENT  
SEXUAL  
ABUSE**

of Children

INFORMATION FOR PARENTS

Offered: 6/23/83  
For Today's Calendar

Original sponsors: Pettyjohn, Sturgulewski,  
Halford, et al

1 IN THE SENATE BY THE FINANCE COMMITTEE  
2 HOUSE CS FOR CS FOR SENATE BILL NO. 74 (Finance)  
3 IN THE LEGISLATURE OF THE STATE OF ALASKA  
4 THIRTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act revising the laws relating to sexual abuse of  
7 a minor, sexual assault, and indecent exposure; and  
8 extending the time limitation for prosecution of  
9 sexual offenses."

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

11 \* Section 1. AS 11.41.420 is repealed and reenacted to read:

12 Sec. AS 11.41.420. SEXUAL ASSAULT IN THE SECOND DEGREE. (a) An  
13 offender commits the crime of sexual assault in the second degree if  
14 the offender engages in

15 (1) sexual contact with another person without consent of  
16 that person; or

17 (2) sexual penetration with a person who the offender knows  
18 (A) is suffering from a mental disorder or defect  
19 which renders the person incapable of appraising the nature of  
20 the conduct under circumstances in which a person who is capable  
21 of appraising the nature of the conduct would not engage in  
22 sexual penetration; or

23 (B) is incapacitated.

24 (b) Sexual assault in the second degree is a class B felony.

25 \* Sec. 2. AS 11.41 is amended by adding new sections to read:

26 Sec. AS 11.41.434. SEXUAL ABUSE OF A MINOR IN THE FIRST DEGREE.

27 (a) An offender commits the crime of sexual abuse of a minor in the  
28 first degree if

29 (1) being 16 years of age or older, the offender engages in

1 sexual penetration with a person who is under 13 years of age or aids,  
2 induces, causes, or encourages a person who is under 13 years of age  
3 to engage in sexual penetration with another person; or

4 (2) being 18 years of age or older, the offender engages in  
5 sexual penetration with a person who is under 18 years of age and who

6 (A) is entrusted to the offender's care by authority  
7 of law; or

8 (B) is the offender's son or daughter, including an  
9 illegitimate or adopted child, or a stepchild.

10 (b) Sexual abuse of a minor in the first degree is an unclassi-  
11 fied felony and is punishable as provided in AS 12.55.

12 Sec. 11.41.436. SEXUAL ABUSE OF A MINOR IN THE SECOND DEGREE.

13 (a) An offender commits the crime of sexual abuse of a minor in the  
14 second degree if

15 (1) being 16 years of age or older, the offender engages in  
16 sexual penetration with a person who is 13, 14, or 15 years of age and  
17 at least three years younger than the offender, or aids, induces,  
18 causes or encourages a person who is 13, 14, or 15 years of age and at  
19 least three years younger than the offender to engage in sexual pene-  
20 tration with another person;

21 (2) being 16 years of age or older, the offender engages in  
22 sexual contact with a person who is under 13 years of age or aids,  
23 induces, causes, or encourages a person under 13 years of age to  
24 engage in sexual contact with another person;

25 (3) being 18 years of age or older, the offender engages in  
26 sexual contact with a person who is under 18 years of age and who

27 (A) is entrusted to the offender's care by authority  
28 of law; or

29 (B) is the offender's son or daughter, including an

1 illegitimate or adopted child, or a stepchild; or

2 (4) being 16 years of age or older, the offender aids,  
3 induces, causes, or encourages a person who is under 16 years of age  
4 to engage in conduct described in AS 11.41.455(a)(2) - (6).

5 (b) Sexual abuse of a minor in the second degree is a class B  
6 felony.

7 Sec. 11.41.438. SEXUAL ABUSE OF A MINOR IN THE THIRD DEGREE.

8 (a) An offender commits the crime of sexual abuse of a minor in the  
9 third degree if, being 16 years of age or older, the offender engages  
10 in sexual contact with a person who is 13, 14, or 15 years of age and  
11 at least three years younger than the offender.

12 (b) Sexual abuse of a minor in the third degree is a class C  
13 felony.

