

Corroborating Evidence in Child Abuse Cases: a Team Effort

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Crimes of Secrecy

but kids are
not abused
in a vacuum

Proof Corroborating Evidence

Corroborating Evidence

To Corroborate: Validate
Support
Confirm



Corroborating Evidence

- ✓ *Disclosure process & prior consistent statements*
- ✓ *Crime scene*
- ✓ *Tangible evidence*
- ✓ *Victim Issues*
 - ✓ *Process of victimization*
 - ✓ *Counter-intuitive behaviors*
 - ✓ *Victim changes*
- ✓ *Opportunity evidence*
- ✓ *Medical Evidence*
Physical findings or "No physical findings"

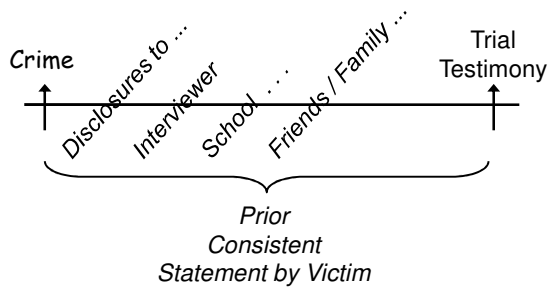
The Disclosure

- *How did this case go from:*
"nobody knows..."
to
"now we know..." ??

The Disclosure

- Corroborate everything surrounding the disclosure
- multiple disclosures
find who the victim told before ...
- help show the disclosure was:
not calculated
not the child's goal
traumatic for the child

• Prior Consistent Statement



Prior Consistent Statements

- Find all other prior consistent statements

Admissible?

- Victim testified & cross examined
- Prior statement is consistent with testimony
- Accused of lying, fabrication, coaching, etc
- State specific: effect of "motive to fabricate"

Rule 801(d)(1)(B)

Crime Scene:

- *There is always a crime scene*
 - *where did it happen?*
 - *we must see it*
 - *pictures*
 - *video*

- *Purpose:*
 - *that part of the disclosure was accurate*
 - *scene consistent with the assault disclosed*
 - *help jury see it thru child's eyes*
 - *show that the crime scene is an real place*

Tangible Evidence

- *seize or record every tangible item described in forensic interview*
- *all sensory perceptions*
- *MDT review of interview – identify evidence*
- *search warrant?*

Victim Issues:

- a. Process of victimization
- b. Counter-intuitive behaviors
- c. Victim changes

a. Process of victimization

- 1) victim selection How first meet offender?
 First contact with ...?

- 2) engagement
 - developing a relationship
 - establishing trust for control
 - Describe relationship...
 - What kind of activities...?
 - befriending victim & friends
 - compliments
 - privileges
 - intimidation

a. Process of victimization

- 3) grooming
 - normalize sexual behavior
 - break down boundaries
 - suggestive sexual conduct
 - sexual humor & talking
 - pornography
 - intrusive touching
 - intrusion on privacy
 - nudity
 - "sex education"
 - controlling behaviors
 - offering drugs/alcohol

a. Process of victimization

(cont.)

- 4) assault
- 5) concealment threats & manipulation
 bribery
 shared responsibility
 learned helplessness
 grooming w/ others "present"
 assaulting while victim asleep
 discrediting victim
 (suppression effort
 in case disclosure
 "gets out")

Learned Helplessness



- Generally:
kids feel subordinate to adults
- With a Trusted Adult:
especially helpless
- Accommodation:
typically freeze or dissociate
- Entrapment:
believe they can't change chronic abuse
- With pre-school ages:
can lead to fantastical disclosures
"fantastic elements"

b. Counter-intuitive behaviors



b. Counter-intuitive behaviors

Counter-intuitive behaviors = *NORMAL*

1. Delayed disclosure
(hours to years)
be prepared to explain it to the jury
delay is *normal*
piece-meal disclosure
 - test the water
 - sometimes = multiple attempts

2. Types of disclosures
 - a) accidental
 - b) prompted
 - c) purposeful

b. Counter-intuitive behaviors

3. Memory
 - a) episodic vs. script memory
(*single event v. long term abuse*)
 - b) Trauma: effect on memory
(*fight, flight or freeze*)
 - c) combined w/ drugs & alcohol
detriment to perception
- peripheral sequencing (core details *very clear*)
long term coding affected

4. Recantation
 - a) taking back a *true* allegation
 - b) numerous reasons why kids recant...
family disruption, testifying, shame, peer pressure...
 - c) what are they trying to accomplish?

