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Dear Mr. Higer:

It is clear given what we now know about brain science and the Adverse Childhood Experiences (ACE) Study that Florida's criminal discovery process is inflicting harm on the most vulnerable in our State. The past twenty years has seen a dramatic improvement in our understanding of brain development and the neuroscience of trauma. Unfortunately, these advancements were not available to us when Florida's Criminal Procedure Rules regarding criminal discovery depositions were enacted and last substantively amended.

Of course, we are not advocating that defendants' due process protections should not be of paramount concern. These protections must be balanced against the rights of vulnerable victims and witnesses, however. Prior efforts to protect victims and witnesses were focused on safeguarding against harassment and intimidation. Even without abusive practices, depositions are inherently adversarial. We now have a far better comprehension of how depositions compel victims and witnesses through repetitive and detailed questioning to re-experience traumatic events. Florida is one of only six states in the nation to allow criminal discovery depositions by right. Five additional states permit criminal discovery depositions only by leave of court. Within this subset of states, there is a growing movement to enact further protections against emotional trauma. Vermont has eliminated depositions except under special circumstances of child victims of sexual assault under the age of sixteen. North Dakota now permits a victim to refuse to participate in a deposition requested by a defendant or a defendant's attorney.

Training in trauma is not yet a standard component of a law school education. Without a real understanding of the impact of trauma on child development, beliefs, and behaviors, trauma as it is being experienced by a child in a deposition setting may go unrecognized. It was through my Office's collaboration with health care providers to combat human trafficking that we

became better informed of the increasing body of research on trauma within the disciplines of neuroscience, pediatrics, psychiatry, and psychology. Sadly, human trafficking victims suffer a high incidence of complex trauma. The attached Whitepaper is a product of this collaboration with the University of Miami School of Medicine.

Child victims and witnesses are particularly vulnerable in deposition settings because they more commonly do not have the language, insight, or empowerment to ask for help when they are experiencing emotional distress. It is our collective duty to protect those who cannot protect themselves.

We respectfully request that The Florida Bar review the attached Whitepaper and convene a subcommittee to study how Florida's criminal discovery deposition rules can be reformed to better prevent the compounding of trauma for child victims and witnesses. Clearly, this is a complex issue. I welcome the opportunity to discuss in more depth this urgent need with you.

Sincerely,

KATHERINE FERNANDEZ RUNDLE
State Attorney

KFR:apm

Enclosure

cc: The Florida Bar Board of Governors

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Whitepaper: A Summary of the Neurobiological and Psychological Impacts of Human Trafficking Trauma on Child Victims and the Implications for Court Proceedings

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I. Introduction

Human trafficking is slavery, the trade in human beings. Under U.S. and Florida law, human trafficking includes, among other things, the unlawful practice of soliciting, recruiting, transporting, harboring, or maintaining persons by the use of force, threats of force, fraud, or other forms of coercion, including the abuse of power or a position of vulnerability.[1,2,3] Human beings are trafficked for purposes of sexual exploitation, forced labor, or other means of commercial profit. The global scope of human trafficking is significant. According to the U.S. State Department, some 27 million people globally are victims of human trafficking.[4] In the U.S., human trafficking is recognized as the second fastest-growing criminal enterprise, after the drug trade, with profits estimated at over $32 billion.[5] The U.S. Department of Justice has reported that more than half of all sex trafficking victims in the U.S. are 17 years old or younger. [6] Between 100,000 and 300,000 children – at the average entry age of 12[7]– are prostituted each year in the United States.[8] In Florida especially, human trafficking is reaching epidemic proportions. Since December of 2007, there have been 8,462 calls placed to the National Human Trafficking Hotline from Florida with 2,321 incident tips, predominantly involving sex trafficking of women and children.[9] Child sex-trafficking causes significant physical and mental trauma to children with long-lasting health consequences.

II. Medical Effects of Human Trafficking on Victims

A number of studies have identified the serious and often complex medical effects of human trafficking on victims.[10,11] Research indicates that victims of human trafficking often have a variety of physical and mental health problems.[12] Physical health issues in this population can include chronic headaches, memory loss, gastrointestinal problems, chronic pain syndromes, sequelae of broken bones, head and neck trauma, infectious diseases- including sexually transmitted infections, dental problems, respiratory illness, weight loss due to food deprivation and poor nutrition, pregnancy, pelvic inflammatory disease, and other gynecological problems.[11, 13-15] Studies have found that 76 percent of female survivors of sex trafficking report being physically assaulted and 67 percent report being sexually assaulted while they were trafficked. In addition to physical consequences, victims of human trafficking often experience severe and complex mental health problems as a result of the trauma they have endured. Similar to victims of domestic violence and other traumatic experiences, many victims of human trafficking suffer from posttraumatic stress disorder (PTSD).[14, 15] Studies have shown that victims of trafficking also suffer from mood, anxiety and dissociative disorders, as well as substance abuse. Among the most devastating health consequences for victims of

