

Report of the Commission on Sexual Assault

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



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COMMONWEALTH of VIRGINIA

Donald S. Beyer, Jr.
Lieutenant Governor

Office of the Lieutenant Governor
Richmond 23219

(804) 786-2073
TDD (804) 786-2091

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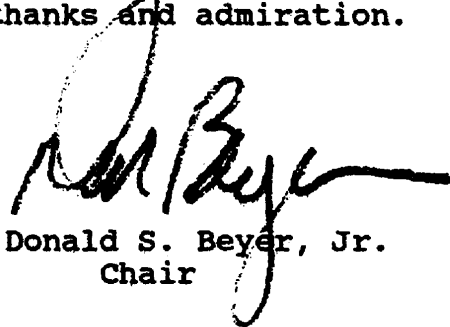
To the Governor and the General Assembly of Virginia,

Two years ago, the members of the Commission on the Reduction of Sexual Assault (SJR 108) defined our mission as creating a plan to break the tragic cycle of sexual assault victimization which so often begins with the assault of a child.

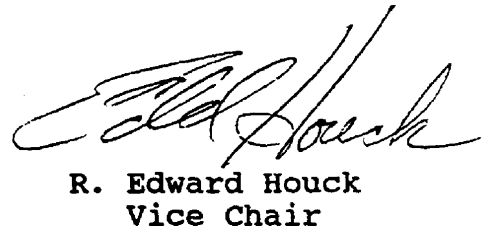
With our 1993 recommendations, and the resulting legislation, Virginia moved to the forefront nationally in confronting the difficult and painful issues of child sexual assault, incest and rape. With this report and the recommendations it contains, we believe that Virginia can complete the circle, protecting our citizens with tough laws and penalties; offering healing assistance to victims, especially children; and intervening to break the cycle in which victims can become victimizers.

The accomplishments of this Commission would not have been possible without the courage and determination of the adult survivors of child sexual assault who inspired us and urged us on and the many dedicated professionals, including an extraordinary group of skilled and committed state employees, who gave us the benefit of their experience and expertise as staff members. They have our thanks and admiration.

Sincerely,



Donald S. Beyer, Jr.
Chair



R. Edward Houck
Vice Chair

Breaking the Cycle
Report of the Virginia Commission on the Reduction of
Sexual Assault Victimization

Someone is stalking our children.

Sometimes it is a stranger who strikes in the night, like the one who snatched Polly Klaas from her bed in Petaluma, California.

Sometimes it is a familiar neighborhood figure, like the resident manager of a Norfolk apartment complex who lured seven children, six boys and a girl, to his apartment and molested them.

Sometimes it is a trusted caretaker, like the Newport News middle school teacher convicted of having sexual relations with a 14-year-old student, or the husband and son of a Smithfield child care provider convicted of molesting young children who were being cared for in their home.

More and more often, it is another child, re-enacting the horror that has been forced on him by an adult sexual predator -- A child like the Hanover County boy who molested neighborhood children, some at gunpoint, as he had learned to do from the man who assaulted him.

More often than we want to believe, it is a loved and trusted family member -- a parent or step-parent, grandfather or uncle, a brother or sister -- whose incestuous assaults are the most devastating betrayal of all. And too many times, a child is doubly betrayed when instead of rescue, another family member ignores or denies the child's suffering, or even assists in it.

Sexual assault is damaging the childhoods and blighting the lives of thousands of Virginia children. Because this ugly crime is committed in secret, its victims silenced by threats and shame, it is impossible to know the true number of its casualties.

This much we do know: last year, 2,277 Virginia children were identified as victims of sexual abuse by a person in a caretaking role, up 13 percent from the year before.

This is where the cycle begins. Research tells us that 90 percent of sex offenders who begin offending as children or adolescents were themselves the victims of child sexual assault. While most sexually abused children do not become offenders, the number who do can be significantly reduced. If we can find and heal them before they begin to re-enact their suffering by victimizing others and if we can provide rehabilitation services for child and adolescent sex offenders before they become confirmed adult rapists or pedophiles, the cycle can be broken.

1993 Legislation: Strategies for Breaking the Cycle

Strategic intervention to break the cycle of child sexual assault was the foundation of this Commission's initial recommendations, which were presented to the Governor and the 1993 General Assembly. The result was successful legislation in three areas: reform of Virginia's sexual assault laws, expansion of rehabilitation services for juvenile sex offenders, and increased treatment resources for victims of child sexual assault.