b. Counter-intuitive behaviors

5. Malicious false allegations:
(*has to be considered*)
 - a) teens –
 - i. cover up for consensual activity
(*research: will almost always accuse a stranger*)
 - ii. change in living situation
 - iii. serious mental health issues
 - b) young children – custody issues

c. Victim changes

Behavioral

- *Sexual acting out*
- *Aggression / acting out*
- *Regression or Pseudomaturity*
- *Grooming habits – hygiene*
- *Eating problems / disorders*
- *Post-traumatic responses*
- *Self-harm*

c. Victim changes

Cognitive

- *School-related problems*
- *Distorted Self-image*
- *Impaired problem-solving skills*

c. Victim changes

Emotional

- *Depression*
- *Dissociation*
- *Post-Traumatic responses*
- *Unusual & Excessive fears*

c. Victim changes

- Find the witnesses:
 - *Teachers*
 - *Counselors*
 - *School Counselors*
 - *Grandparents*
 - *Parents*
 - *Parents of friends*
 - *Baby-sitters*
 - *Day care providers*
- Parent/Caretaker interviews

Opportunity

Suspect & victim together:

- a. together alone?
- b. together at crime scene?
- c. together at time of crime?

Opportunity

Suspect & victim together:

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- Identify witnesses
- Identify evidence

Establishing Dates & Time Frame(s)?



Alternatives for Establishing Dates & Time Frame(s)?

Ask about:

- Grade in school / Teacher



- Home



- Where other important people were



Opportunity

Suspect & victim together:

- events that brought them together?
- records of time together?
 - photos
 - cell phones
 - social media
 - receipts
 - law enforcement reports
 - calendars

Medical Evidence

There is *always* medical evidence

- Medical Evidence is either:
 1. *physical findings*
 - or
 2. *“no” physical findings (90 - 95%)*

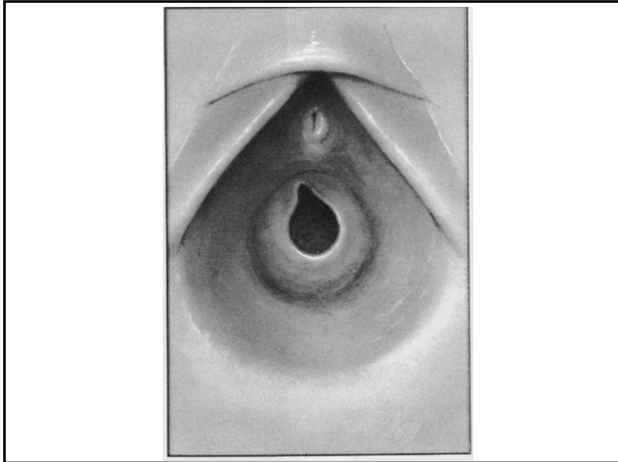
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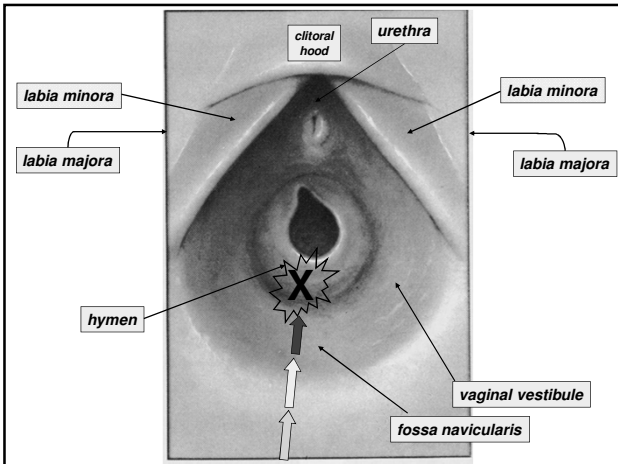
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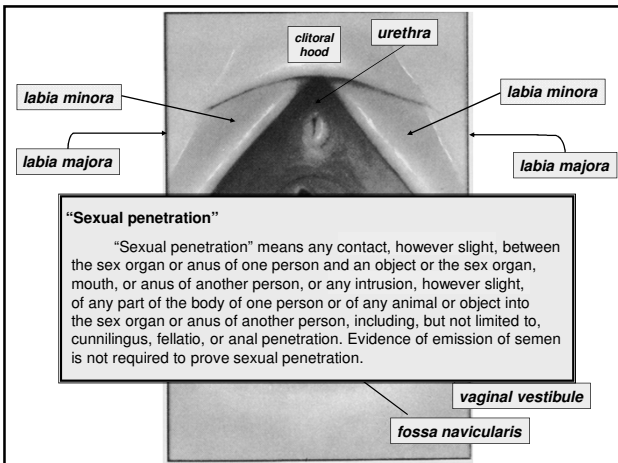
1. *medical evidence is consistent with the disclosure*
2. *significance of pain*

Medical Evidence

- *“Pain”*
- *normal touch ≠ “hurt”*
- *closer to hymen*
 - ↑ *sensitivity*
 - ↑ *pain*







Medical Evidence

Corroborating Evidence:

- 1. *medical evidence is consistent with the disclosure*
- 2. *significance of pain evidence of penetration*
- 3. *explain legal language "vulva" or "penetration" or ...*

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