Jolene's Law Task Force 2014

SDCL 2-6-31 is An Act to establish the Jolene's Law Task Force to study the impact of sexual abuse of children in this state and to make recommendations to the Legislature on policies to effectively address the issue.

The task force was charged to study the impact of child sexual abuse (CSA) in the state and make a report to the 2015 Legislature on the prevalence of sexual abuse of children in the state and make policy recommendations to address the following areas:

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

The Task Force included fifteen members appointed by the President Pro Tempore of the Senate and the Speaker of the House of Representatives: four legislators, three state executive agency members, seven professionals with significant experience in working with child sexual abuse and one survivor of child sexual abuse. The Task Force Members include:

(a) A child abuse pediatrician whose experience and clinical practice is associated with a child advocacy center in the state: **Nancy Free**, **DO, FACOP, FAAP,** Sioux Falls, Medical Director of Child's Voice, Sanford Children's Hospital, and Medical Director of Avera St. Mary's Central South Dakota Child Assessment Center, Pierre.

(b) A representative with a non-profit organization that provides training and education aimed at the prevention of sexual abuse of children: **Ms. Hollie Strand**, Rapid City, Education and Public Awareness Specialist, Children's Home Society.

(c) A representative from a child advocacy center in the state with experience serving children who have been subjected to sexual abuse: **Ms. Angela Lisburg**, **MS, RN, FNP-C,** Pierre, Nurse Practitioner, Avera St. Mary's Central South Dakota Child Assessment Center.

(d) A person who was a victim of sexual abuse as a child: **Ms. Jolene Loetscher**, Sioux Falls, who was abused at the age of 15-16 by a family friend.

(e) A representative from a tribal organization in this state with experience and training in the area of sexual abuse of children: **Ms. TateWin Means**, Pine Ridge, Oglala Sioux Tribe Attorney General.

(f) A representative of a law enforcement organization in the state with direct experience working with child sexual abuse investigations: **Mr. Cameron Corey**, Watertown, Division of Criminal Investigation (DCI).

(g) A victim's advocate who works directly with child victims of sexual abuse: **Ms. Daniele Dosch**, Rapid City, FBI Victim Advocate.

(h) A mental health professional with experience and training using trauma focused cognitive behavioral therapy in the area of child sexual abuse: **Ms. Christine Bisek**, Pierre, Capital Area Counseling Services.

(i) A representative from the Department of Social Services: **Ms. Virgena Wieseler**, Pierre, Division Director, Child Protection Services.

(j) A representative from the Department of Health: **Ms. Colleen Winter**, Pierre, Division Director, Health and Medical Services.
(k) Representative from the Department of Education: **Ms. Ann Larsen**, Pierre, Director of Educational Services and Support.
(l) Speaker of the House Appointee: **Representative Peggy Gibson**, Huron.
(m) Speaker of the House Appointee: **Representative Jenna Haggar**, Sioux Falls.
(n) President Pro Tem Appointee: **Senator Alan Solano**, Rapid City.
(o) President Pro Tem Appointee: **Senator Deb Soholt**, Sioux Falls.

Summary of Interim

The task force met for the first time in August, and discussed assigned tasks. The bill was named Jolene's Law because Ms. Jolene Loetscher was willing to publicly speak about the abuse she had endured as a child and has become the South Dakota face for this piece of legislation.

Initial work involved learning about addressing child sexual abuse, not only from a psychological perspective, but also from the agencies that frequently deal with the victims, their families, and perpetrators. Presentations were heard from a Child Abuse Pediatrician, the Unified Judicial System, Department of Social Services, Department of Education, Department of Health, Department of Criminal Investigation, Child Advocacy Centers, Mental Health Centers, School Counselors, a States Attorney and others. Additional commentary was heard from task force members reflecting their depth of experience with the topic.