In the area of legal reforms, Commission recommendations resulted in significant revisions and modernizations of Virginia law and increased penalties for child sexual assault, including incest and sex crimes against male children.

In addition, prosecutors report that Commission legislation making it clear in Virginia law that no witness may be presumed incompetent to testify solely because of age already has resulted in prosecutions in child sexual assault cases which may not have gone forward previously.

In the area of juvenile offender rehabilitation, Commission recommendations resulted in the authorization of 30 new slots at Beaumont Learning Center for treatment of juvenile sex offenders.

Local sexual assault crisis centers are the backbone of Virginia's victim assistance network, and the Commission was successful in securing increased funding for local centers.

Also approved by the 1993 General Assembly was the creation of multi-disciplinary investigation teams in child sexual assault cases, including medical, law enforcement, social services and counseling professionals. This team approach spares young victims the trauma of repeated interviews and examinations.

Closing the Circle: Protection, Prevention, Treatment

With the passage of the Commission's 1993 legislative recommendations, Virginia emerged as a national leader in the prevention of child sexual assault. Now it is time to close the circle of protection and prevention.

Our 1994 recommendations are based on three principles: the obligation to protect society from sexual assault, the responsibility to offer appropriate services to victims based on respect for their human dignity, and strategic intervention to interrupt the cycle through effective treatment of child victims and rehabilitation of juvenile offenders.

Protecting the Public

Research shows that sex offenders are likely to repeat their offenses and that those who prey on children often seek out roles which put them in contact with potential victims. It is government's obligation to protect citizens, especially those most vulnerable, our children, from these crimes.

To protect the public, we recommend the following:

- **Sex offender registry:** Establish a statewide sex offender registry, to be maintained by the Virginia State Police, and require adults and juveniles convicted as adults to participate.

- **Parole eligibility for sex offenders:** Require sex offenders to serve at least two-thirds of their sentences before they are eligible for parole. Offenses include rape, attempted rape, attempted forcible sodomy, attempted object sexual penetration (all Class 4 felonies); and incest, taking indecent liberties with a minor, and crimes against nature.

- **"Three strikes" felony for sex offenders:** A third conviction on certain misdemeanor sex offenses becomes a Class 6 felony. Offenses include sexual battery, attempted sexual battery, contributing to the delinquency of a minor by consensual intercourse, indecent exposure, and sale, loan or representation of materials harmful to juveniles.

- **Employee records checks:** Require persons working at state-regulated residential facilities for juveniles to provide copies of their criminal record, child abuse registry record or certification that no record exists. Effective July 1, 1994.

- **Marital Rape:** Remove the 10-day statute of limitations on reporting marital rape.

- **Daycare in residence of known sex offender:** Impose a Class I misdemeanor on any non-licensed daycare provider who knowingly provides services to children in a home where a convicted sex offender resides.

- **State certification of sex offender treatment providers:** Require non-licensed professionals providing treatment to sex offenders to be certified by the state Board of Health Professions and directs the Department of Health Professions to develop a certification program.

Prevention - Services for Victims of Sexual Assault

Sexual assault, especially when the victim is a child, is disturbing to confront and often difficult to discuss openly. As a result, victims of these crimes may be treated

differently and may even be held responsible for their own victimization.

To ensure that victims receive fair and appropriate services, provided in an atmosphere of dignity and respect, and that professionals providing those services receive adequate training, we recommend the following:

- **Local child sexual abuse investigation teams:** Require all Virginia localities to establish multi-disciplinary sexual abuse investigation teams (medical, law enforcement, social services) by 1996, so that victims are not further traumatized by repeated investigative procedures.

- **Notice to victims of juvenile sex offenders:** Allow victims of juvenile sex offenders to receive notice of the outcome of the case and of the pending release of the juvenile offender.

- **Child Protective Services – non-caretaker abuse:** Develop programs extending the jurisdiction of Child Protective Services to child sexual abuse cases involving persons not in caretaking roles.

This will include investigation and case management; purchase of services; defining the roles of law enforcement and Child Protective Services; and evaluation.

- **Training standards for Child Protective Services Workers:** Directs the Department of Social Services to develop training standards for Child Protective Services workers who conduct sexual abuse investigations.