crime, especially for children, is the destruction of their sense of safety or security. For child victims of human trafficking, the trauma-related injuries can be compounded by their limited understanding of the issue of human trafficking and the significance of their own victimization. Since their concept of "self" is not fully formed, child victims often blame themselves. Victims of human trafficking lack social support and are stigmatized by friends, family, and social institutions, which further exacerbates their mental health concerns.[15, 16]

III. Trauma-Related Mental Illness of Victims of Human Trafficking

The majority of research related to the impact of the trauma of human trafficking on this population has focused on significant levels of posttraumatic stress disorder (PTSD).[11, 14] The trauma that trafficking victims have experienced includes witnessing and enduring actual or threatened serious injury, threats to self and others, and even death. These events involve intense fear, helplessness, and horror that mimic the feelings experienced in combat situations and war.[17] Like adults, children can be diagnosed with PTSD and their symptoms are similar. **(Table 1)**[18, 19]

Table 1 PTSD Associated symptoms and the Percent of Trafficked Women Ranking These Symptoms as Severe

Symptom	%
Recurrent thoughts/memories of terrifying events	75
Feeling as though the event is happening again	52
Recurrent nightmares	54
Feeling detached/withdrawn	60
Unable to feel emotion	44
Jumpy, easily startled	67
Difficulty concentrating	52
Trouble sleeping	67
Feeling on guard	64
Feeling irritable, sudden outbursts of anger	53

Avoiding activities that remind them	61
Inability to remember part/most of traumatic event	36
Loss of interest in daily activities	46
Feeling as if they don't have a future	65
Avoiding thoughts/feelings associated with trauma	65
Sudden emotional/physical reaction when reminded	65

Studies have shown that children might initially respond to trauma through a "fight or flight" response, but those who face long-term trauma without relief can respond with immobilization followed by dissociation.[19] Some evidence suggests that girls are at higher risk for re-victimization than boys, while boys are more likely to develop aggressive behavior as a result of their victimization. [20]

Additionally, victims with physical and sexual abuse trauma histories have also been found to have higher rates of dissociative disorders. These disorders are characterized as a disruption in the usually integrated functions of consciousness, memory, identity, or perception.[12] A European study revealed that 63 percent of victims had memory loss. [19] Dissociation is often seen in children with histories of complex trauma. They mentally separate themselves from the experience. They may perceive themselves as detached from their bodies and as being somewhere else in the room as they watch what is happening to them. They are in an altered state that appears not quite real or as if it is happening to someone else. They may lose all memories or sense of the experiences that happened to them, resulting in perceived gaps in time and in their personal history. At its extreme, a child may cut off or lose touch with various aspects of him or herself. Dissociation can affect a child's ability to be fully present in activities of daily life and can significantly affect the child's sense of time and continuity. As a result, it can have adverse effects on learning, behavior, and other social interactions. The child appears to be "spacing out" or not paying attention. Although this is assessed to be a psychological defense mechanism in response to stressful situations or trauma, neurobiology trauma research is elucidating physiologic pathways and changes in brain development to account for this phenomenon.[21]

Children who have experienced complex trauma have difficulty identifying, expressing, and managing emotions and may have limited language for "feeling" states. The same neurobiological changes have been shown to alter trauma victims' emotional and physiological responses to baseline situations and minor stresses, resulting in unpredictable or explosive responses.[22, 20] Traumatized children may react to a reminder of a traumatic event with

trembling, anger, sadness, or avoidance. Reminders of traumatic events may be everywhere in the environment. Children may react powerfully to these triggers and have difficulty calming down when upset.[23] Children become vigilant and guarded in their interactions with others and are more likely to perceive situations as stressful or dangerous. These defensive postures being as a protective mechanism to being attacked but with repetitive, continuous stress, this the responses are intense reactions even when the situation does not warrant them. They also experience the flipside, which is emotional numbing to threats in the environment. This makes them vulnerable to more victimization. Evidence suggests that these neurobiological changes, which have occurred as a result of childhood trauma, have long-term effects and can present as long-term psychological problems.[24]

