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depression. [REDACTED] was experiencing flashbacks of the sexual abuse, hallucinations, sleep disturbances, rage, difficulty with relationships, difficulty trusting people, and great ambivalence regarding MacRae. Stern testified that:

I saw him to be rageful, murderously rageful at times, and at other times he was like a child who was absolutely destroyed that his father wouldn't love him, and he feared that the priest would hate him. He feared that God would punish him, and he had very vivid fantasies of going to hell.

In Dr. Stern's opinion, [REDACTED] "became aware of his rights being violated probably just prior to seeing me, and got flushed out in the course of treatment with me." Dr. Stern stated that [REDACTED] was and is a very intelligent individual who never repressed the actual events of the abuse. On cross-examination, Dr. Stern agreed that in the fall of 1983, [REDACTED] "understood he had been abused by Gordon MacRae; that he had been injured by Gordon MacRae; and had been informed that his rights had been violated...." He also agreed that the 1986 DCYS investigation "indicate[s] knowledge on [REDACTED] part and an understanding that he had been injured and his rights violated."

In October, 1994, MacRae pleaded guilty in the Rockingham County Superior Court to felonious sexual assault based on his contact with [REDACTED] during the period June to November, 1992.

#### ANALYSIS

##### Expert Testimony

In addition to the testimony of the treating therapists, [REDACTED] offered Dr. Anna Carol Salter's testimony on child sexual abuse. Dr. Salter, a clinical psychologist, received her PhD from Harvard University in 1977. She specializes in child sexual abuse trauma. In addition to treating patients, she has written extensively on the subject and has conducted training for professionals nationally and internationally. Part of her work has involved interviewing perpetrators of child sexual abuse.

Dr. Salter testified at great length on the subject of "grooming." She described grooming as the process by which a perpetrator targets a child for the purpose of manipulating the child into unresisted sexual contact. The purpose of grooming is to mask the violation of the child's rights. Perpetrators frequently exploit their positions as authority figures to gain instant credibility with targets and their families.... Dr. Salter stated that one technique used by perpetrators to gain access to a child is to have the child ask his parent for permission to

spend the night with the perpetrator, while the perpetrator is present. Dr. Salter commented that if the perpetrator can arrange to have the child stay with him overnight, unresisted sexual contact is inevitable. She stated that grooming, of both the child and the child's family, is a well-accepted principal in the field of child sexual abuse.

The classic grooming process involves selecting a vulnerable child and then establishing a special relationship with the child. The typical victim of grooming is a child who has poor self-esteem, and little adult attention. Commonly, the mother is "absent"; that is, unavailable to the child. Male victims commonly have a poor or non-existent relationship with their fathers. Over time, a bond of trust is established as the groomer showers the child with gifts, attention and affection. The perpetrator is "charming" and "seductive;" no one is better to the child than the perpetrator. Ultimately the child--and frequently the child's entire family--learns to trust and love the perpetrator. After the perpetrator is certain that he has successfully groomed the target, that the "child will do anything he tells him to," the perpetrator introduces sexual contact into the "special" relationship which often, overtime, escalates from touching or kissing into more intimate touching or intercourse.

When the groomer achieves sexual contact with the targeted child, the child's perception of the contact is affected by the grooming. The child may be troubled by the contact; he may believe that the conduct is "wrong" but he has no frame of reference with which to understand that it is the perpetrator who is wrong, or that the perpetrator has "injured" him, or that the perpetrator has violated his rights. Dr. Salter drew a distinction between a child believing that conduct is "wrong" and understanding that he has been "injured." She gave the normative example of two fourteen-year old Catholic children experimenting with sex. She said that their religious beliefs may cause them to believe that the conduct, i.e. their physical contact, is wrong. However, neither would consider that they had been injured or that their rights had been violated. Similarly, as a result of grooming, a child who is being sexually abused by a trusted adult may believe that the sexual contact is "wrong" without comprehending that the relationship is an exploitative and manipulative one. That is, an abused child may believe that all sexual contact is "wrong" without understanding that the particular adult/child conduct is injurious.

In explaining a groomed child's response to sexual abuse, Dr. Salter pointed to the difference between "aversive conduct" and "abusive conduct." She gave as an example of aversive conduct the situation of a parent bringing a child to the doctor for a needed injection. The child is afraid of receiving the shot, and knows that the shot hurts. The child is reasonably averse to having a needle jabbed into him. However, the parent

tells the child that the shot will make him feel better. The reassurance of the parent, whom the child loves, causes the child to understand that the hurtfulness of the shot is not "abusive." Similarly, a loved "groomer" convinces the child that even aversive sexual conduct is an acceptable part of their "special" relationship.

Dr. Salter further explained that an abused child typically blames himself for "causing" the sexual contact. This is especially so where the sexual contact may, in fact, be pleasurable to the child. Dr. Salter commented that the reasons for this include: 1) the child does not understand that the conduct is abusive; 2) the perpetrator defines reality for the victim; and 3) the child internalizes the perpetrator's beliefs. Moreover, the perpetrator will frequently threaten withdrawal of love or abandonment if the child does not continue with the conduct. For the vulnerable, groomed child, continuing the "special" relationship is paramount. The child ignores the aversive conduct in order to maintain the love and attention he craves.

Dr. Salter testified that where the child is raised in a strict Catholic family which regards a priest as the representative of God, grooming becomes much easier for the perpetrator priest. The groomer has the added authority of God and the Church, along with the support of the parent. She testified that under such circumstances the child would be surprised to hear that the conduct was abusive -- even a child whose religion may teach him that even thinking about sex is wrong. She reiterated that groomed, abused children think they are responsible for the conduct. She stated that the effects of grooming can last indefinitely if there is no "outside intervention."

