

Child Sexual Abuse in Ohio

A Brief Overview

Laws:

- Ohio's Special Statute of Limitations for Childhood Sexual Abuse, Effective August 3, 2006. The law gives victims 12 years from their age of majority to bring actions against their perpetrators.
- Megan's Law:
 - *Sex Offender Registration* – The 1994 Jacob Wetterling Act requires the States to register individuals convicted of sex crimes against children.
 - *Community Notification* – Megan's Law allows the States discretion to establish criteria for disclosure, but compels them to make private and personal information on registered sex offenders available to the public.
- The Amber Alert is a critical missing child response program that utilizes the resources of law enforcement and media to notify the public when children are kidnapped by predators. Although the scope of the Amber Alert varies, the criteria for activation are fairly consistent. Whether it is a local, regional or statewide program, law enforcement activates an Amber Alert by notifying broadcast media with relevant identifying and case information when circumstances meets the following criteria:
 - The missing child is of a pre-determined age;
 - The law enforcement agency believes the child has been kidnapped;
 - The agency believes the missing child is under threat of serious bodily harm or death.
- Ohio's child enticement laws are in place to protect children from being solicited for illegal purposes via digital methods. A person can be found guilty of child enticement if he or she is over the age of 18 and is found to have committed the following:
 - With or without knowledge of the minor child's age
 - Entice solicit, or lure
 - Via a communication or digital device
 - A minor child under the age of 13
 - To engage in sexual activity or conduct.
- According to the Family Defense Network of Ohio: "Ohio law is very specific when it comes to parental authority, the child's obligation to obey the parent, and what constitutes child abuse. Many police officers, social workers, prosecutors, and even judges, don't understand these laws until they are explained to them. It is important for everyone involved in a child abuse investigation to know exactly what the law says."
 - The Law states: **2919.22 Endangering children**
 - (A) No person, who is the parent, guardian, custodian, person having custody or control, or person in loco parentis of a child under eighteen years of age or a mentally or physically handicapped child under twenty-one years of age, shall create a substantial risk to the health or safety of the child, by violating a duty of care, protection, or support. It is not a violation of a duty of care, protection, or support under this division when the parent, guardian, custodian, person having custody or control of a child treats the physical or mental illness or defect of the child by spiritual means through prayer alone, in accordance with the tenets of a recognized religious body.
 - (B) **No person shall do any of the following to a child** under eighteen years of age or a mentally or physically handicapped child under twenty-one years of

age:

(1) Abuse the child;

(2) Torture or cruelly abuse the child;

(3) **Administer corporal punishment or other physical disciplinary measure**, or physically restrain the child in a cruel manner or for a prolonged period, **which punishment, discipline, or restraint is excessive under the circumstances and creates a substantial risk of serious physical harm to the child.**

Protocols:

- From the Ohio Pediatric Sexual Abuse Protocol:

“It is imperative that evidence is properly collected and analyzed so that, should the assailant be prosecuted, the necessary evidence will be in the hands of appropriate law enforcement officials. Proper collection and handling of evidence is vital. Legal protocol dictates a “chain of custody” wherein each individual handling the evidence documents receipt and delivery of the specimens. This procedure helps rule out possible improper handling of evidence. Should prosecution occur, proper collection of evidence increases the probability of conviction... All communities are encouraged to utilize or establish a specialized service/team where children who allege sexual abuse can receive an expert evaluation. A child sexual abuse team may include representatives from the hospital child abuse program, emergency department, a Pediatric Sexual Assault Nurse Examiner, trained Pediatric Nurse Practitioner, law enforcement, the prosecutor’s office and social service agencies. Communities with access to a Children’s Advocacy Center should utilize that center’s expertise and support services. Communities that lack medical child abuse expertise are encouraged to establish a Pediatric Sexual Assault Nurse Examiner (PSANE) program. With good information and evidence collection procedures in place and an effective referral network established, the child and family should be able to utilize the available supportive services with a minimum potential for having to re-enact the abuse through repetition of the event to service providers.”