IV. Neurobiology of Trauma

When traumatized, youth can suffer from body dysregulation, either over or under-responding to sensory stimuli. They may be hypersensitive to sounds, smells, touch or light. They may also experience the reverse-- an anesthesia in which they are unaware of pain, touch or internal physical sensations. When faced with a stressful situation, their reaction increases physiological hormones such as catechol amines, which form the basis for the "fight or flight" response. Over time their systems automatically, uncontrollably manifest extreme stress: heart pounding, rapid breathing, sweating, and pallor. They may "shut down" entirely out of proportion to a simple stressor, as if all circuits are overloaded, and become unresponsive or detached. As a result of the body's dysregulation, a traumatized child may behave in ways that appear unpredictable, oppositional, volatile, irrational, overly dramatic, and extreme. On the other hand, they also can be perceived as over-controlled, cold, rigid, unusually compliant, or complicit with adults. Additionally, studies have revealed structural changes in the brain, including the storage of trauma memories, which then can be triggered through non-threatening experiences and are associated with a hyper-physiologic alarm response (increased heart and respiratory rates).[25] Because paired associations have been created in these regulatory parts of the brain, a pattern of incoming sensory information may be interpreted as "danger" and acted upon in parts of the brain (brainstem, midbrain, thalamus) prior to it ever reaching the higher cortex. These phenomena are at the center of automatic trauma-related "flashback" responses. The brain has a multitude of complex stress responses, including anxiety, facial expressions, disequilibrium, depression, and cognitive dysfunction. These children may manifest deficits in language development and abstract reasoning skills. As a result, they are often labeled as learning-disabled. The research, however, reveals that these difficulties with cognitive organization are a result of their constant state of arousal. When their bodies and minds have learned to be in chronic stress response mode, they may have trouble thinking a problem through calmly and considering multiple alternatives. They may find it hard to acquire new skills or take in new information. They may struggle with sustaining attention or curiosity or be distracted by reactions to trauma reminders. Information that is stored in their cortex is inaccessible in the midst of the brain's perception of threatening experiences.

V. Legal Implications of the Medical Effects of Trauma on Children

The common behaviors demonstrated by children with traumatic stress often leave them vulnerable to re-victimization during courtroom proceedings. The adaptive feature of the threat response system is to generalize the threat to other similar experiences leading to the core emotional, behavioral, and physiological symptoms that develop following a traumatic experience. Neural systems respond to prolonged, repetitive activation by altering their neurochemical and micro-pathology (neural synapse changes), organization and functioning. These presumed molecular mechanisms mediate memory, learning, and the body's responses. Following traumatic events, children will experience persistent emotional, behavioral, cognitive, and physiological signs and symptoms related to shifts in their internal physiological homeostasis. The longer the activation of the stress-response systems (or the more intense and prolonged the traumatic event), the more likely there will be permanent changes in these neural systems. Persistence of adaptive responses becomes maladaptive. In some instances, the symptoms become so severe, persistent, and disruptive that they reach the level of clinical mental disorders.[20, 23]

These children display anger, irritability, defiance, and oppositionality toward authority, which may lead them to lie, deny experiences of harm/trauma, and avoid talking about the history. They are distractible, have difficulty following through with tasks, suffer from poor concentration, and appear detached and uninvolved. They engage in high-risk behavior (e.g. substance use, promiscuity, rule-breaking, self-mutilation, impulsivity) and remain isolated from others, giving the appearance that they chose to be in these situations. These manifestations are related to their trauma and the neurobiological effects of repetitive and constant stress and fear. They have emotional and mood dysregulation (depression/anxiety), hyperarousal, and hyper-physiologic survival (fight/flight) responses that get their needs met but are impossible to turn off. They "re-experience" the emotions and trauma with even the slightest of triggers, so they may go to extremes to avoid the experience. They have developed negative beliefs about themselves, caregivers and adults, and adopted a world view based on traumatic experiences. The more complex the dimensions of the trauma, the deeper their sense of shame and they may develop avoidance behaviors leading to "betrayal blindness"-deliberately not remembering facts. They use pain numbing and disassociation, which make them appear disinterested, uninvolved, and uncaring. They have difficulty regulating attention and cognition with real gaps in memory. Poor self-concept and overreliance on others make child victims dependent, as they try to please others constantly. New criteria for PTSD added to the American Psychiatric Associations Diagnostic and Statistical manual of Mental Disorders (DSM-5) include symptoms of behavioral and mental avoidance. These symptoms include emotional numbing (inability to recognize emotions, feeling detached from other people, amnesia for important parts of traumatic events, belief that one's life will be cut short), new symptoms involving persistent negative beliefs about oneself, distorted blame of self or others for traumatic events, and emotional distress.[26] All of these symptoms can easily be misunderstood and exploited in adversarial situations.

