

1 cases on prior inconsistent statements,
2 and there has to be some narrowing,
3 because this just goes way too far.

4 All right. Bring in the jury.

5 (In open court, in the presence of
6 the jury, the Court, the Defendant, and
7 counsel at 2:15 p.m.)

8 THE COURT: Be seated everyone.

9 The record should reflect the jury
10 has now been seated at this time. We're
11 beginning the afternoon, following our
12 noon recess, which was actually later.

13 Ladies and gentlemen of the jury,
14 the Court previously overruled an
15 objection to State's 29, which was the
16 written statement, and at this time the
17 Court just wants to inform you I've
18 reconsidered that, and the objection as to
19 hearsay is sustained at this time.

20 Ms. Timmins, go ahead.

21 MS. TIMMINS: Your Honor, the State
22 calls Dr. Anna Salter.

23 (Continued on the next page.)
24
25

1 DR. ANNA SALTER,
2 called as a witness by the State, being
3 first duly sworn by the Court, was
4 examined and testified as follows:

5 DIRECT EXAMINATION

6 BY MS. TIMMINS:

7 Q. Please state your name.

8 A. Anna Salter, A-n-n-a, S-a-l-t-e-r.

9 Q. What is your profession?

10 A. I am a clinical psychologist.

11 Q. Is there an area that you
12 specialize in?

13 A. Forensic psychology, particularly
14 sexual abuse and physical abuse, violent
15 offending.

16 Q. You said forensic psychology. What
17 does that mean?

18 A. It means that I'm involved
19 regularly with cases that are referred to
20 the courts.

21 Q. How did you become interested in
22 this field?

23 A. I got out of school and I started
24 working. First I taught in college for a
25 couple of years, but I missed clinical

1 work. So I stated working at a small
2 community mental health center in New
3 Hampshire, and the victims of child sexual
4 abuse and neglect and physical abuse
5 started coming in.

6 Now, I didn't have a lot of
7 training on that, but I had some. But
8 then the courts started sending sex
9 offenders, and I had never had a lecture
10 in school, much less a course, on how to
11 evaluate or treat sex offenders.

12 So I applied for and got a small
13 grant from Vermont, the State of Vermont,
14 to go around the country at a few programs
15 that treated sex offenders and see if I
16 could figure out the best way to treat
17 them. And then I was supposed to write up
18 a blueprint for sex offender treatment in
19 Vermont.

20 I found a place in Seattle,
21 Washington, that had been treating sex
22 offenders for over ten years, and we're
23 talking now about the 70s and 80s, because
24 this was around 1980 that I started this,
25 '82.

1 So I started writing up my report,
2 but it kept growing and kept growing, and
3 it ended up my first book. So with the
4 permission of the sex offender program, I
5 wrote a book about their program and how
6 they treated sex offenders. So I guess I
7 sort of accidentally got into the field.

8 Q. What is your educational
9 background?

10 A. I have a bachelor's in Philosophy
11 and English from the University of North
12 Carolina. I have a master's in Child
13 Study from Tufts University, and I have a
14 Ph.D. in Clinical Psychology and Public
15 Practice from Harvard.

16 Q. Do you have any specialized
17 training for working in this area?

18 A. Well, I have a lot of specialized
19 training for working in this area. I do a
20 lot of work on evaluating high-risk sex
21 offenders, and I've taken trainings from
22 all of the people who have developed
23 instruments, the instruments that are used
24 today, so there are three or four
25 different instruments, and I've had

1 training in that--well, all of those.

2 I've had training in the
3 psychopathy checklist and how to recognize
4 and diagnose psychopathy. And, of course,
5 it being my field, I attend workshops
6 every year. And to stay current, I keep
7 electronic subscriptions through the
8 American Psychological Association and the
9 International Association for Correctional
10 and Forensic Psychologists, and I have
11 access to 92 different publications.
12 Journals are really the way to stay up to
13 date in this field, research articles.

14 Q. What are your professional
15 experiences in this area?

16 A. Well, as I said, I started working
17 out in a community mental health center in
18 Claremont, New Hampshire. And then I got
19 a call from Dartmouth Medical School--or
20 Center. They were looking for a
21 consultant to work with their child sexual
22 abuse program. So I started working with
23 that program.

24 Then I ended up getting transferred
25 to Dartmouth, and I was on the faculty of

1 maternal and child health, really
2 pediatrics. And I had a double
3 appointment in that and psychiatry at
4 Dartmouth.

5 Q. So your background involves working
6 with victims and offenders?

7 A. Yes. I treated sex abuse victims,
8 evaluated and treated them, for well over
9 twenty years. And I treated sex offenders
10 for the equivalent amount of time. But
11 lately I have been particularly doing risk
12 assessments of high-risk sex offenders.

13 Q. Do you write or publish any
14 articles?

15 A. Not articles so much, but books.
16 I've written three academic books. I've
17 also written five mysteries, but those are
18 made up. I've written three non-fiction
19 books.

20 Q. What are your professional
21 memberships?

22 A. American Psychological Association,
23 International Association of Correctional
24 and Forensic Psychology, the Academy for
25 Violence and Abuse, the Association for

1 the Treatment of Sexual Offenders, the
2 National Register of Psychologists in
3 America, and that's all I can remember.

4 Q. Do you teach or train others on
5 sexual abuse?

6 A. I train in 50 states and 10
7 countries on sexual abuse. I've trained
8 in most states multiple times. I've
9 keynoted conferences in England,
10 Australia, New Zealand. I've trained in
11 six cities in Australia, and two cities in
12 New Zealand. I've trained in France and
13 Sweden and the Netherlands, in Costa Rica,
14 and of course Canada and the U.S.

15 Q. You've also sometimes trained law
16 enforcement agencies as well?

17 A. I've trained law enforcement;
18 judges; CPA, child protection workers.
19 I've trained psychotherapists who work
20 with sexual abuse victims and offenders,
21 just more or less anybody who is
22 associated with sexual abuse.

