

The Honorable Lawrence R. Klemin, Chair  
And Honorable Members of the House Judiciary Committee  
The North Dakota Legislature  
ND State Capitol  
600 E. Boulevard  
Bismarck, ND 58505-0360

RE: HB 1387

Mr. Chairman and members of the Committee, my name is Dr. Tami De Coteau. I am an enrolled tribal member of the Mandan Hidatsa Arikara Nation and a proud descendant of the Turtle Mountain Chippewa. I have worked as a licensed clinical psychologist with an emphasis on the treatment of trauma disorders for nearly two decades. I am certified in trauma-focused cognitive behavioral therapy. I have received training in the Neurosequential Model of Therapeutics (NMT; Perry), a developmentally sensitive, neurobiology-informed approach to working with at-risk children; Trust-Based Relational Intervention (TBRI; Purvis), a therapeutic model that trains caregivers to provide effective support for at-risk children; and Eye Movement Desensitization and Reprocessing (EMDR; Shapiro), an intervention approach that helps reduce the long-lasting effects of traumatic memories. I offer trainings in trauma-informed interventions for caregivers, schools and agencies, both nationally and internationally. I also serve as the vice-chair of the Alyce Spotted Bear and Walter Soboleff Commission on Native Children. Established by Congress, the bipartisan commission is tasked to examine and offer recommendations to address the challenges facing Native American children.

In addition to maintaining a busy patient caseload, I own a Bismarck-based private practice that employs several mental health providers who are uniquely trained in the application of trauma-specific interventions for adults, children and families. Thank you for holding this hearing relating to the statute of limitations on sexual trauma.

I would like to focus my testimony on support for HB 1387. The information provided below is based on my clinical perspective on trauma and the corroborating science regarding sexual trauma and delayed disclosure of sexual trauma.

In order to understand the complexity involved in the disclosure of traumatic sexual events, one must first understand the science behind trauma and traumatic memories.

Trauma by definition is an unbearable and out of control sensation in the body. It leaves an imprint on the mind, body and brain and results in reorganization of the way the mind and brain manage perceptions. Trauma changes what we think, how we think, and our very capacity to think. Traumatized people have trouble deciphering what is going on around them. Their mind replays the traumatic sensations and memories over and over, and they may feel triggered into fear without understanding the source. Individuals who become conditioned to

adversity come to believe they have no control over their lives so they give up trying – a response referred to as learned helplessness.

The gut-wrenching impact of trauma on children is evident in their persistent hyperarousal and hyperactivity. These children struggle to regulate their own emotions, attend to stimuli, and their capacity for learning is often greatly impaired. While they are desperate for love and affection, their persisting fear-response causes them to perceive everything as threatening, and they are likely to have trouble trusting adults.

Difficulty trusting is one of several components of a phenomenon referred to as “delayed disclosure”, where survivors of child sex abuse wait years before reporting their abuse. Delayed disclosure is often associated with emotional and psychological trauma and accompanied by fragmented and poorly integrated memory of the abuse. Child victims frequently do not discover the relationship of their psychological injuries to the abuse until well into adulthood — usually during the course of psychological counseling or therapy. Data shows that a high percentage (58%-72%) of child sex abuse victims delay disclosure well into adulthood. The average age at the time of reporting is 52 years. Additional barriers to childhood disclosure include fears of threats made by the perpetrator, severity of abuse, relationship to the perpetrator, lack of understanding needed to recognize sexual abuse, lack of trusted adult they can disclose to, lack of ability to articulate their abuse, and that they often aren’t believed when they try to disclose. As a result, very few disclosures (6%-15%) are made to legal authorities during childhood. When children do disclose their disclosure often involves an evidenced-based pattern of delayed disclosure that can take decades to complete. This pattern usually involves “telling” through indirect hints and signs, withholding, deciding to tell, re-deciding and delaying, all of which hinge on the availability of trusted and responsive adult confidants (Priebe & Svedin, 2008; Sprober et. al, 2014).

Because many laws fail to account for the scientific fact that child sex abuse victims delay disclosure, most victims of childhood sexual abuse are denied justice. By the time victims are able to come forward the statute of limitations have expired, leaving abuse victims without the atonement needed for healing, enabling the perpetrator to continue to harm other children, and preventing legal authority from mitigating the negative consequences of sex abuse.

Statutes of limitation were originally put in place in part to discourage convictions based on “unreliable witness testimony,” including memories of events that occurred years in the past. The issue of repressed or suggested “fake” memories has been overreported and sensationalized by the media. The reality is that most victims of sex abuse remember all or parts of what happened to them. Statistically, disclosures of the history of the abuse is the most important aspect in concluding if a child has been sexually abused (Heger et. al, 2002). In recent years, evidence that does not erode over time such as DNA, recordings and digital communication is often available and play a role in prosecuting crimes of sexual violence.

Mr. Chairman and honorable members of the Committee, childhood sexual trauma is a long-standing societal problem that has detrimental effects on our State budgets, health, and overall well-being. As our understanding of the psychological effects of sexual violence and the reasons why victims may not immediately report the crime has evolved, so must our State laws.

In summary, I strongly support HB 1387 relating to the extension of statute of limitation from 3 to 7 years for prosecuting sexual abuse and other crimes involving sexual violence. I thank you for the time and opportunity to share my perspective on sexual trauma and statute of limitation for reporting.

Tami DeCoteau, PhD  
515 ½ E. Broadway Ave., Ste. 106  
Bismarck, ND 58501  
701-751-0443  
tamidecoteau@yahoo.com