The task force explored the incidence of child sexual abuse in South Dakota, the associated mental, spiritual, physical and chronic adverse health consequences of this type of abuse, programs that could ease the disclosure of sexual abuse by a child, methods by which adults can be educated to recognize and support abuse victims, and what services are most effective in treating victims after abuse is disclosed. Expert Victor Vieth, JD, Consultant/Executive Director Emeritus from the Gunderson National Child Protection Training Center in Winona, MN, presented "An Awesome Opportunity: A National Plan to End Child Abuse" and spent time in dialogue regarding the most powerful strategies to eradicate this type of child maltreatment.

The task force came to understand that the sexual abuse of children is a serious and costly public health concern. Research from the Adverse Childhood Experiences (ACE) study estimates that 25% of females and 16% of males have experienced sexual abuse as children. The same study indicates that sexual abuse has been associated with significant short-term and long-term health impacts for the victims (Centers for Disease Control (CDC), 1997 & 2007, The Adverse Childhood Experience Study. Atlanta, GA: U.S. Department of Health & Human Services, Centers for Disease Control & Prevention.).

The conclusions reached by the Task Force were found to be in concert with the document prepared by the National Partnership to End Interpersonal Violence Across the Lifespan document: An Awesome Opportunity: The National Plan to End Violence across the Lifespan. This work provides evidence-based direction for next steps to eradicate child sexual abuse in South Dakota.

The task force met five times and at the final meeting on December 1, 2014, voted to introduce two pieces of legislation in the 2015 Session, one bill to continue the Task Force for an additional year and one to strengthen mandatory reporting law. If approved for continuance for the 2015 Interim, the Task Force also agreed on the following five major tenets around which to set goals, strategies for implementation and associated funding plans:

1. **Improving Education and Training***:* a) Undergraduate and Graduate level, b) Training in the field for all stakeholder disciplines;

2. **Improving Medical Health, Mental Health and Spiritual Care Responses to Instances of Violence:** a) Restructured medical and mental health care, b) Developing effective partnerships with faith communities;
3. **Improving Criminal Justice and Child Protection Responses to Instances of Violence***:* a) Improving the collection of evidence, b) From crime scene to trial: resolving cases more quickly, c) Improving the alternative or appropriate response system, d) Improving the mandated reporting system, e) Reducing vicarious trauma;
4. **Improving the Development and Delivery of Prevention Initiatives***:* a) Expanding prevention initiatives, b) Linking with youth serving organizations; and
5. **Improving Public Awareness, Public Policy and Research***;* a) Connecting research to the work of front line professionals, b) Public awareness, c) Public policy.

Based on heard testimony, along with the willingness of multiple organizations to begin moving forward with many of these ideas, the Task Force is optimistic that these tenets are attainable in South Dakota through meeting for an additional year to establish evidence-based outcome targets and infrastructure of support.

Legislation Adopted

Draft #101: *An Act to require that mandatory child abuse reporter be available to answer questions when the report required by Section 26-8A-8 is made to authorities.*

Draft #134: *An Act to extend the Jolene's Law Task Force for an additional year, revise the membership of the task force, and to declare an emergency.*

Summary of Meetings

The Jolene's Law Task Force met in Pierre on August 5th, September 15th, October 14th, November 17th and December 1st, 2014.

Staff members were: Amanda Reiss, Senior Legislative Attorney; Roxanne Hammond, Legislative Attorney; Jason Simmons, Senior Fiscal Analyst; and Cindy Tryon, Senior Legislative Secretary.

August 5, 2014

The August 5th meeting set the context for the study of child sexual abuse in the state in that this is an adult problem. Children are the victims and adults the perpetrators, and yet the responsibility to report has rested with the children. In no other way are children made responsible for themselves with adults providing for all other aspects of well-being, such as food, clothing, and shelter. Child sexual abuse is a difficult topic to discuss, and it is now time to open up a new conversation about this serious issue in South Dakota.