23 Q. Specifically have you trained
24 various youth-serving organizations?

25 A. Yes. I have trained on sex

1 offenders who infiltrate youth-serving
2 organizations. There is a major concern
3 in youth-serving organizations around the
4 country, that they are sometimes
5 infiltrated by pedophiles or other sex
6 offenders.

7 I've trained at the National
8 Conference of the Boy Scouts of America,
9 their Youth Protection Conference. They
10 have a separate one on youth protection.

11 I've trained at USA volleyball.
12 They have a conference. The organizations
13 for elite athletes are very concerned
14 about this issue. I've trained at USA
15 Swimming. I've trained as USA Track and
16 Field about sex offenders who infiltrate
17 youth-serving organizations.

18 Q. Is your education, employment and
19 professional history put together in your
20 curriculum vitae, or your resume?

21 A. Yes, ma'am.

22 MS. TIMMINS: May I approach, Your
23 Honor.

24 THE COURT: You may.

25 Q. (By Ms. Timmins) And to save time

1 this will give some more details about
2 your background and things that you've
3 done; correct?

4 A. Yes.

5 Q. I'm handing you what has been
6 marked as State's Exhibit 46.

7 A. Yes.

8 Q. Is that your curriculum vitae?

9 A. Yes.

10 MS. TIMMINS: The State would offer
11 State's Exhibit 46.

12 (State's Exhibit No.
13 46 was offered in
14 evidence.)

15 THE COURT: Any objections, Ms.
16 Schaefer?

17 MS. SCHAEFER: No objection.

18 THE COURT: 46 for the State is
19 admitted.

20 (State's Exhibit No.
21 46 was received in
22 evidence.)

23 Q. (By Ms. Timmins) Have you ever
24 testified as an expert in the area of
25 child abuse dynamics?

1 A. Yes.

2 Q. Where?

3 A. Wisconsin, Iowa, New Hampshire,
4 Washington State, Missouri, Connecticut.
5 I can't remember if I testified in Maine
6 or trained in Maine, but a variety of
7 states.

8 Q. I assume you do not do that for
9 free?

10 A. No. I work for a living.

11 Q. Okay. And how much do you charge?

12 A. I charge \$300.00 an hour.

13 Q. Do you testify for the prosecution
14 or for the defense?

15 A. Mostly I've testified for the
16 prosecution. But part of that is because
17 I do initial civil commitment evaluations.
18 In other words, one of the things I have
19 done the most of in the last decade is
20 evaluating offenders who come out of
21 prison for whether or not they meet
22 criteria to be civilly committed.

23 I have found for the defense in
24 over half of those cases. I have found
25 that they did not meet criteria. But

1 those cases don't go to trial. So I can't
2 say I've testified for the defense.

3 Because I found for the defense, there was
4 no trial.

5 Q. In learning about sexual abuse,
6 where does the information that people in
7 your field rely upon, where does that come
8 from?

9 A. Books but, frankly, these days
10 primarily research articles, and some
11 websites. There are actually websites now
12 that are putting out solid research
13 information on child sexual abuse and
14 adult.

15 Q. Does it also come from clinical
16 experience?

17 A. Yes, it does.

18 Q. Now, you have worked directly with
19 child victims; is that correct?

20 A. Oh, yes.

21 Q. Has that aided in your knowledge in
22 the field?

23 A. Yes. I'm grateful for that
24 experience. I'm also grateful for the
25 master's in Child Study because that gave

1 me a background in child development.

2 Also, when I was at Harvard I
3 actually specialized in psychopathology of
4 children. So actually I was--at Harvard
5 and at Tufts, I was a teaching fellow.

6 So I actually at Harvard taught
7 undergraduates about assessment of
8 children with emotional problems.

9 Q. Now, I assume you keep up to date
10 on all of the research and information
11 that other experts like yourself rely upon
12 to come to opinions or make conclusions
13 about things?

14 A. I try. It's a big field, and it's
15 a big job to keep up with the research.
16 But that's why I keep--I think at last
17 count it was access to 92 journals. And
18 then if I can't find what I need in that,
19 you can always pay for it on the net these
20 days and download what you need.

21 Q. Dr. Salter, could you explain to us
22 what the phrase "delayed disclosure"
23 means?

24 A. It means that a child who discloses
25 sexual abuse, it means that they did not

1 disclose immediately.

2 Q. Why wouldn't a child disclose
3 immediately if they had been sexually
4 abused?

5 A. Well, there are a lot of different
6 pieces of research and a lot of different
7 reasons why kids don't disclose
8 immediately. But the fact is that kids
9 don't disclose immediately. We can start
10 with that.

11 A 2005 study by London looked at--
12 or an article review--10 different
13 retrospective studies of child sexual
14 abuse. These were studies in which they
15 asked adults if they've been sexually
16 abused as children. And then they asked
17 them whether they had told or not as a
18 child. Across 10 studies, 32 percent of
19 them told anybody as children, anybody.
20 And most of the ones who told somebody
21 told a confidant or a friend and asked
22 them to keep it confidential.

23 Only between 6 and 18 percent of
24 child sexual abuse reports ever went to
25 police, ever got to authorities. And at

1 this point I have over 40 articles,
2 probably close to 50--I want to say
3 probably more now that I keep in notebooks
4 on child sexual abuse disclosure. And I
5 can't find any articles that show the
6 majority of children disclose immediately.
7 The majority of children don't disclose
8 immediately.

9 Q. That's the norm?

10 A. That's actually what's normal. I'm
11 not saying that some kids don't disclose
12 immediately. Up to a third disclose in
13 childhood, but they don't--even those
14 don't necessarily disclose immediately.

15 Q. It seems hard to understand why a
16 child wouldn't come forward about that. I
17 mean, what's the dynamics behind that?

18 A. Well, there are a lot of reasons
19 why children wouldn't come forward. One
20 of them is that they are afraid of the
21 consequences. They're afraid they will be
22 punished. They're afraid they'll be
23 blamed. They're afraid that people won't
24 believe them. They don't trust the
25 system. Most of them don't know anything

1 about it, the system.