14 \* Sec. 3. AS 11.41.440 is repealed and reenacted to read:

15 Sec. 11.41.440. SEXUAL ABUSE OF A MINOR IN THE FOURTH DEGREE.

16 (a) An offender commits the crime of sexual abuse of a minor in the  
17 fourth degree if, being under 16 years of age, the offender engages in  
18 sexual penetration or sexual contact with a person who is under 13  
19 years of age and at least three years younger than the offender.

20 (b) Sexual abuse of a minor in the fourth degree is a class A  
21 misdemeanor.

22 \* Sec. 4. AS 11.41 is amended by adding a new section to read:

23 Sec. 11.41.460. INDECENT EXPOSURE. (a) An offender commits the  
24 crime of indecent exposure if the offender intentionally exposes the  
25 offender's genitals to another person with reckless disregard for the  
26 offensive, insulting, or frightening effect the act may have on that  
27 person.

28 (b) Indecent exposure before a person under 16 years of age is a  
29 class A misdemeanor. Indecent exposure before a person 16 years of

1 age or older is a class B misdemeanor.

2 \* Sec. 5. AS 11.41.470 is amended to read:

3 Sec. 11.41.470. DEFINITIONS. For purposes of AS 11.41.410 -  
4 11.41.470, unless the context requires otherwise,

5 (1) "incapacitated" means [THAT A PERSON IS] temporarily  
6 incapable of appraising the nature of one's own [HIS] conduct and [IS]  
7 physically unable to express unwillingness to act;

8 (2) "victim" means the person alleged to have been sub-  
9 jected to sexual assault in any degree or sexual abuse of a minor in  
10 any degree;

11 (3) "without consent" means that a person

12 (A) with or without resisting, is coerced by the use  
13 of force against a person or property, or by the express or  
14 implied threat of [IMMINENT] death, imminent physical injury, or  
15 [IMMINENT] kidnapping to be inflicted on anyone; or

16 (B) is incapacitated as a result of an act of the  
17 defendant.

18 \* Sec. 6. AS 11.61.110(a)(7) is amended to read:

19 (7) the offender [HE] intentionally exposes the offender's  
20 [HIS GENITALS,] buttock or [,] anus [, OR FEMALE BREAST] to another  
21 with reckless disregard for the offensive or insulting effect the act  
22 may have on that person.

23 \* Sec. 7. AS 12.10.020 is amended by adding a new subsection to read:

24 (c) Even if the general time limitation has expired, a prosecu-  
25 tion under AS 11.41.410 - 11.41.460 for an offense committed against a  
26 person under the age of 16 may be commenced within one year after the  
27 crime is reported to a peace officer or the person reaches the age of  
28 16, whichever occurs first. This subsection does not extend the  
29 period of limitation by more than five years.

1 \* Sec. 8. AS 12.55.125(i) is amended to read:

2 (i) A defendant convicted of sexual assault in the first degree  
3 or sexual abuse of a minor in the first degree may be sentenced to a  
4 definite term of imprisonment of not more than 30 years, and shall be  
5 sentenced to the following presumptive terms, subject to adjustment as  
6 provided in AS 12.55.155 - 12.55.175:

7 (1) if the offense is a first felony conviction and does  
8 not involve circumstances described in (2) of this subsection, eight  
9 years;

10 (2) if the offense is a first felony conviction, and the  
11 defendant possessed a firearm, used a dangerous instrument, or caused  
12 serious physical injury during the commission of the offense, 10  
13 years;

14 (3) if the offense is a second felony conviction, 15 years;

15 (4) if the offense is a third felony conviction, 25 years.

16 \* Sec. 9. AS 18.66.900(6) is amended to read:

17 (6) "sexual assault" means a crime specified in AS 11.41.-  
18 410 - 11.41.450 [OR AS 11.51.130(a)(4)];

19 \* Sec. 10. AS 11.41.410(a)(3) and (4), AS 11.41.430, and AS 11.51.-  
20 130(a)(4) are repealed.

21 \* Sec. 11. Section 7 of this Act applies to offenses committed during  
22 or after the five years immediately before the effective date of this Act.

# McLaughlin study shows history of abuse

Jeff Berliner  
Staff Writer

Eighty percent of the teenagers at McLaughlin Youth Centers were abused before they were sent to McLaughlin, and 63 percent were abused sexually. And 40 percent of those delinquents said they have abused others in the same way they were abused.

A in-house survey detailing McLaughlin residents' history of abuse concluded that the delinquency of McLaughlin's residents can be traced back to childhood abuse.