The day was spent hearing testimony from medical professionals and numerous state representatives that work with child sexual abuse cases regularly to gain an understanding of what child sexual abuse entails, how often it occurs, and how incidents are handled in South Dakota. Dr. Nancy Free, pediatrician specializing in child sexual abuse, explained the definition of child sexual abuse as any sexual activity with, or exploitation of, a child, other than play between same aged playmates, including pornography. She indicated that statistics show that 1 out of 4 girls and 1 out of 6 boys will be victims of sexual abuse sometime during childhood, though for a variety of reasons many children do not disclose the abuse they endure. Although many victims do not disclose the abuse and few exhibit physical signs of abuse, the long-term impact of child sexual abuse is significant, costing approximately $10 billion per year nationally.

Ms. Virgena Wieseler, Division Director of Child Protection Services, explained that DSS handles reports and investigations of suspected abuse and neglect in the state occurring within the home. She indicated that the majority of reports are from schools, family members, or the medical community and that in

FY 2014, DSS received a total of 16,129 total reports of abuse and neglect, with 2,581 (16%) of the reports assigned for an assessment. Of the cases assigned for assessment, 2.79 % (72) were for sexual abuse, and 28% (20) of those cases were substantiated, though an unsubstantiated report does not mean that the reported incident did not occur. Taken in perspective, 75.8% of the cases were for neglect with 20% substantiated and 15.74% were for physical abuse with 12% of those substantiated.

Mr. Greg Sattizahn, State Court Administrator for the United Judicial System, provided the Task Force with information on the number of child sexual abuse cases in South Dakota (see Task Force Documents). He indicated that the numbers the court tracks show incidents where the prosecutor moved forward with a report and charged a person, however UJS does not have information regarding the number of reports that law enforcement and prosecutors receive. Additionally, UJS tracks charges and convictions, but he explained that each case may include numerous charges against a perpetrator and numerous children may be involved in each case, so the numbers may not be entirely indicative of the number of victims of CSA or perpetrators in the state.

Ms. Ann Larsen, Director of Educational Services and Support for the Department of Education, discussed that historically the South Dakota schools have been managed by local control and that each school makes the determination of how and whether certain content will be addressed with students. She explained that the Department maintains reference materials and conducts trainings throughout the year. She did indicate that in the past there have been a couple of mandates placed on the schools including requiring counselors and nurses in the schools, though these have been difficult to meet due to school finances. Recently schools were required to implement a bullying policy, however the mandate allowed schools to decide how to do that and what policy was best for each school.

There was discussion of the Youth Risk Behavior Survey that is done every two years, with a random sample of approximately 1800 students in grades 9-12 in South Dakota, that will be conducted in 2015 and the possibility of adding additional questions about CSA for additional understanding in our state.

September 15, 2014

The September meeting centered around the incidence of CSA in South Dakota as well as the different ways that a child sexual abuse case may be counted in South Dakota. Mr. Cameron Corey, Division of Criminal Investigation, explained that the DCI as well as 116 other state and local law enforcement units voluntarily send all reports of child sexual abuse to the National Incident-Based Reporting System (NIBRS) for inclusion in the statistics report. In 2013, there were a total of 506 reported incidents of sexual activity with a juvenile in South Dakota with 182 incidents of forcible rape, 15 incidents of forcible sodomy, 3 incidents of sexual assault with an object, 147 incidents of forcible fondling, 13 incidents of incest, and 146 incidents of statutory rape. These reports did not include reports taken by FBI, BIA, or other federal agencies, and may not include incidents reported to tribal agencies.

Mr. Corey also explained the process of CSA investigations in the state and that each new law enforcement officer is required to take a four hour course on sexual assault during the initial 13 week training session. However, he indicated that child sexual assault cases are difficult to investigate and that additional education, as well as the use of Sexual Assault Response Teams (SART), and Child Advocacy Centers greatly assist in investigating these cases and bringing a case to a successful close.

The Task Force took an in-depth look at the Child Advocacy Centers (CACs) throughout the state as presented by Ms. Casey Murschel, CACSD Chapter Coordinator. Currently there are five non-profit centers that operate in South Dakota in Rapid City, Sioux Falls, Fort Thompson, Pierre, and Pine Ridge, with each utilizing a network of multidisciplinary teams to assist in the investigation of child sexual abuse reports. Each CAC must meet 10 standards to be accredited and each generally provides forensic interviews, victim support and advocacy, medical evaluations or referrals, mental health services, case review, and case tracking in a child focused setting. The CACs are currently operating close to maximum capacity. The CACs desire to be more available in rural areas of the state to reduce victim and family travel times, but are not able to expand at this

time due to fund limitations and operation size determined by grants, membership dues, and private donations.