2 They also have to go to an adult
3 and talk about their genitals and things
4 that they are ashamed of that happened to
5 them that they don't want to talk about.
6 They worry that other kids will find out
7 at school and make fun of them, and that
8 has happened at times.

9 When I train on this, I train that
10 disclosure for most kids is a trauma, and
11 that most kids who do disclose just want
12 the abuse to stop. They don't want to
13 lose their family, if it's a father or
14 somebody in their family. They don't want
15 to be kicked out of the family. They
16 don't want to even have the father move.
17 They just want it to stop.

18 But the reality is that that isn't
19 what happens. A whole process has to take
20 place. So they don't disclose. McKelvey
21 in 2012 in a really good article described
22 it as a pressure cooker. He said most
23 kids who are sexually abused, there are
24 forces in them that want to disclose.
25 We're social beings. We're social

1 creatures. There are forces that want to
2 tell someone, that want to get some help,
3 that want it to stop.

4 And then there are other forces in
5 them that are afraid to tell. They're
6 ashamed; they're afraid of what will
7 happen to them; they're afraid the person
8 will be mad at them. Maybe they even care
9 about that person and they don't want
10 anything bad to happen to them.

11 So they live with this tension,
12 this pressure cooker. And then eventually
13 something happens that tips it and they
14 disclose. And they only have to want to
15 disclose 51 percent, long enough to talk
16 to somebody, depending on who they talk
17 to. They may talk to someone who keeps it
18 a secret so that the abuse keeps--still
19 keeps going on.

20 Q. And what do you mean by--you said
21 this pressure cooker builds up and then
22 something happens and they disclose?

23 A. Well, McKelvey's research, some of
24 the research shows that it's an emotional
25 event that happens. They get angry about

1 something, or they get suicidal. And I've
2 seen a number of cases where kids disclose
3 when they were suicidal, or they make a
4 suicide attempt, or there is some
5 emotional event that happens.

6 Now, that's not always true. Some
7 kids disclose when the offender starts on
8 their sister, say, and they thought they
9 were protecting the sister by not
10 disclosing, by suffering through it. And
11 then discover they're going to start on
12 the sister--the person is going to start
13 on the sister anyway. So there can be a
14 variety of reasons. But in some of the
15 research, it's usually an emotional moment
16 that causes the kid to finally disclose.

17 Q. So with what you have just talked
18 about with delayed disclosure, is that
19 similar for adults as well?

20 A. Oh, yes. There's research that
21 shows that 65 percent of rape victims
22 don't tell anybody. So delayed disclosure
23 isn't a phenomena just for children. As
24 we know from the media today, you have
25 lots of adults coming forward who didn't

1 come forward at the time that something
2 actually happened. And in some of those
3 cases the offenders are admitting that
4 they did it. But they didn't disclose
5 right away. And those adults that we're
6 hearing have a lot more resources and
7 self-confidence than children and young
8 adults have.

9 Q. What is counterintuitive victim
10 behavior?

11 A. It's a term we use in the field and
12 I train on it a lot. I've trained on it
13 in the San Diego Maltreatment Conference.
14 I've trained on it in Boston, and I'm
15 training at the FBI Behavioral Analysis
16 Unit, and I think I'm going to be able to
17 train on that particular issue among
18 others this spring.

19 And it's the idea that people
20 expect a set of behaviors from rape
21 victims. We expect they're going to run
22 away; they're going to scream; they're
23 never going to see the person again. And
24 what we find is something very different.

25 Now, in Boston when there was the

1 Boston Marathon, after the city reopened
2 people went back to work. People went on
3 with their lives. People tried to act
4 normal. In some cases, they were
5 pretending normal but they were trying.
6 And the whole country labeled it Boston
7 Strong.

8 But when sexual abuse survivors go
9 back about their lives; when they pretend
10 nothing happened; when they go back to
11 work or they act like they're fine, then
12 we tend to say, it didn't happen.

13 So we he have a double standard.
14 It's courageous when the terrorists--the
15 victims of terrorism do it, but we
16 typically think it means it didn't happen
17 when victims of sexual abuse do it.

18 But you have to ask yourself, when
19 you fall down in public, what's your first
20 reaction? To scramble up. It's to say,
21 "I'm fine; I'm fine." "Do you need any
22 help?" "No, no, no. I'm fine." We're
23 embarrassed. We try to go back to normal
24 as quickly as possible.

25 So that's what we have discovered

1 happens with sexual assault victims, for
2 many of them, and it results in behaviors
3 that other people say, well, that's
4 counterintuitive, that doesn't make any
5 sense.

6 So when the child goes to visit her
7 grandfather again, or when the victim of
8 date rape goes to the party with him
9 afterwards, that's taken as proof that it
10 didn't happen. That is pretty much
11 equivalent to jumping up and when you've
12 fallen, it's very similar to that. It's a
13 reaction to try to get back to normal as
14 quickly as humanly possible.

15 Now, you do see the reaction of
16 people screaming and running out of the
17 room. You see it with one kind of rape.
18 You see it with violent stranger assaults.
19 So if someone jumps out of the bushes at
20 you and rapes you, or tries to, then
21 everybody's reaction is to run away, to
22 scream, and so forth.

23 So you get what everybody expects,
24 the single response that everybody thinks
25 sexual assault survivors have. You get

1 that to a certain kind of rape. When the
2 rape is that kind, then what we expect
3 victims to be like matches it.

4 But counterintuitive behavior on
5 the part of perpetrators produces counter-
6 intuitive behavior on the part of victims.
7 So when perpetrators are not jumping out
8 from the bushes, when they're fathers or
9 mothers or teachers or doctors or music
10 teachers or Boy Scout leaders or your
11 coach when you're trying to get to the
12 Olympics, and the next morning they come
13 out and act like nothing happened; they
14 tell you to do your homework or whatever;
15 they go on like normal, kids and adults
16 try to pretend it didn't happen, too, and
17 go back to normal.