Although there have been national studies of such abuse, McLaughlin superintendent Perry Jackowski said this is the first such local look at the incidence of abuse.

The study was prompted, Jackowski said, by the Carlos "Chico" Rodriguez case and subsequent estimates of the number of youths who have been victims of sexual abuse.

Rodriguez was convicted of 25 felonies as part of an illicit commercial network employing under-age youths as prostitutes, pornography stars and burglars. Police contend that as many as 60 Anchorage youngsters were used by Rodriguez. Rodriguez will be sentenced Sept. 30.

Although the report does not mention Rodriguez by name, Jackowski said it was that case — and the revelations that so many youngsters were involved — that prompted McLaughlin to survey its residents.

"The Rodriguez case showed

us how extensive this kind of thing was, how many kids were involved," Jackowski said. "We knew it was occurring here, but we thought it was on a smaller scale. We had no idea how extensive it was."

The survey, dated Aug. 25 and submitted in the Rodriguez case file this week, was conducted by McLaughlin clinical services administrator George Buhite. Sixty youths, or about half of McLaughlin's current population, took part in the survey.

Most of the McLaughlin residents questioned, like most of the victims in the Rodriguez case, were boys.

"The exact connection between abuse and delinquency cannot be determined on the basis of this study," Buhite con-

cluded. "However, the conclusion is inescapable that the adolescents have been victimized. The residents' victimization and the subsequent humiliation and anger is a significant contributing factor to their delinquency."

Although Jackowski said abuse problems which surfaced in the Rodriguez case have led to new programs and counseling at McLaughlin, Buhite said the survey will be studied further "with a goal of gaining a greater understanding of these problems and to expand our research in the future."

Among the findings in the report are:

- Eighty percent report multiple incidents of physical abuse.

See McLaughlin, page

## McLaughlin study

Continued from page B-1

Some report being tied up, food being withheld or being burned.

- Sixty percent of McLaughlin's population said they ran away from home for fear of more physical abuse.

- Forty percent of McLaughlin's residents acknowledged committing the same kind of physical abuse against others. One-fourth of those who were

sexually abused admitted committing such acts later.

- Sixty-eight percent reported sexual abuse and 25 percent of the McLaughlin population has been "extremely sexually abused."

- Twenty-seven percent of these underage youths said they have had sex for money and the same percentage said they were forced to have sex with someone.

Table 8-1  
Typology of Pedophilia

Taken from: A.N. Groth in Sexual Assault of Children and Adolescent by Burgess, Groth, Holstrom, & Sgroi.

(Lexington Books,  
D.C. Heath & Co.  
1978)

<i>Fixated</i>	<i>Regressed</i>
1. Primary sexual orientation is to children	1. Primary sexual orientation is to agemates
2. Pedophilic interests begin at adolescence	2. Pedophilic interests emerge in adulthood
3. No precipitating stress/no subjective distress	3. Precipitating stress usually evident
4. Persistent interest—compulsive behavior	4. Involvements may be more episodic
5. Pre-planned, premeditated offense	5. Initial offense may be impulsive, not premeditated
6. Identification: offender identifies closely with the victim and equalizes his behavior to the level of the child; and/or may adopt a pseudo-parental role to the victim	6. Substitution: offender replaces conflictual adult relationship with involvement with the child; victim is a pseudoadult substitute and in incest situations the offender abandons his parental role
7. Male victims are primary targets	7. Female victims are primary targets
8. Little or no sexual contact with agemates; offender is usually single or in a marriage of "convenience"	8. Sexual contact with child co-exists with sexual contact with agemates; offender is usually married/common-law
9. Usually no history of alcohol or drug abuse	9. In more cases the offense may be alcohol related
10. Characterological immaturity/poor sociosexual peer relationships	10. More traditional lifestyle but underdeveloped peer relationships
11. Offense—maladaptive resolution of life issues	11. Offense—maladaptive attempt to cope with specific life stresses.

me than my wife was. She was with me all the time." Both relate to the child as a peer. Psychologically the fixated offender becomes like the child, whereas the regressed offender experiences the child as a pseudoadult. When an incest offender is referred for assessment, it is important to differentiate whether he is a fixated or regressed offender, since this will have important implications with regard to the meaning of his offense, what risk he represents to the community, the treatment of choice, and prognosis for recovery or rehabilitation.