Ms. Angela Lisburg, Avera St. Mary's Central South Dakota Child Assessment Center in Pierre, shared the CAC perspective when linked with a health system. They utilize the National Children's Alliance (NCA) to report cases to a national statistics center. The NCA utilizes a TRAK system that utilizes electronic report focused on case tracking, statistical reporting, and searching and allows those involved in a case to track a child across numerous cases. Each case that a Child Advocacy Center handles is reported to the NCA, including cases referred by the Tribes.

The US Department of Health and Human Services publishes a statistical document each year regarding cases of Child Maltreatment and includes cases reported to state child protection agencies and the number of screened in and screened out cases. However, the document does not utilize one consistent definition, and instead relies on each state to report based on their laws and the process that each child protection agency utilizes. As a result, it is difficult to utilize this document to compare screened in cases from state to state.

Ms. Tanya Fritz, Director of the Child Advocacy Center of the Black Hills, discussed the function of a CAC when a stand-alone operation. Best practice scenario is that when a CSA disclosure is made, the child is immediately connected with a CAC, which is not always possible in South Dakota.

Ms. Hollie Strand educated the task force on child's perspective of sexual abuse. Forensic interviewing is difficult because a child may not describe the abuse as an adult would, and may not even recognize sexual abuse as abuse at the time. It is essential for investigators to ask age appropriate questions and allow the child to tell his or her own story in his or her own words. It is important for the language of the story to remain as intact as possible for prosecution of the case.

Ms. Christine Bisek, Capital Area Counseling Services, explained the importance of getting a CSA victim the mental health assistance that he or she needs in order to move on with his or her life, but indicated that at times the extended timelines of CSA criminal and abuse and neglect cases can interfere with a child moving forward in his or her counseling.

October 14, 2014

At the third meeting, the Task Force heard the personal story of a South Dakota mother, Mary Beth Holzwarth, whose children were sexually abused by a relative. Her story reiterated the complexity of CSA cases and highlighted the importance of listening to our children and connecting them with the proper authorities and services to help them through the crisis.

The Task Force also heard from Ms. TateWin Means, Oglala Sioux Tribe Attorney General, and Ms. Daniele Dosch, FBI Victim Specialist, about how CSA cases are handled on the Pine Ridge Reservation. Ms. Means indicated that the cases may be investigated by the Bureau of Indian Affairs (BIA), Criminal Investigation Division, or the FBI depending on the age of the child victim. Additionally, the perpetrator may be prosecuted both Tribally and federally, as each entity has concurrent jurisdiction in Indian Country. Historical trauma is very common with about 90% of the mothers of CSA victims identifying as victims of abuse as well. Ms. Means also indicated that the Oglala Sioux Tribe handles their own child protection services and that there were 1343 child abuse referrals in 2013, with 127 of those being child sexual abuse referrals.

Mr. Brent Gromer, Division of Criminal Investigation, spoke about the recent increase and shift in the use of the internet in the sexual abuse of children. He indicated that in the past, offenders would use the internet to share child pornography, which was easily traceable. However, with new technology, perpetrators are able to share child pornography through more secure means. Additionally, perpetrators have shifted to targeting new victims through social media and often groom children, and eventually extort the children into providing pornographic pictures and movies of themselves and even convincing the child to meet them face to face. These technological advances show how important it is to educate children and adults on how the internet is used as a portal for sexual abuse of children.

Two school counselors spoke with the Task Force about the different ways that schools and counselors address CSA. They indicated that each school is operated by local control and any CSA education is dependent on what the administrators and school boards approve. They also explained that there are a number of different resources, and that CSA is a minimal topic in counseling college education and a minor aspect of what they provide students. As a result, school counselors may not know which programs are most beneficial to students.