18 There is no one response to sexual
19 assault, for children or adults. There
20 are a variety of sexual--of responses to
21 sexual assault. And what kind of response
22 you get tends to have--to match what kind
23 of assault it is.

24 Q. How is it that perpetrators get
25 access to their victims?

1 A. Well, you have a few ways, general
2 ways. First of all, often victims are in
3 the family. If victims are in the family,
4 then you have access. Secondly, there
5 are--it is rare, fortunately, but you do
6 have violent rapists, and they just simply
7 use coercion.

8 But the third group are the
9 acquaintance or authority rapists. And
10 that can be a date rapist. Serial date
11 rapists are not uncommon. Or it can be
12 somebody in a position of authority: a
13 priest, a minister, a choir leader, a
14 teacher, a doctor, somebody who already
15 has authority over the child and status in
16 the eyes of the parents.

17 Q. Does someone with that status, does
18 that give them an easier access, a
19 different way, to offend on someone that's
20 underneath them or is under their
21 authority?

22 A. Much easier. Because if you're a
23 parent and I'm an offender, and I want to
24 spend time with your child, you're going
25 to be pretty suspicious. You know, why

1 does this adult male want to spend time
2 with my daughter?

3 So they have to groom you, and
4 that's a big--that's a big job. But if
5 I'm the Boy Scout leader and I'm taking
6 your kids camping, you're not even going
7 to question why I want to take the kids
8 camping. Or if I'm the music teacher, you
9 are going to send the kid to the music
10 teacher. So the access is much easier.
11 You get access to time alone.

12 If it is a situation where you have
13 overnights-- I've had cases with Big
14 Brothers and Big Sisters where they
15 actually let the tutors keep the kids
16 overnight, which there is no reason for.
17 But if you're in some situation where you
18 could get access to the kids overnight,
19 then you have an even easier chance.

20 I've had a case with Special
21 Olympics where volunteers were allowed to
22 take children into the Special Olympics,
23 and they were supposed to sleep in one
24 room, but there was an adjoining door to
25 the room the kids were in. The offender

1 just walked in and pulled a kid out and
2 took him into his room while the other
3 kids were sleeping.

4 So overnight access is something
5 that is a big problem for those youth-
6 serving organizations where the adult is
7 actually able to get overnight access.

8 Q. You had made a comment about
9 sometimes an offender has to groom the
10 parents. What do you mean by that?

11 A. Well, if I don't know you and I
12 want to spend time with your daughter, I
13 have to get you to trust me, or I have to
14 be in a position of trust already. Even
15 so, I've got to get you to believe that
16 I'm not the kind of person who would do
17 that kind of thing.

18 So it's not just a question of
19 grooming children, it's a question of
20 grooming their parents as well. Because
21 if I don't trust you, if I'm suspicious of
22 you, then I'm not going to give you access
23 to my child.

24 So the most successful sex
25 offenders are those who have considerable

1 social skills or high status, such as an
2 Olympic level coach. If I think you could
3 get my child to the Olympics, then you've
4 got very high status with me. I'm not
5 going to question the amount of time you
6 spend alone with my child.

7 Q. Once they have access, what is it
8 that you see through the research and
9 through your experience occurs with the
10 grooming process? Or how do you get kids
11 to be a position where they don't really
12 tell?

13 A. Well, there are two parts. First,
14 you have to get access to the child. If
15 you can't get time alone with the child,
16 you're not going to be able to sexually
17 abuse them.

18 But the next part is then you have
19 to obtain compliance from the child. You
20 have to get the child to tolerate sexual
21 abuse. Now, usually, some violent
22 offenders just use coercion. They just
23 absolutely threaten kids, threaten to kill
24 their families, threaten to kill their
25 animals, and so forth.

1 But more often you see a carrot and
2 a stick. You see grooming, presents; you
3 see favors; you see special favoritism.
4 One kid on the squad gets a lot of playing
5 time that maybe they don't deserve. They
6 get praise; they get told how wonderful
7 they are, how beautiful they are, this or
8 that and the other. And that's--or
9 privileges. And that's the carrot.

10 But it's interesting to me how the
11 carrot alone doesn't--is often followed by
12 a stick. It's like it doesn't work to
13 just groom people. Then there's the
14 stick. And the stick is, if you don't do
15 this, there are threats or loss of
16 privileges. You can't go--you know, I've
17 had fathers who say you can't participate
18 in sports; you can't do any of these
19 extracurricular activities if you don't do
20 what I say; you can't ever have the car.
21 So there's also that punishment aspect of
22 it, too.

23 Q. What is implicit coercion?

24 A. Implicit coercion is another name
25 for psychological coercion. In other

1 words, violence is explicit coercion. You
2 hold someone down or you hit them on the
3 head or you put something in their drink.
4 That's explicit.

5 But implicit is the threats, the
6 carrot and the stick, the manipulation of
7 children and sometimes adults to comply
8 with sexual abuse.

9 Q. If there are not threats of
10 violence or threats of harm, then why
11 would someone comply?

12 A. For all kinds of reasons. First of
13 all, it's either often a family member who
14 has automatic authority, or it is a person
15 who is in position of authority and can
16 either make life hard, very hard for them,
17 or give them rewards or presents or
18 whatever. It's that kind of coercion.

19 Now, the more extreme of both of
20 those are, the carrot and the stick, if
21 they're really extreme, you can get into a
22 situation where the dynamics are similar
23 to the Stockholm Syndrome, where they
24 actually become dependent on the offender.

25 Q. What is the process of disclosure?

1 A. The process of disclosure is often
2 that--often kids or adults will tell a
3 best friend or someone else, someone they
4 trust. There are very few teenagers who
5 pick up the phone and call the police.
6 They tell a best friend or somebody like
7 that.