PEDOPHILE

HEBEPHILE

MYSOPED

PEDERAST

COMPARISON OF SEX OFFENDERS AGAINST CHILDREN

SEX-PRESSURE OFFENSES

Enticement/Entrapment  
On-Going Sexual Activity  
No Explicit Threats  
Misuse of Authority  
Secrecy Fact With Child  
Sees Child As Warm, Loving, Open  
Rewards Victim For Participation  
Sex In The Service Of Affiliation  
And Dependency  
May Be Sexual And Non-Sexual  
Involvement  
Premeditated Act  
Victim And Offender Usually  
Know Each Other

SEX-FORCE OFFENSES

Exploitation  
May Be On-Going Or Sporadic  
Use Of Threat Or Force  
Intimidation With Weapon  
Enforces Sexual Demands On Child  
Sees Child As Vulnerable & Helpless  
Sex In The Service Of Power  
Risk Of Inadvertant Injury To Child  
Premeditated Act  
Victim And Offender Often  
Strangers

SADISTIC OFFENSES

Aggression Is Eroticized  
Usually Single Offense  
Victim Tortured With Weapon  
Torture And Bizarre Acts  
Sado-Masochistic Fantasies  
Symbolic And Ritualistic Fantasies  
Power And Sex In The Service Of  
Primitive Rage And Anger  
Risk Of Death To Child  
Premeditated And Ritualistic Act  
Victim And Offender Usually  
Strangers

Reference: Burgess, A.W., Holstrom, L.L., Sgroi, S.M., Groth, A.N., Sexual Assault of Children and Adolescents  
D.C. Heath, Lexington Books Division, Lexington, MA, 1978.



## 7-12 CURRICULUM

The Teacher Guide includes a 5-day lesson plan for seventh to twelfth grades complete with goals, behavioral objectives and student activities. The activities include a pre/post test, assertiveness exercises, poster/collage contest, sex role reversal exercise, and discussions on dating, peer pressure and how alcohol affects behavior. Discussion questions which correspond to the video program are also included.

The video program, "Aware and Not Afraid" (20 minutes), was produced and filmed in Alaska. Five teenagers discuss awkward or frightening situations which happened to them and how they got away. The scenes (New In Town, Getting Home, In My Room, The Ride Home, Alone at Last) are up-beat and positive—showing assessment and assertiveness skills on the part of the "victims." The scenes involve strangers as well as offenders the victim knows, both rural and urban settings, and native and non-native boys and girls.

*"No, I don't need a ride."*



## FOR MORE INFORMATION CONTACT:

Council on Domestic Violence and Sexual Assault  
Department of Public Safety  
Pouch N  
Juneau, Alaska 99811  
(907) 465-4356



ALASKA SEXUAL ABUSE PREVENTION

## PREVENTING SEXUAL ABUSE OF CHILDREN



A Curriculum for  
K-6 and 7-12 Grades



## THE PROBLEM . . .

Teaching children about sexual abuse isn't easy. It is a topic often approached with fear and hesitancy. Yet the victim statistics convince us that we must try. The record of success stories tell us that prevention works.

Every year in the United States, an estimated quarter of a million children are sexually abused. Teachers are the most likely group of people to see physical and behavior indicators in children which signal sexual abuse has occurred. The average child spends 18,000 hours in the classroom from kindergarten to high school. School personnel are in a key position to know their students, observe them, assist them if a crisis arises in their lives and provide them with accurate prevention information.

All children are vulnerable to sexual abuse due to their lack of experience and information. Many are only given basic safety tips such as "don't take candy from strangers." This is unfortunate since over 80% of all victims are abused by a relative or someone they know. Children are left more vulnerable than they need to be.

*"Why does he keep touching me?"*



## ABOUT THE PROGRAM . . .

The Alaska Sexual Abuse Prevention program provides teachers throughout the state with a uniform, comprehensive unit designed to give students accurate information about sexual abuse. The primary focus is on the child's skill development. Children are taught to recognize potentially dangerous situations, to understand they have rights and that it is OK to say "NO," to identify good and bad touching, and to know who to tell about a touching problem. The use of alcohol and its effect on decision-making is also incorporated.