Finally, the Task Force heard from Beadle County State's Attorney, Michael Moore, who has significant experience prosecuting child sexual abuse cases. Mr. Moore emphasized the complexity of CSA cases and explained the importance of proper interviews of children in prosecutions and the importance of getting CSA victims to a CAC as soon as possible, as the use of CAC's has increased the number of successful prosecutions. Moreover he explained the importance that CSA education for prosecutors and judges plays in the prosecution of CSA cases because the fewer times a child is questioned, the better and that jury education on CSA is vital to a case.

Ms. Colleen Winter of the Department of Health also reported that the CDC approved two additional questions, for a total of three, about CSA for the 2015 Youth Risk Assessment Survey. The Task Force hopes that this information can be used in the future to identify whether CSA cases are being reported.

The Task Force identified schools for members to contact to gain a preliminary understanding of CSA in K-12. The names of school districts will not be identified. Additionally, work groups were established to further understand statistics/benchmarks, CACs and statewide availability, professional education and public prevention.

November 17, 2014

The Task Force was honored to have as guest and hear an extensive presentation from Mr. Victor Veith, J.D., Senior Director and Founder of the Gunderson National Child Protection Training Center, Winona, MN. Mr. Veith shared much of the work that his organization has done in the area of child sexual abuse and indicated that it is essential that professionals who investigate child sexual abuse or who work with children have proper education of CSA indicators as well as the steps that should be taken to connect the child to proper services. Mr. Veith discussed the program he founded at Winona State University in Minnesota that offers a program of Child Advocacy Studies (CAST) which has seen exponential growth and demand over the years. He explained that this program can be implemented separately or in conjunction with both undergraduate and graduate programs and that his goal is to have each state offering at least 2 CAST programs in the next five years. He believes that this is one of the most powerful levers to change the culture of child sexual abuse.

Mr. Veith also discussed Adverse Childhood Experience (ACE) research that has been conducted by medical professionals over the years indicating that child abuse plays a significant role in increased risk for adverse medical conditions in adults. He believes that addressing child sexual abuse early will play a major role in reducing adverse medical conditions in adults over time.

Mr. Veith also suggested that the use of No Hit Zones in medical facilities may assist in the reduction and reporting of abuse and encourage the discussion of alternatives to abuse. He commended the Jolene's Law Task Force for embarking on this very important work, and validated the direction the group is headed in strategies for the future.

At this meeting, the Task Force also discussed results from school connections and questions asked, as well as information and recommendations the workgroups presented. With Task Force continuance into the 2015 Interim, this topic will be further studied and reported.

December 1, 2014

At this final meeting, the Task Force discussed the work of each workgroup regarding areas that the committee should investigate further (see page 8–13 of this report).

Additionally, the Task Force agreed on overarching tenets (see page 2-3 of this report) that require additional study to provide options for implementation.

Finally, the Task Force voted to introduce two pieces of legislation in the 2015 session (Draft bills are attached to this report).

Jolene's Law Task Force - 2014
Statistics/Benchmarks Workgroup Report

Workgroup Members: Senator Alan Solano, Chair; Virgena Wieseler, Tatewin Means

During the Jolene's Law Task Force meetings, a wide variety of data and statistics were shared by various agencies. This included data from the Department of Social Services Child Protection Services Division, South Dakota Unified Judicial System, South Dakota Department of Health, the Child Advocacy Centers and the Division of Criminal Investigation.

Department of Social Services

Child Protection Services consists of 7 regions across the state. Per SDCL 26-8A-2, CPS definition of abused or neglected child is limited to that which results from a parent, guardian or custodian. In FY2014 statewide, CPS received 16,129 reports of abuse and neglect. This total does not include three American Indian reservations within the state that provide their own Child Protection Services. Of the total reports for abuse and neglect, 2,581 were assigned for an initial family assessment, or 16%. The Initial Family Assessments resulted in 528 substantiated cases, 1,901 unsubstantiated cases and 152 cases that were unable to complete. It is important to note that although 1,901 cases were unsubstantiated, there may have been concerns related to the allegations reported, but CPS was not able to substantiate based on the information gathered during the Initial family Assessment, but services may have been offered and if accepted, provided or referred to services in the community.