8 And then it's what's called
9 interactive in the field. They'll often
10 test the waters if they disclose it. They
11 may say to their mom, well, you know, I
12 don't want to be alone with Uncle Tom.
13 And that's not exactly a full disclosure,
14 but the child is testing to see what the
15 reaction is. If the reaction is, "Oh, for
16 Christ's sake"--I'm sorry. "Oh, for Pete's
17 sake, why the heck are you down on Uncle
18 Tom? He's a very nice man." And then
19 they clam up.

20 If the reaction is, "Why don't want
21 to be alone with your Uncle Tom? Tell me
22 about it." Then they tell a little more.
23 "He makes me uncomfortable."

24 Again, if the reaction is, "Oh,
25 that's just Uncle Tom. Pay no attention

1 to it." Remember, you've got a child who
2 has a lot of pressure not to disclose,
3 too. Then again, it may shut them down.

4 But if the reaction is, "How does
5 he make you uncomfortable? Can you tell
6 me about that?" If it's kind and
7 supportive, but not leading, just "tell me
8 what you're thinking," then the child may
9 tell more. So that's why we say it's more
10 a process then, well, I'll just tell
11 everything all at once.

12 Q. Do you see that sometimes things,
13 even with children and adults that
14 sometimes things are told and then maybe
15 over time you learn more and more about
16 the situation? Is that uncommon?

17 A. No, it's not uncommon. Often
18 people tell the things they are most
19 ashamed of last. Males, for instance,
20 will talk about anal sex last. They don't
21 want--they'll admit that the offender
22 touched their genitals but, you know, way
23 down the road they'll admit that he had
24 anal sex with them as well. So that isn't
25 unusual for victims.

1 Q. Do all persons display a distrust
2 of their abuser?

3 A. No. Often they have what's called
4 trauma bond. In the case of families,
5 they often love the person before the
6 abuse occurs. Even in the case of family
7 friends, even in the case of teachers,
8 even in the case of authority figures,
9 there may have been a preexisting bond.

10 Now, most people think, well, if
11 you sexually abuse a child, you cut that
12 bond. But you don't cut it; you twist it.
13 And that's what we call a trauma bond.
14 It's an affectional bond that has been
15 twisted by the dynamics of abuse. So you
16 learn that the price of being cared about
17 or having somebody spend time with you and
18 pay attention to you is that you have to
19 permit the sexual abuse to go on. So it's
20 a twisting of an affectional bond.

21 And this can happen even with
22 strangers. In the Stockholm Syndrome,
23 people became--over the course of six days
24 when they were held hostage, they became
25 very dependent on the offender. And the

1 dynamic seemed to be if somebody can do
2 something awful to you, the most extreme
3 being kill you, as in the case of a
4 hostage situation, and they do something
5 nice: they give you water, they let you
6 have food, and they don't kill you, then
7 you can get this psychological dependency
8 on the person.

9 In the original Stockholm Syndrome,
10 which was a bank robbery in Sweden in
11 1973, by the time they got out, they were
12 hostile to the police and very supportive
13 of the hostage takers. Since then that
14 phenomenon has been studied a lot, and I
15 think it's just on a continuum, the
16 biggest carrot and the biggest stick are
17 letting you live, killing you or--and then
18 you back off from there, giving you food
19 and water or withholding it, giving you
20 freedoms or not. It's on a degree. The
21 carrots can be more and more extreme, and
22 the stick can be more and more extreme as
23 well.

24 But what surprised most people, and
25 the reason the Stockholm Syndrome has been

1 studied is because most people would
2 expect that you would be pretty hostile to
3 your hostage taker, and people are if
4 those special conditions aren't met--if he
5 could kill you, but does something kind
6 instead, and if you're in constant contact
7 with him. If the hostages are held in a
8 separate room, it doesn't develop.

9 Q. So that carrot and a stick
10 phenomenon that you are talking about,
11 that works best in a situation where
12 things are contained?

13 A. Well, of course isolation from the
14 outside world of any sort--and I've seen
15 this in some religious organizations or
16 even cults--makes you more dependent on
17 your immediate environment. So if you can
18 go out to school, and that's true in many
19 families, most families, even when abuse
20 is taking place, you have other sources of
21 praise, you have a whole different world
22 you can turn to. The more you are kept in
23 a self-contained environment, the more
24 dependent you are on the people in that
25 environment.

1 Q. Let's talk about offenders a little
2 bit. Is there a common type?

3 A. No. We have had offenders who are
4 homeless. We have had offenders who are
5 Nobel laureates. I remember a case of an
6 Olympic-level kayaking coach who was
7 giving the good kayaks to kids he sexually
8 abused and withholding them from the kids
9 that he didn't. I've seen a case of a
10 university president.

11 This is one thing that cuts across
12 all socio-economic categories, all degrees
13 of education. It doesn't matter if you've
14 got a lot of money or a little money.
15 We've got offenders who are seriously
16 rich, and we've got offenders who are
17 homeless.

18 And it cuts across all personality
19 types. We have offenders who are
20 obnoxious, although they don't tend to get
21 good access to kids, and we have highly-
22 skilled offenders; Jerry Sandusky types,
23 for example, who are very successful in
24 their jobs and are very skilled in dealing
25 with people.

1 Q. Through your experience, you have
2 done a lot of work speaking directly to
3 offenders and listening to what they have
4 to say about how they would gain access to
5 kids; is that right?

6 A. Absolutely, because I do
7 evaluations, yearly evaluations, of sex
8 offenders for the Civil Commitment Unit.
9 And I'm now--because I'm working on a
10 second edition of one of my books, I'm in
11 the process of reviewing 175 interviews
12 I've done in the last three years since
13 2014.

14 Also, early on I made films,
15 educational films, for people in the field
16 of offenders talking about how they fool
17 people. And I did that because I thought
18 there was a myth out there that all
19 offenders were toothless and poor and, you
20 know, didn't make it past fifth grade.
21 And I kept seeing a range of offenders of
22 all lifestyles from doctors on.