- **Bar requiring polygraph testing of sexual assault victims:** Prohibit law enforcement agencies from requiring sexual assault victims to submit to polygraph examinations and require them to notify victims that they have the right to refuse such requests.

- **"One-stop" reporting and referral for child abuse –** Directs the Department of Social Services to develop a plan to ensure that child abuse reports reach the appropriate agency regardless of which agency receives the initial report.

- **Prohibit sexual contact between health professionals and sexual assault victims:** Request the Department of Health Professions and the Board of Health Professions to revise regulations to prohibit sexual contact between health professionals and sexual assault victims to whom they are providing treatment, and to enumerate sanctions for such misconduct.

- **Repeal "seduction of a chaste female" statute:** Repeal the "seduction of a chaste female" statute, which has been ruled unconstitutional and conflicts with rape shield law.

◦ **Repayment of sexual assault evidence recovery costs:** Request the Supreme Court of Virginia, the Division of Crime Victim Compensation, and the Virginia Commonwealth Attorneys Association to develop criteria for repayment of sexual assault victims for the cost of physical evidence recovery kits.

◦ **Child sexual abuse prevention programs:** Provide funding for theatrical productions to prevent child sexual abuse by teaching children to recognize and report it.

◦ **Closed circuit testimony in emergency removal hearings:** Allow an exception to the seven-day notice rule for closed circuit testimony in emergency removal hearings in child abuse cases. (Emergency hearings must be held within five days of removal.)

◦ **Training in use through Department of Criminal Justice Services on courtroom modifications allowed under the law when children testify in court.**

Funding recommendations:

1. Technical assistance to localities establishing multidisciplinary sexual abuse investigation teams (Department of Criminal Justice Services.)
2. Child Protective Services non-caretaker abuse pilots.
3. Sexual abuse prevention theatrical productions

Treatment of Sexual Assault Victims and Rehabilitation of Juvenile Sex Offenders

Research shows that the key to breaking the cycle of sexual assault is healing treatment for child victims and rehabilitation of juvenile offenders.

We recommend that Virginia adopt the following intervention strategies:

- **Community-based treatment for sexual abuse victims and juvenile sex offenders:** Provide treatment services for sexual abuse victims and juvenile offenders through each of state's 40 Community Services Boards, with additional support for the 10 CSBs with the heaviest sexual assault caseloads.

- **Training for local sexual assault treatment providers:** Provide training for treatment providers employed by the 40 Community Services Boards

- **Treatment for juvenile sex offenders and child victims of sexual assault under the Comprehensive Services Act Trust Fund:** Provide funding for the treatment of juvenile sex offenders and child victims of sexual assault in the Comprehensive Services Act Trust Fund for at-risk youth.

- **Encouraging courts to expand their record keeping of juvenile sex offenders:**

- **Technical language clarifying 1993 budget amendment:** Introduce budget language amendment clarifying the Commission's 1993 budget amendment in order to direct the Department of Health to allocate the 1993 appropriation increase for sexual assault crisis centers to the development of adult and children's services.

- **Evaluation of biomedical treatment for sex offenders:** Request through the Department of Mental Health, Mental Retardation and Substance Abuse Services that the University of Virginia's Institute of Law, Psychiatry and Public Policy study the efficacy of biomedical treatment of sex offenders.

- **Expressing the need for expanded availability of community based treatment for juvenile sex offenders.**

Funding Recommendations:

1. Treatment for sexual abuse victims and offenders available through all 40 Community Services Boards, with additional funds for 10 CSBs with heaviest caseloads.

2. Training for CSB treatment providers

3. Community based services for juvenile offenders through Comprehensive Services Act Trust Fund.

General Recommendations:

◦ **Extend Commission to monitor implementation:** Extend the Commission to 1995 to review and monitor implementation of recommendations and oversee ongoing activities.

Conclusion

Child sexual assault is our worst nightmare: innocent, vulnerable children hurt, betrayed and scarred, often by those they should be able to trust the most. The implementation of our 1993 recommendations established Virginia as a national leader in the fight to prevent child sexual assault. With these recommendations, we begin to close the circle, protecting the most vulnerable among us, punishing those who prey on them, and providing the healing and rehabilitation that can break the terrible, tragic cycle of child sexual assault.

The Commission is proud that Virginia has moved to confront this disturbing issue. The Commonwealth is indebted to the children, parents, adult survivors of child sexual abuse, and the professionals who assist them. Their courage and wisdom have inspired us and guided our efforts.

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