The disposition of initial family assessments by type of abuse is 75.88% neglect, 15.74% physical abuse, 5.60% emotional maltreatment and 2.79% sexual abuse. The 2.79% of dispositions that were sexual abuse, translates into 72 cases in FY2014.

Data related to abuse and neglect is kept within a data reporting system called FACIS. This reporting system is used by all CPS regions. Data elements within FACIS include both discrete and non-discrete elements. There are approximately 55 data elements within the FACIS system. The FACIS system then feeds information into a national database called NCANDS which has 159 data elements.

The three Tribes in South Dakota that do not provide child abuse/neglect data to South Dakota's centralized reporting system have different reporting mechanisms each Tribe adheres to. A majority of these Tribes report child abuse/neglect data to the Bureau of Indian Affairs (BIA) area office in Aberdeen, South Dakota, but it is unclear, at the time of this report, what the BIA Aberdeen area office does with the data from that point. Each of these Tribes also utilizes a different data reporting system in the collection and reporting of its data. In all cases when child sexual abuse is disclosed, Tribal entities report the disclosure to the appropriate federal authorities to initiate a federal investigation in conjunction with any Tribal investigation.

Unified Judicial System

The Unified Judicial System in FY2014 filed a total of 607 charges for sexual abuse of a minor. The breakdown of charges was 244 sexual contact, 153 rape in the 1st degree, 153 rape in the 4th degree, 26 aggravated incest, 20 domestic abuse under age of sixteen, 20 domestic abuse ages thirteen to sixteen, 15 sexual exploitation and 11 domestic abuse rape in the 1st degree. It should be noted that an alleged perpetrator may have multiple charges filed.

The disposition of charges in FY2014 resulted in 86 guilty pleas, 18 convictions, 7 acquittals, 379 dismissals, 10 suspended impositions and 101 recharged.

These statistics are not inclusive of the federal prosecutorial data from the United States Attorney's Office and they also do not include Tribal criminal data. Each of the nine South Dakota Tribes has a different criminal data system in which they enter, update, and report criminal child abuse/neglect and child sexual abuse data. In some instances, both federal and tribal prosecution may commence for the same defendant for the same underlying offense as the federal government and Tribes have concurrent jurisdiction over those offenses.

While the federal and Tribal criminal data may not be included in state reporting, the collection of that data is important in realizing the full extent of child sexual abuse in South Dakota in order to adequately address the epidemic.

Department of Health

The Department of Health conducts a Youth Risky Behavior Survey of students in grades 9-12. This survey is conducted every-other year and is a random sample of schools in South Dakota. The survey was created to monitor six priority health risk behaviors. The area of focus for this workgroup was "sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancy.

In FY2013, 8% of respondents reported being physically forced to have sexual intercourse when they did not want to. In FY2011, the last year the question was asked, 21% of respondents reported that during their whole school life, they had been touched, grabbed, or pinched in a sexual way by anyone when they didn't want them to. Results from the 2011-2013 surveys showed that students who have been forced to have sex are more likely to have seriously considered suicide in the past 12 months (42.3%) than students who have not been forced to have sex (14.6%). Students who have been forced to have sex are more likely to actually attempt suicide one or more times in the past 12 months (24.4%) than students who have not been forced to have sex (6.7%).

Child Advocacy Centers

There are five Child Advocacy Centers in South Dakota. In CY2013 a total of 1,676 children were served by a CAC. There were a total of 933 alleged offenders. The relationship of alleged offender to the child was parent – 344, stepparent – 53, other relative – 221, parent's boyfriend/girlfriend – 97 other known person – 216, and unknown – 53.

The types of abuse reported at the CAC's was sexual abuse – 1082, physical abuse – 524, neglect – 202, witness to violence – 119, drug endangerment – 58 and other – 49. A child may report more than one form of abuse.