23 So I made--I interviewed offenders
24 and I asked them how they fooled people,
25 how they got access to kids, and from that

1 I made an educational training film called
2 *Truth, Lies and Sex Offenders*, and another
3 one called *Sadistic and Non-Sadistic*
4 *Offenders, Who They Are and How They*
5 *Operate*.

6 Q. Based on your experience as well as
7 the research, how do offenders choose
8 their victims and how do they fool those
9 people around them?

10 A. Well, offenders often choose
11 vulnerable kids. I'm not saying that a
12 child can't just be in the wrong place at
13 the wrong time because they can, but often
14 they will choose kids who are handicapped.

15 Children with handicaps have much
16 higher risk of being abused than do
17 children who don't have some kind of
18 cognitive, mental or emotional handicap.
19 Children who are developmentally delayed
20 are at higher risk of being abused. Kids
21 who have emotional problems are at higher
22 risk of being abused.

23 I interviewed a gentleman a few
24 days ago who told me--actually, he told me
25 two years ago that he preferred to molest

1 high school girls in the fall because they
2 were usually more depressed. And when
3 they were depressed, they didn't have
4 enough self-confidence to speak up. So
5 they will choose kids who are vulnerable.

6 And the second category they will
7 choose, and I showed a minister talking
8 about this in one of my films, they will
9 choose kids they don't think will be
10 believed. They will choose kids who have
11 a history of lying. They will choose kids
12 who have been in trouble with the law.
13 They will choose kids who they can say--
14 put witnesses on the stand and say, that
15 person has a history of lying. So one of
16 the films is about a youth minister who
17 talks about it and says, I chose so-and-so
18 because I didn't think he'd be believed.

19 Q. What is grooming?

20 A. Well, grooming is really most of
21 the time what I've been calling the
22 carrot. It's giving kids gifts; it's
23 praising kids; it's giving them special
24 privileges; it's telling they're special;
25 it's all of those things to try to develop

1 a bond with the child so that the child
2 trusts the person, and that then they can
3 sexually abuse them.

4 Q. Do you sometimes see a progression
5 of abuse? That maybe it starts out not so
6 bad, but then increases over time?

7 A. Almost always. Now, that's not
8 true of violent offenders, of course. And
9 I'm not saying that somebody can't come
10 home drunk one night who isn't a stranger
11 and violent assault a child, because those
12 things can and do happen.

13 The average--most offenders are too
14 worried about getting caught to do too
15 much at once. So they do what we call
16 desensitize the child. And in one of my
17 films, the offender talks about putting
18 his arm around the child first. Well, if
19 the child objects to that, it's like,
20 well, what's wrong with you? You know, I
21 just put my arm around you. You know,
22 patting them on the back, patting a boy on
23 the buttocks, that kind of thing.

24 Then progressing to more intimate
25 forms of touch puts the adult or child in

1 the position of saying, well, where was
2 the line crossed? Or do I just have a
3 dirty mind, or was that not okay? It's a
4 progressive desensitization to touch.

5 Q. And that's a normal thing?

6 A. No, I wouldn't say it's normal but
7 it's usual.

8 Q. Okay. Maybe I should say, that's
9 not uncommon for you to see in offenders?

10 A. That is the most common thing that
11 you see. You rarely see a full-out
12 assault without some kind of precursors.

13 Q. In your training and experience, is
14 it uncommon for offenders to abuse a child
15 in what most people would consider a very
16 risky situation?

17 A. No. It certainly isn't. I have
18 had--and I'm talking about what offenders
19 tell me now, not even victims. I've had
20 an offender--well, in the film one of the
21 offenders talks about molesting--he was an
22 athletic director at a middle school who
23 got away with it for over twenty years.
24 And he talked about molesting kids in his
25 office off the gym when there were other

1 teachers and students in the gym.

2 I saw a film, I didn't make this
3 one, where an offender is talking about
4 molesting his daughter in one room with
5 her mother in the next room and the door
6 open. And he said that the fact the
7 mother could walk in at any minute was
8 exciting to him, it just heightened it.

9 I remember a case where there was
10 two couples that used to play cards
11 together, and one moved away, and they'd
12 meet once a month and spend the night at a
13 motel. They would bring their kids and
14 play cards.

15 And they would put the kids to bed
16 in one room while they played cards. The
17 offender would say he was just checking on
18 the kids, go in the other room and molest
19 the child, again, with the door open.

20 I had a case where I treated the
21 victim in Vermont where the offender was a
22 minister. And he was watching TV with
23 another minister, the child's father, and
24 he gets up to go to the bathroom, goes in
25 her room, and starts fondling her and

1 masturbating. The kid was half asleep and
2 thought she was dreaming. The next
3 morning she got up and she realized she
4 wasn't dreaming, and there was semen on
5 the bed with his DNA on it. And he
6 admitted that he did that. He just walked
7 out of the room where the room where they
8 were watching TV right into the child's
9 room.

10 I have had offenders talk about
11 molesting a child with their wife in the
12 same bed. Usually they'll be in the
13 middle, and they will turn over and molest
14 the child with the wife on the other side
15 of them.

16 I have in one of my films, one of
17 the offenders talks about molesting a
18 child in the back seat of a car while the
19 parents are driving in the front. He
20 would just spread a blanket over him and
21 the child and start fondling the child.

22 So either because they enjoy the
23 risk, it makes it more exciting, or
24 because they have that narcissistic sense
25 of invulnerability that some offenders

1 have, that they're not going to get
2 caught; they're too smart; they're too
3 clever; the child isn't going to tell;
4 they're not going to get caught.

5 Q. What kind of impact does that have
6 on the victim of that crime; that they are
7 in a car and their parents are in the
8 front seat and they're being touched? I
9 mean, what does that do to the victim?

10 A. Well, something extreme often makes
11 the victim feel that the parents must
12 know, and that it must be okay with the
13 parents, so that can happen. It also
14 makes them feel that they're not safe
15 anywhere; that there's no place, there's
16 no place that's safe. Now, that of course
17 is more true of kids who are molested in a
18 family or in some situation where somebody
19 has control over them.