Minimal emphasis will be placed on who the offender is but rather on a child recognizing the type of behavior that is inappropriate. The offender will be viewed as the person at fault and needing help. The child is not to blame or to feel guilty. This attitude reassures the children that they can tell an adult about a touching problem and know they will not get in trouble.

The topic of sexual abuse will be treated seriously yet balanced with entertaining video programs, class projects and activities all designed to make the program interesting for the student.

The sexual abuse program is divided into curriculum for K-6 and 7-12 grades. Two video programs with accompanying Teacher Guide have been developed for the two age groups. The programs have been tested and critiqued for content and age level appropriateness in Akiachak, Ketchikan, and Anchorage, Alaska.

The Teacher Guide provides background information for the instructor on the following topics:

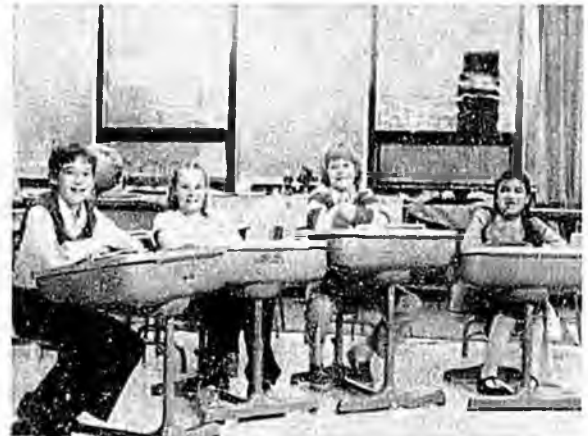
- How to Set up a Personal Safety Program (Step-by-Step)
- Parent Responses
- Teaching Tips
- Myths vs. Facts about Sexual Abuse
- Who are the Victims? Who are the Offenders?
- Identifying Symptoms of Abuse
- Procedures to Follow if a Child has been Abused
- Legal and Medical Terminology
- Laws and the Legal System
- Lesson Plans and Activities for K-6 and 7-12 Grades

## K-6 CURRICULUM

The Teacher Guide includes a 5-day lesson plan for kindergarten to sixth grade complete with goals, behavioral objectives and student activities. The activities can easily be copied for distribution to the class. Activities include pre/post test, bingo, crossword puzzles, coloring pictures, connect-the-dots, puppet games, describing OK and Not OK touching using anatomically correct dolls, songs, and storytelling. Discussion questions which correspond to the video program are also included.

The video program, "It's OK to Say No!" (14½ minutes), was produced and filmed in Alaska. It depicts four children discussing situations which happened to them. The situation is then reenacted (The Ride, The Tickle, Our Little Secret, The Bribe). The information is presented in a positive, non-frightening, matter-of-fact fashion. In each case, the child used his or her "inner voice" or common sense to get away. The scenes show offenders who are strangers as well as people well known to the child, rural and urban settings, both boys and girls, and native and non-native populations. Students will be able to recognize potentially dangerous situations, know how to respond, and who to tell.

*Children talk to other children about growing up safely.*



**EDUCATION IS IMPORTANT . . . AND YOU CAN MAKE A DIFFERENCE!**

The reasons for the Youth Network's existence are drawn from research, studies, experience and statistical data. This information indicates a need nationwide for programs to aid youth victims and perpetrators of domestic violence, sexual assault, child abuse and neglect, and alcoholism and drug abuse. The statistics point to a glaring need for education and treatment programs. The following are examples:

- Alaska has the highest rape rate in the United States.
- Approximately 1 out of every 4 girls and 1 out of every 10 boys will be sexually assaulted by the age of 16. (In 1981-82 AWARE responded to 77 cases of incest and 37 cases of child sexual assault.)
- Approximately 70% of all batterers and sexual assault offenders were either victims of assault as children, or witnessed abuse of another family member.
- Domestic violence is experienced in approximately 50% of adult intimate relationships.
- Alaska has one of the highest rates of alcoholism in the United States, and Southeast has the highest rate in Alaska.
- In Alaska during 1980, 56% of all violent offenses were alcohol related.
- From 1978-82 AWARE provided services for 747 children, and in the last six months of 1982 provided services for 120 children.

**Education** is one of the two components of the Youth Network. Pertinent information is provided for the benefit of students and school personnel at target schools. Class discussion and film topics include domestic violence, sexual assault, alcoholism and drug abuse.