Data related to the work done by CAC's is kept in a system called NCATrak. This system keeps national data from all Child Advocacy Centers in the US. There are approximately 247 data elements within the NCATrak system and is comprised of both discrete and non-discrete elements.

Division of Criminal Investigation

The South Dakota Division of Criminal Investigation reported in FY2013 a total of 116 incidents against juveniles. This includes forcible rape – 182, forcible sodomy – 15, sexual assault with an object – 3, forcible fondling – 147, incest – 13, statutory rape – 146. Each incident may have more than one type of abuse included in its filing.

The SD DCI uses the National Incident-Based Reporting System to track the number and types of incidents against juveniles.

Findings

The actual number of child sexual abuse cases in South Dakota is hard to determine. The reasons for this finding are numerous. Based on information gathered and per testimony given, some reasons given include that most child sexual abuse goes unreported, in particular at the early stages of abuse and the majority of child sexual abuse is perpetrated by a known individual which complicates reporting the abuse. Another reason it is difficult to determine the number of cases is when reports are investigated alleging child sexual abuse, the outcome of the investigation may or may not be substantiated as child sexual abuse, so close attention is needed when reviewing data regarding the number of reports of child sexual abuse to CPS or law enforcement and the number of cases that are founded. In addition to the above reasons, information gathered also supports that children who have very sexualized behaviors are most likely victims of child sexual abuse, but may or not be in the agency systems.

Each agency reports incidents and allegations of child sexual abuse in their own data systems. These systems use a mix of discrete and non-discrete data elements which make data reporting and analysis difficult. Additionally, these systems do not use standardized data sets which make comparison of data nearly impossible.

Adding to the difficulty of determining the number of child sexual abuse cases in South Dakota is that the same case may be reported in multiple data systems. For example, a report of child sexual abuse may be reported to a local CPS office. CPS may refer the case to both a CAC and local law enforcement. Following investigation, the case may be referred to the states attorney's office for prosecution. In this case, there may be four files created in the various systems to report the same incident or allegation of abuse.

Because each agency has specific reporting requirements, it may be unrealistic to expect that all incidents and allegations of child sexual abuse could be reported within a single database. In addition, it is unrealistic to expect agencies to be able to make significant modification to their data systems.

Recommendations

To gain better understanding as to the information that resides in the various data systems and to assist with data analysis, it is recommended that the committee map the various data fields in each system identifying the discrete and non-discrete fields in each. Also, determining the shared data elements from each system that can assist in data analysis from multiple systems, ensuring that comparisons are "apples to apples."

Conduct a time-specific study of child sexual abuse in South Dakota. This would require the joint participation of various local and state government agencies, tribal agencies and private agencies to share information into a central repository for the purpose of establishing a baseline for the unique number of child sexual abuse cases in South Dakota. This could create a benchmark for the number of "reported" child abuse cases in South Dakota. Analysis could then be done to establish the prevalence of child sexual abuse in South Dakota, the specific type of sexual abuse and develop strategies to reduce such abuse. It is critical to determine a baseline for child sexual abuse cases in South Dakota to establish a way to measure if proposed strategies to reduce child sexual abuse improve outcomes for the victims of child sexual abuse through professional education and training, evidence-based prevention programs for parents, children and other adults involved with children, and treatment services are effective.

Jolene's Law Task Force – 2014
Public Education and Awareness Workgroup Report

Workgroup Members: Nancy Free, DO, Chair; Cameron Corey, Representative Peggy Gibson, Ann Larsen, Jolene Loetscher, Colleen Winter

Public awareness and understanding of the reality of child sexual abuse (CSA) in South Dakota is an important step in appropriately responding to CSA.

Overview:
Improving public awareness will ultimately be another tool that will strengthen the efforts of current stakeholders and ensure South Dakota children and families a healthier and safer future.

CSA is a public health problem requiring a multifaceted approach to address the spectrum of issues victims/potential victims face.

Individual and organizational/community actions and policy-level changes are identified tiers of response to CSA.