Dr. Salter had not interviewed any of the plaintiffs or reviewed any materials specific to their cases. However, she did respond to hypothetical questions posed by each plaintiff's attorney which incorporated facts of each case. In connection with the hypotheticals posed by [REDACTED] attorney, Dr. Salter testified that a child in [REDACTED] circumstances would be very vulnerable and easily groomed. She said that everything would be going in the perpetrator's favor. She said that a reasonable child in [REDACTED] circumstances would not have understood that he had been injured by the abusive conduct. She also pointed out that when a child discovers that others have been victimized by the perpetrator (as [REDACTED] did), he may then see the relationship differently; i.e., he understands for the first time that his was not the "special love affair" he had thought it to be. This discovery may then "trigger" an understanding of the abusiveness of the conduct.

In connection with the hypotheticals posed by [REDACTED] attorney, Dr. Salter testified that a child in [REDACTED] circumstances would not have understood that he had been injured

by the perpetrator, and would not have understood that his rights had been violated. Moreover, she stated that such a child -- who described the sexual contact to a therapist who rejected the disclosure and subsequently revealed the disclosure to the perpetrator-- would have more faith in the perpetrator's power. Dr. Salter also stated that the mere fact of disclosure is not dispositive of the question of whether the victim understood he had been injured.

In response to the hypotheticals posed by [REDACTED] attorney, Dr. Salter testified that a child in [REDACTED] circumstances would not have understood the sexual abuse to be "wrong" or harmful, and that he would not have understood that MacRae was violating his rights. Dr. Salter also characterized MacRae, relative to his treatment of [REDACTED] as a highly skillful grooming offender who presented abuse as love and support, attention, and special favors.

With regard to a child in [REDACTED] circumstances, Dr. Salter testified that he would be vulnerable, and a likely target for grooming. She reiterated that grooming affects the child's ability to understand whether his rights were being violated.

Dr. Salter also testified that with regard to all four cases, there was an element of psychological isolation, and that such would affect the plaintiffs' ability to appreciate whether they had been injured by MacRae's conduct.

I find Dr. Salter's testimony to be very credible.

The Church offered the testimony of Dr. Albert Drukteinis in connection with the [REDACTED], [REDACTED], and [REDACTED]. (By written stipulation, it was agreed that Dr. Drukteinis' testimony was not offered with respect to [REDACTED]'s claim, and the parties requested that the Court not consider it in any way in relation to his claim.) Dr. Drukteinis did not interview or evaluate any of the three plaintiffs.

Dr. Drukteinis, who holds an M.D. from the University of Louisville School of Medicine and a J.D. from Suffolk University Law School, is a practicing psychiatrist who has treated adult survivors of child sexual abuse, abused children, and sexual offenders. Dr. Drukteinis also testified concerning the concept of grooming, and essentially agreed with Dr. Salter's description. He said that grooming consists of the actions of a perpetrator who targets an individual for later sex. He stated that the groomer builds trust and disarms the victim with attention, affection, favors and gifts. He described grooming as "emotional seduction." He stated that the effectiveness of grooming depends on many factors, including the circumstances of both individuals and the age of the victim. He agreed with Dr.

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Salter that grooming, particularly grooming by a revered religious figure can affect a victim's understanding of whether he was injured by the sexual conduct.

Dr. Drukteinis also testified that commonly sexual abuse victims experience a split in their cognitive and emotional understandings of the events. Victims will, as a self-protection mechanism, "block" out the events emotionally, even though they are intellectually fully aware of the events. It is also common for victims to blame themselves and forgive their offenders. He also stated that victims "connect" the abuse with their problems under various circumstances: For some, the connection is made instantly; for some, it comes in therapy; for some, it comes with aging and maturation; for some, it comes with hearing about other victims of the offender.

With regard to the three cases, counsel for the Church posed hypotheticals to Dr. Drukteinis based on facts from the cases, and asked his opinions. As to the hypotheticals based on the [REDACTED] case, it was Dr. Drukteinis' opinion that both a reasonable person, and a reasonable person in [REDACTED] shoes, would have recognized that he was injured and that his injuries were caused by MacRae's conduct, no later than 1986. On cross-examination, however, it was established that Dr. Drukteinis had only minimal information concerning [REDACTED] case: He had not heard [REDACTED] testify, did not review his testimony from the criminal trial, and did not know the details about [REDACTED] background, MacRae's history, or MacRae's relationship with [REDACTED]

As to the [REDACTED] case, it was Dr. Drukteinis' opinion that both a reasonable person, and a reasonable person in [REDACTED] shoes, would have recognized that he had been injured and that his injuries were caused by MacRae's conduct no later than 1988/1989. He also stated that in his opinion, [REDACTED] did in fact make the connection by that time. Dr. Drukteinis' opinion was based only upon a review of the writ of summons and [REDACTED] Navy medical records (principally the two-page January 12, 1989 consultation report). Dr. Drukteinis felt that the Navy record was "dispositive."

As to the [REDACTED] case, it was Dr. Drukteinis' opinion that both a reasonable person, and a reasonable person in [REDACTED] shoes, would have recognized that he had been injured and that his injuries were caused by MacRae's conduct in 1983, and in 1986. He also stated that he believed that [REDACTED] in fact appreciated the injury and made the causal connection in 1983. Dr. Drukteinis' opinions in this case were based on a more extensive record review, including review of the writ of summons, interrogatory answers, DCYS record, the affidavits of Dr. Stern and Judith Patterson, the deposition of Judith Patterson and [REDACTED] records from Hampstead Hospital.