**Treatment** is the second component of the Youth Network. Young people identified as having problems in the areas of domestic violence, sexual assault, alcohol or drug abuse can be referred to the Network Treatment Committee. This committee, composed of representatives of the participating agencies, will staff the case and determine a treatment plan for the child. Prior to this staffing, a signed parental consent is obtained.

The treatment plan includes a unique approach to the identified problems through utilization of various community agencies. Follow-up conferences determine the progress and effectiveness of the treatment plan, and necessary changes may be made.

## Participating Agencies

### AWARE, Inc.

AWARE offers comprehensive services to women and children who are victims of domestic violence and/or sexual assault. These services include a 24 hour crisis line, peer counseling, referrals, temporary shelter, emergency transportation, advocacy, educational therapeutic groups and community education. Program activities include: Children's Safety and Survival Group, Group for Mothers of Children who have been Sexually Assaulted, Parenting Group, Children's Incest Survivors Group, Battered Women's Educational Group, Adolescent Incest Survivors' Group, Women's Therapy Group, Children's Therapeutic Group, Adult Incest Victims' Group, and individual counseling for domestic violence and sexual assault victims. In addition to Juneau, AWARE serves 14 southeast communities.

AWARE, Inc.  
P.O. Box 809  
Juneau, Alaska 99802  
586-6623

### National Council on Alcoholism/Juneau

The Juneau Affiliate of the National Council on Alcoholism is a private, non-profit voluntary health agency, founded to improve the quality and development of drug and alcoholism programs and services in the City and Borough of Juneau. NCA-Juneau's program includes the following services: primary prevention, youth programs, family support services, assessment and referral, community education, information and training, employee assistance programs, and Alcohol Information School.

NCA-Juneau's involvement in the training component of the Youth Network Project is an example of a "primary prevention" service which attempts to develop school programs that teach assertive self-care skills, and build the self-concepts of individual students.

National Council on Alcoholism  
147 S. Franklin  
Juneau, Alaska 99801  
586-1688

### Big Brothers/Big Sisters of Juneau, Inc.

The Big Brothers/Big Sisters of Juneau program matches adult volunteers with youth ages 6 to 17 for long-term, one-to-one friendship involving consistent weekly contact and activities. Services include: big brother/little brother matches, big sister/little sister matches, couple matches, follow-up and supervision of matches, referral to other community services, bimonthly group activities, special community events, volunteer orientation and training, volunteer support groups, open gym for junior high youth, individual or family counseling.

Big Brothers/Big Sisters of Juneau, Inc.  
326 Fourth Street, Suite 210 (Mendonnell Apt. Building)  
Juneau, Alaska 99801  
586-3350

### M.E.N., Inc.

M.E.N., Inc. is a counseling and educational service for men and youth. Services include: general crisis intervention services to men and long-term counseling for men who have a problem with domestic violence. Services are also extended to youth who have problems with anger and violence. Program activities include: individual crisis intervention counseling, individual domestic violence counseling, orientation class for men who batter, ongoing counseling group for men who batter, community-education and in-service training, presentations, and anger control group for youth.

M.E.N., Inc.  
211 Fourth Street  
Juneau, Alaska 99801  
586-3585

### City & Borough Social Services

The City and Borough of Juneau's Division of Social Services funds several private non-profit organizations and offers several services in-house including an alcohol emergency services patrol, alcohol and drug detoxification, an in-patient alcohol and drug rehabilitation hospital, out-patient alcohol counseling, day care assistance, and family counseling services.

City & Borough Social Services  
210 Admiral Way  
Juneau, Alaska 99801  
586-3300

### Division of Family & Youth Services

The responsibility of the Division of Family and Youth Services to assist Alaskans to achieve and maintain a healthy living environment is accomplished through services in child protection, adult protection, information and referral, and individual and family counseling. The child protection function involves crisis intervention, child abuse and neglect investigation, and assessment followed by support services which may include day care, homemaker service, and alternate placement plus referrals to therapy, parent education, and substance abuse counseling as appropriate.