20 Q. In the beginning, you went through
21 a list of degrees that you have. What
22 qualifications do you need to be a
23 counselor or a therapist normally?

24 A. I don't know what the requirements
25 are in Iowa, but I know that the training

1 is--that you need training to treat
2 children or adults who have emotional
3 problems. They need to be individually
4 assessed carefully. So you need to know
5 how to do assessments because you have to
6 figure out the right treatment for that
7 person. The same form of treatment isn't
8 going to work with everybody.

9 And treatment can be harmful.
10 Treatment can make people worse. So you
11 need the training in order to be able to
12 do the assessments. You need to know a
13 wide variety of treatments, and you need
14 to know how to match the treatment to the
15 child. At all costs you don't want to
16 make the child worse.

17 So you never want to use shame or
18 anything that will attack the child's
19 self-confidence or their belief in their
20 own abilities or their own efficacy. And
21 that takes training and experience.

22 I had to go through an internship
23 before I got my doctorate, and I had to do
24 one afterwards where you're supervised and
25 people watch your work.

1 Q. Do survivors of abuse often have
2 body image issues?

3 A. Yes, they do.

4 Q. What's the best treatment in the
5 field for that?

6 A. Typically, the treatment that's
7 most often used is cognitive behavioral.
8 And cognitive behavioral-- I'm never good
9 at definitions, so I actually looked up a
10 succinct one for this.

11 Cognitive behavioral is basically--
12 differs from psychodynamic treatment
13 because it doesn't go so much into the
14 history of the person. You're not looking
15 for childhood conflicts. You're looking
16 for ways to teach the child how to cope,
17 how to self-sooth, how to get rid of any
18 distorted thinking errors that they might
19 have. It's a typically a supportive form
20 of therapy.

21 Q. Are you aware of any particular
22 programs that are supposed to be used for
23 body image therapy?

24 A. Well, cognitive behavioral where
25 you're talking--you're restructuring

1 people's expectations of what bodies
2 should look like is probably the most
3 commonly used.

4 Q. Does that involve the use of
5 mirrors?

6 A. I've never ever heard of that.
7 That would be very risky because it would
8 reinforce the negative self-image of some
9 kids. They would look and not like what
10 they saw and be ashamed to talk about it.
11 I don't see how that would help.

12 Q. Is punishment cognitive behavioral
13 therapy?

14 A. No. Punishment is aversive
15 therapy.

16 Q. What is aversive therapy?

17 A. It's when you try to extinguish
18 behavior by punishing the person who
19 produces it. It's generally not
20 considered ethical with children, because
21 they can't really give informed consent.

22 If an adult chooses to get involved
23 in an aversive therapy program--and we do
24 use it with sex offenders sometimes. When
25 they see a child, you will have an ammonia

1 capsule that gives them a bad smell so
2 that instead of associating the child with
3 arousal, they will associate it with a bad
4 smell, and that can be used. But the
5 adult has to be an adult so that they can
6 agree to an aversive therapy. A child
7 really cannot agree to an aversive
8 therapy.

9 Now, there is an exception to this
10 with severely autistic kids who self-
11 mutilate and who are banging their heads
12 or doing something that is a serious self-
13 mutilation. Then people have used
14 aversive therapy to try to stop that
15 behavior. That's a pretty extreme
16 setting. In general, we do not use
17 aversive therapy with children because
18 it's unethical.

19 MS. TIMMINS: I don't have any
20 further questions. Thank you.

21 THE COURT: Ms. Schaefer.

22 MS. SCHAEFER: Thank you.

23 (Continued on the next page.)
24
25

1 CROSS-EXAMINATION

2 BY MS. SCHAEFER:

3 Q. I believe you said this, but I just
4 want to confirm. Other than what you see
5 in your clinical practice, most of the
6 research you refer to is not research that
7 you do; correct?

8 A. No. I'm not a researcher. I'm a
9 clinician. I do write books that
10 summarize research, but I am not a
11 researcher.

12 Q. And most of the events that you
13 told to the jury today about various
14 people that you have interviewed, those
15 are purely anecdotal?

16 A. Yes. I've also talked about the
17 research, but the examples that I've given
18 are anecdotal.

19 Q. And in the research that you've
20 looked at and studied, is there a
21 percentage of allegations of sexual abuse
22 that are false?

23 A. Yes.

24 Q. And I do know the studies vary. I
25 know it's rare. But in some studies is it

1 as high as 10 percent?

2 A. It tends to vary between 2 and 8
3 percent for both children and adults.

4 Q. So false allegations do get made?

5 A. They do.

6 Q. And you indicated that there is no
7 one particular response to sexual assault?

8 A. That's correct.

9 Q. And that's true of both children
10 and adults?

11 A. Yes.

12 Q. Where one victim may react with a
13 tremendous amount of emotion, another may
14 show none?

15 A. Another may shut down.

16 Q. Is that true both in cases of what
17 you've described as the violent or
18 coercive offender as well as a family
19 offender?

20 A. Less often with the violent
21 offenders. Most often they disclose as
22 opposed to shutting down in secrecy. The
23 rates of disclosure are higher for
24 stranger offenders.

25 Q. But as far as the response, you

1 will even get those variances within
2 situations where the victim does know the
3 offender?

4 A. Yes. There are some kids who
5 disclose right away, who don't shut down.
6 And there are other kids who just close. I
7 think of them like little rabbits in a
8 field that just freeze.

9 Q. You described the progression of
10 abuse. Does that take some time?

11 A. Well, it can. It depends. I don't
12 know that there's any standard length that
13 I've come across. I've known offenders
14 who have taken months to progress, and
15 I've known offenders who have taken two
16 weeks to progress.

17 Q. When you specifically described
18 desensitizing the victim, you indicated
19 that it starts with maybe innocuous
20 physical touching?