- According to the protocol, the “Sexual Abuse Evaluation”, it is imperative that the medical examination be completed by a licensed and trained health professional, and is very important in insuring the integrity of any sexual assault case to be prosecuted.
- For patient triage, the Ohio Protocol states:
 - A.** A rape/sexual abuse patient should be viewed as a priority patient and should be given immediate privacy. A physician, the charge nurse, a health care examiner or professional staff person should see this patient within 15 minutes of arrival or as soon thereafter as possible.
 - B.** The intake worker elicits sufficient information to complete the registration process as quickly as possible and in private, if possible.
 - C.** The intake worker informs the designated sexual abuse specialist and/or the primary nurse that a sexual abuse patient has presented for evaluation. A sexual abuse specialist is a staff

person who may be designated to be responsible for the coordination and assurance of care for the patient.

- D. If law enforcement or social service personnel do not accompany the patient, they are to be notified by hospital/clinic staff. The hospital/clinic is obligated under Ohio law to report alleged or suspected sexual abuse whether the patient wants to speak with law enforcement or not. It is the responsibility of hospital/clinic personnel to inform the patient that law enforcement and/or social services will be notified that a sexual assault/abuse has been reported to the hospital/clinic. Unlike adult sexual assault, the name of the sexual abuse victim must be reported to the legally mandated authorities even when the patient or family wishes not to report the sexual abuse.
- E. Reporting to the legally mandated agencies (i.e. law enforcement and the county social service agency) is mandatory. Otherwise, information concerning the sexual abuse shall not be given by anyone to the media or any other person(s) seeking information without the written consent of the patient or legal guardian.
 - The protocol also states that “In cases of sexual abuse beyond 72 hours or when other indications for using the evidence kit are absent, the evidence kit should not be used in the forensic evaluation”. In this case, sexual abuse/medical history is collected, including information on the victim and the perpetrator.
 - The protocol also covers photo documentation of all trauma areas, treatment and tests, referrals and follow-up, how to handle a completed evidence kit, and parent discharge.

Barriers To Services:

According to an article published by the U.S National Library of Medicine, physicians systematically under-identify and underreport cases of child abuse. These medical errors may result in continued abuse, leading to potentially severe consequences. The article offers some ways to stop these errors, saying that education on child maltreatment should be ongoing and improved overall. The article also states that there should be “...more resources to assist physicians in making the difficult determination of suspected maltreatment. The role of accessible telephone consultation should be evaluated, along with formalized collaborations with local Emergency Departments with pediatric expertise. Improve the relationship between CPS and medical providers. For example, CPS workers should systematically inform the reporting physician about the progress of their investigation and the outcome for the child and family. Several past reports have made specific suggestions to improve the working relationship”. The author’s also suggest that child abuse pediatric experts who have courtroom experience could provide education and support to physicians who have little preexisting experience with the legal system.

Resources:

- The Rape, Abuse & Incest National Network offers many resources for those who are victims of sexual abuse. This is a resource for child abuse victims and any other sexual assault victims as the site offers a phone and online hotline to contact, ways to help a loved one and locate a local counseling center.
- Another resource is the Adult Survivors of Child Abuse website. Like RAINN, this site includes many resources for survivors to get the help and support they need.
- Darkness 2 Light is a program which tries to help adults be able to look for potential situations in which an abuser could strike. The program offers many other prevention strategies including protecting children by carefully thinking about the safety of any one-adult/one-child situations. Best practices include sound policy with screenings that include criminal background checks, personal interviews, and professional recommendations for all adults who serve children.

- The Darkness 2 Light program also has a current campaign, which states:

“Our current media campaign has been designed to illuminate the unfathomable prevalence and consequences of child abuse. The target audience is adults. Unlike other prevention campaigns, we believe that adults must be aware and held responsible to end child abuse. As part of the adult responsibility, we are committed to presenting this campaign in a responsible manner. Many months went into community preparedness prior to the launch. This work helps ensure community resources are in place to help adult survivors, child victims/family and concerned members of our community.”