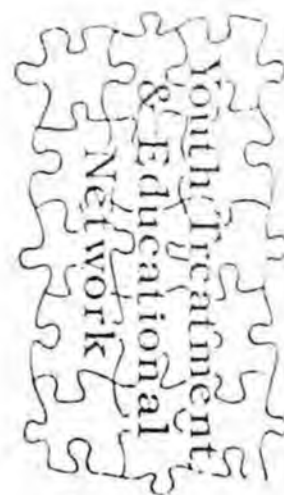
**Division of Family & Youth Services**  
515 Willoughby Avenue  
Juneau, Alaska 99801  
586-1861

### Tlingit-Haida Social Services

Tlingit-Haida Social Services works with Native youth and their families. Native youth and their families encounter obstacles which many times hinder their continued stability and security as a family unit. Thereby, the overall purpose of the Tlingit & Haida Child Welfare Program is: to alleviate the need for placement of Native children outside their own home or extended family, and to promote the integrity and welfare of Native children and their families through agency programs and services.

In addition to the Child Welfare workers, Tlingit & Haida Central Council has two professional social workers on staff who provide a variety of counseling services. Services include: marriage counseling, single-parent counseling, counseling and advocacy for the elderly, and youth and young adult counseling. These services are available to all Alaska Natives living in the service area.

**Tlingit-Haida Social Services**  
One Sealaska Plaza, Suite 200  
Juneau, Alaska 99801  
586-1432



Juneau, Alaska



**The Youth Network** is a group of community agencies who have joined together to provide education and counseling for youths and their families concerning the issues of domestic violence, sexual assault, alcoholism, and drug abuse. In Juneau, and throughout Southeast Alaska, these problems are widespread. The City and Borough of Juneau is funding this Division of Social Services project.

### **FOR MORE INFORMATION CALL:**

AWARE, Inc.	—	586-6623
Big Brothers/Big Sisters, Inc.	—	586-3350
M.E.N., Inc.	—	586-3585

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Juneau, AK

# PREVENTING SEXUAL ABUSE OF CHILDREN

A CURRICULUM FOR K-6 AND 7-12 GRADES

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by  
Marcia K. Morgan



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COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT  
Juneau, Alaska



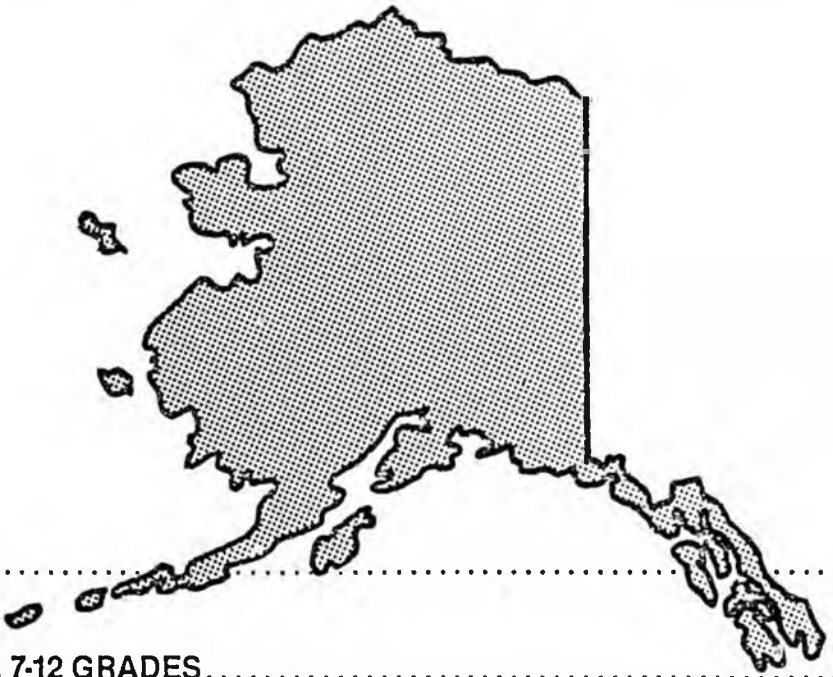
ALASKA SEXUAL ABUSE PREVENTION

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# Alaska Juvenile Crime Commission

## CHILD ABUSE AND NEGLECT - POLICE REPORTING

There are a number of reasons why law enforcement officers can and should be involved in the intervention and prevention of child abuse and neglect. Among them are the facts that the law enforcement officer is perhaps the most widely available professional in the community; there are legal mandates for law enforcement involvement; and there are professional responsibilities.