21 A. Yes.

22 Q. A hand on the shoulder?

23 A. Right.

24 Q. Does it take a little bit of time
25 to go from something like that to the

1 actual abuse?

2 A. Usually.

3 Q. And would it be safe to assume that
4 that behavior slowly progresses from what
5 you and I would regard as just common
6 contact to more romantic or sexual
7 contact?

8 A. It's not usually too romantic,
9 sexual abuse. You know, with sexual abuse
10 you can't say like every offender takes a
11 huge amount of time, because some
12 offenders molest very rapidly. But I
13 think more often than not, offenders take
14 enough time--take some time to desensitize
15 the child.

16 Q. And you testified that reactions of
17 victims to sexual abuse, whether children
18 or adults, is very, very different. I
19 believe your words were, there is no
20 common type of offender?

21 A. No, there's no profile of a sex
22 offender, no personality test, no socio-
23 economic status, no occupational
24 exceptions.

25 Q. And can you have highly successful

1 people with good social skills who maybe
2 have a sense of invincibility and some of
3 these other things that you've described
4 in some of your anecdotes who don't
5 offend?

6 A. Of course. The majority of people,
7 I hope--as far as I know, the majority of
8 people do not offend anybody. The
9 majority of homeless people, the majority
10 of highly successful people don't offend.
11 Sex offenders are--I don't want to say
12 rare, but they're a small percentage of
13 the population.

14 Q. In the people that you have worked
15 with, the sex offenders specifically, do
16 they generally have more than one victim?

17 A. Yes.

18 Q. More than one victim at a time, in
19 that they may be grooming a child over
20 here and in another situation they have
21 another child?

22 A. Well, that's harder to say. I see
23 patterns where somebody molested their
24 daughter, and then they molested their
25 granddaughter. Obviously, there are a lot

1 of years in between those two.

2 Or I interviewed someone maybe a
3 month or two ago that talked about a
4 period of his life where he was happy. He
5 was working, and he managed to control it.
6 And then he lost his job, and that was his
7 coping, was to go molest kids.

8 So you know, it doesn't always come
9 out that there's more than one victim
10 because the other victims may be ten or
11 twenty years earlier or they may simply
12 not report. But the majority of offenders
13 that I see have more than one victim.

14 Q. And as far as I say victims at the
15 same time, I'm referring more to those
16 folks that you were describing who have
17 access to large numbers of kids?

18 A. I think a lot of the ones I've seen
19 have had more than one victim at a time.
20 I couldn't say that was true of all of
21 them.

22 Q. Is it fair to say, Dr. Salter, that
23 most of what you've described really are
24 generalities?

25 A. Yes. I cannot comment on the

1 credibility of any victim. That's the--as
2 you know, that's a legal requirement for
3 any witness. So I am talking about what
4 we know about the response of victims in
5 general. I am not talking about any
6 particular victim in any particular case.

7 Q. Have you talked to the victim in
8 this case?

9 A. I met two of them last night
10 briefly when I came down to speak to Ms.
11 Timmins, and then I left. And then this
12 morning, I was in a room waiting to
13 testify and there were three victims there
14 who I met.

15 Q. But you haven't evaluated them or
16 gotten their life histories?

17 A. No. One of them started to try to
18 talk about her history this morning, and I
19 stopped her and said, I'm sorry; I'm going
20 to testify and I can't really hear
21 anything.

22 What I try to find out about cases
23 are things like the age of the victims,
24 because it makes no sense to talk about
25 preschool research if you have teenaged

1 victims; the sex of the victims, because
2 the research is different on males or
3 females; whether it's a violent attack or
4 an authority or a family rape, because
5 these things affect what part of the
6 research I bring.

7 But no, I have not evaluated or
8 talked in any depth to any of the victims.

9 Q. And you've never met my client?

10 A. Not until I came in the courtroom.

11 Q. And so the only information you
12 would have had about this case was the
13 general facts so that you knew how to
14 structure your testimony?

15 A. I knew what research to review and
16 bring.

17 Q. How much in-depth conversation did
18 you have with Ms. Timmins about the
19 background of the case?

20 A. She generally described the case.
21 I read the Minutes of Testimony. But
22 frankly, I mostly read what she said I'd
23 be talking about so I knew what she would
24 be asking me about.

25 Q. But again, primarily just

1 generalities?

2 A. Primarily. I mean, I'm aware that
3 this is a case of a school; that the
4 Defendant was the director of the school.
5 I'm aware that there were isolation rooms
6 used. I'm aware that it's a sexual abuse
7 case. I'm aware of the general things.

8 Q. And again, just to reiterate, there
9 is nothing that you've testified to that
10 would apply to every victim or every
11 offender?

12 A. No.

13 Q. And you do acknowledge that false
14 allegations are made?

15 A. False allegations are made, roughly
16 2 to 8 percent.

17 MS. SCHAEFER: I have nothing
18 further.

19 THE COURT: Ms. Timmins?

20 MS. TIMMINS: I have no other
21 questions.

22 THE COURT: Doctor, you may step
23 down.

24 Would counsel approach.

25 (A side-bar conference was held off

1 the record.)

2 THE COURT: Ladies and gentlemen,
3 we'll take a very brief recess at this
4 time. I always say that and it never
5 happens, but sometimes things come up. I
6 don't think it will this time.

7 But we'll take no more than ten
8 minutes, okay? That will give Mr. Landon
9 a chance to rest up. It's a very taxing
10 job. And it will give everybody a chance
11 to rest easy for a second, and we'll go to
12 the next witness.

13 (A recess was taken at 3:22 p.m.)

14 (In open court, in the presence of
15 the jury, the Court, the Defendant, and
16 counsel at 3:32 p.m.)

17 THE COURT: Please be seated
18 everyone. The jury has now been seated.

19 Ms. Timmins, you may call your next
20 witness.

21 MS. TIMMINS: The State calls Mr.
22 Michael Davis.

23 (Continued on the next page.)
24
25