A first step in educating the public is to ensure that stakeholder professionals including law enforcement officers, Child Protection Services workers, judges, state's attorneys, medical providers and counselors, as well as legislators are informed and knowledgeable regarding CSA.

Increased awareness and understanding of CSA by general public will make an easier path for all work related to prevention, early intervention, family education, and bystander intervention.

Many campaigns which address components of CSA prevention and response have been developed and tested in the public arena. Common sense dictates that existing programs be examined and adapted to the needs of South Dakota as opposed to creating a completely new program.

A culture change is needed – a shift to include a framework that makes adults responsible for the safety and well-being of children. Programs/campaigns adopted should include first and foremost education for adults, and then developmentally appropriate education for children.

Specific items of interest as the task force moves forward:

- Identification of the steps to improve statewide public awareness, and identification of priorities among the possible steps
- Study of existing campaigns regarding CSA awareness, prevention, and response to examine ways in which each developmental stage of childhood from infancy to young adulthood is addressed
- Campaigns used in South Dakota must respect all cultures and be culturally inclusive
- Identification of prevention campaigns specific to CSA that address the many ways/places CSA takes place:
    - In homes
    - In schools/youth serving arenas
    - On the internet
- PSA's/ Media campaigns
    - Many media awareness / PSA campaigns target child safety (bicycle, safety belts, nutrition, bullying, dating violence), and awareness and education regarding child

physical abuse. Several in the U.S. focus on bystander education to stop sexual assault (most focused on adults). Several international campaigns were identified that focused on child sexual abuse.

- "No Hit Zone" Campaigns
- The intertwined nature of all types of maltreatment with CSA
- Toolkits for adults: schools/teachers/ youth serving organizations/daycares/ after-school programs - must include: awareness/understanding, recognition/identification, appropriate response

Findings/recommendations:

- This is a complex and far reaching component of the work of Jolene's Law Task Force.
- Prioritizing the needs of South Dakota includes identifying populations most at risk and potential resources and institutions currently available to support this effort.
- A work group will be needed to study the availability/adaptability of current offerings in order to develop a process for South Dakota.
- Consideration should be given to bringing in national expertise to provide recommendations specific to South Dakota.
- Increasing public awareness and education shall include acknowledging that healing occurs and the lives of those affected can be happy and productive if CSA is appropriately addressed.

This working group's efforts are a work in progress. We have a responsibility to make a long term commitment to this endeavor in order to improve the lives of children, families, and all South Dakotans now and in the future.

Jolene's Law Task Force – 2014
Professional Education Workgroup Report

Workgroup Members: Hollie Strand, Dani Dosch, Dr. Nancy Free, Christine Bisek, Angela Lisburg, and Virgena Wieseler

Training - Most professionals who work in the field of child abuse or work face-to-face with children are not required to have training in recognizing or responding to child sexual abuse. In some professions, such as law enforcement or child protection, training is part of the overall basic training agenda. Training for what to do and say when child abuse is suspected may be included in policies and procedures but does not include comprehensive training in this area.

Education - Although some undergraduate and graduate programs offer classes addressing sexual abuse but these classes are not mandatory and are not part of required CEU's to maintain licensure or certification. Many professions that work directly with children do not require a social work or psychology degree which are more likely to at least address child abuse on some level in the course of required education.

Resiliency – There are numerous efforts through training and management meant to support resiliency in the field of child abuse however some additional discussion led to a different view of resiliency. When workers are trained to effectively work as part of a Multidisciplinary Team, they are taught how to "share the load." They are taught how to work these cases in a manner which is best for the child and best for the family. This can create an environment of less burnout and stronger resiliency.

Children, families, and professions need to understand the dynamics of resiliency and the hope they can have for children who have been abused. This needs to be an integral part of the public and professional education.

Short Term – Create awareness for the need of education and training for professionals who work with children directly or respond to reports of child abuse.

Long Term – Create requirements outlining training/education addressing child sexual abuse for professionals in fields intersecting with positions serving children or professionals responding to child abuse investigations.