Law enforcement officers are well-known and readily identifiable. When help is needed, they can be quickly located. Of all agencies in the community, the law enforcement agency is the one most likely to be readily available to all citizens on a 24-hour basis, 7 days a week. Additionally, the officer comes into direct and frequent contact with parents and children, and has the unique opportunity to observe "high risk" indications of child abuse and neglect in the course of many of their routine functions.

Police have initial responsibility for investigating complaints or situations involving violations of the law, preservation of peace, and prevention of crime. Ethical standards do not permit ignoring the abused or neglected child. Even the youngest citizen is entitled to the law's protection, and it is the officer's responsibility to see that this protection is provided. The dual professional responsibilities to uphold the law and to protect persons are complemented by a deep personal commitment to the welfare of children. The value of this personal commitment is great. Without it, efforts to detect and prevent child abuse and neglect will receive no more than routine attention.

## RESPONSIBILITIES OF LAW ENFORCEMENT

- As a Reporter of Suspected Child Abuse and Neglect.
  - As a Recipient and Investigator of Reports of Suspected Child Abuse and Neglect.
  - As a Provider of Emergency Services Necessary to Protect a Child.
  - As a Preventer of Child Abuse and Neglect.
- \* Report Suspected Child Abuse and Neglect

A report of suspected child abuse and neglect is not an accusation. It is a request for an investigation—a request for the process help to begin. The process does not always go smoothly, and difficulties may be encountered which may discourage continued involvement in situations of abuse and neglect.

One of the biggest obstacles is personal feelings. Some people don't want to become involved. Others feel parents have the right to treat their children in any way they wish. Generally, once it is understood that involvement is required and that the abuse and neglect of children differs from acceptable childrearing practices, reluctance to become involved is reduced. At other times, it is difficult to admit and accept that the child of someone we know has been abused or neglected. That is a natural feeling, but it must be overcome. The law does not exempt from protection children of our friends, acquaintances, or family.

## WHO REPORTS:

Many state statutes require the reporting by law enforcement and professionals in child-oriented services. Acting upon reasonable cause in making a report affords immunity from civil or criminal liability. PRIVATE CITIZENS ARE ALSO MORALLY RESPONSIBLE TO REPORT CHILD ABUSE.

## Why Report:

- you care and are concerned about the well-being of children;
- failure to report could further endanger the life of a child or his siblings;
- you recognize that the adult(s) involved need help; and
- the community, by passing the law, requires you and every other citizen to report suspected child abuse and neglect situations.



## How to Report Suspected Child Abuse or Child Exploitation

The Juvenile Crime Commission is a non-profit, autonomous body of private citizens possessing a special interest or expertise in the field of Juvenile Crime and child exploitation.

The Commission was formed to promote the protection of children and to enhance public and official awareness and understanding of the nature and extent of exploited and missing children and also to further address the resultant problem of juvenile crime.

It is our firm belief that a real solution to the looming threat of child exploitation can be achieved only by concentrated, preventive and rehabilitative efforts involving all segments of the community.

Please accept my donation in the amount of  
\$ \_\_\_\_\_ to help combat the problem of  
exploited and murdered children.

Mail donations to Alaska Juvenile Crime  
Commission, P. O. Bcx 4-2850, Anchorage, Alaska  
99509.

#### PACKET RESOURCE MATERIAL

FBI, Behavioral Science, Echo Exploited  
Children's Help Organization, Anchorage Police  
Dept., Sensitive Crimes Unit, Exploited Children  
Unit - Louisville, Societies League Against Child  
Molesters (SLAM).

Alaska Juvenile Crime Commission  
Marroyce Hall, Director

Alaska Juvenile Crime Commission  
P. O. Box 4-2850  
Anchorage, Alaska 99509.

**When to Report: Immediately** — when you know or have reasonable cause to believe that a child is being abused or neglected. Absolute proof is not required. The intent of the law is clear. Waiting for proof may involve grave risk to the child. Witnesses to child abuse and neglect are rare and the child's story may be disbelieved.

**Information Which Should Be Given:** You should give the names and addresses of the child and his parent(s) or other person(s) responsible for his care, custody or supervision:

If known you should give:

1. the child's age;
2. the nature and extent of the child's abuse or neglect including any evidence of previous abuse or neglect;
3. the identity of the abusive or neglectful person(s);
4. any other information which you believe might be helpful in establishing the cause of the abuse or neglect.