The atmosphere of the deposition and the courtroom can be threatening, confusing, and frightening for children. The psychological, emotional, and behavioral consequences of these experiences can be profound, but may go unrecognized by legal personnel who come before the court without a real understanding of the impact of trauma on child development, beliefs, and behaviors. Testifying is a stressful experience for any witness and even more so for a child. Additional emotional stress for traumatized children can occur as a result of being in this situation. Numerous child-victims of human trafficking suffer secondary, and often unnecessary, trauma while going through the legal process. The goal of medical therapy is for victims to work through their trauma and put the experience behind them. The legal system requires that victims remember the experience, often in intensely painful detail, and keep it fresh in their minds for the duration of the prosecution. Unfortunately, the deposition and courtroom process is adversarial and intimidating. Children are made to re-live their traumatic experiences over and over again, which can itself become a traumatic experience.

When a child grows up afraid or under constant or extreme stress, the immune system and body's stress response systems are heightened and, when exposed to seemingly ordinary levels of stress, these systems automatically respond as if the individual is under extreme attack. The repeated questioning and reviewing of the details by the defense during the deposition is meant to expose inconsistencies in the witness' testimony. The concern here is that these traumatized children, by the very nature of their trauma, will experience amplification in their stress. The complexities and potential harm to the child are more than theoretical. Studies have shown the impact of this trauma on neurobiological networks and brain development. There have been major changes made to the American Psychiatric Associations Diagnostic and Statistical Manual of Mental disorders, DSM-5's to include criteria for the diagnosis of PTSD in children. They clarify that, for children, intrusive re-experiencing symptoms reflecting unwanted distressing memories and flashbacks may induce reenactment of the trauma in play. This post traumatic play is different from reenactment in that it is a literal representation of the trauma and involves compulsively repeating aspects of trauma and results in increasing anxiety, including flashbacks and nightmares. [27] During depositions we actually re-create the setting of re-experiencing these unwanted distressing memories through repetitive questioning and making the child relive the experience in detail. Testifying in court can amplify trauma for child victims.[26,28] Between 1986 and 1988, Dr. Goodman and her team of researchers from the University of California Davis, studied the behavioral patterns of over 200 children involved as victims in child sex abuse prosecutions.[29] They interviewed 174 of the victims as young adults (between 1997 and 2001), looking at their memories of the events, searching for correlations between their state as young children at the time of the prosecution and their later mental health. Certain conditions during the prosecution were the strongest predictor of later traumatization. In children who testified multiple times and were subject to intense questioning, the team found correlations with later defensive avoidance and internalization problems, such as depression. [29]

Through the years, courts and legislatures have acknowledged these issues and attempted to provide "safeguards" for children's testimony: testifying in a special court room, allowing them to be separated from the defendant, allowing specific hearsay evidence, and providing a special intermediary to be with the child.[30] Medical experts are realizing that these alone may not be enough to protect child victims of trauma from being re-traumatized. Developmental trauma derails normal development and severely impacts the immature and developing child. Complex interpersonal trauma, especially if it has occurred with primary caregivers disrupts children's sense of safety, security and confuses their sense of loyalty and trust. This may result in blocking connections and communications which can extend to other relationships. Additionally, because of the neurobiological changes in these victims, the adequacy of the testimony also may be compromised.

Under the best of circumstances, children typically disclose traumatic events with significant reluctance and great emotional distress to people with whom they have developed sufficient trust. Trauma experts know that sensitive timing and pacing is required in order to avoid leaving the child feeling too exposed, too vulnerable, or too overwhelmed with the potential for re-traumatizing the child. The courtroom full of strangers and authority figures, answering questions from lawyers trying to extract detailed information from them over and over again, and other attorneys challenging their veracity and trying to confuse them, is likely to create an environment that may further psychologically damage the child and harm his or her best interests. It is understandable that not only do children dissociate (the mind distances itself from the experiences that are too terrifying or emotionally overwhelming to absorb at the time), but it is not uncommon for children to manifest "psychogenic amnesia" where memory is further disrupted as a result of being re-traumatized. When children shift into this acute traumatic dissociation state, their behavior is manifested by changes in breathing patterns, with rapid, shallow breaths, similar to panic attacks; restricted body movements-looking stiff or frozen; lack of eye contact or shifting eye, glassy stares; and dramatic reduction in verbal output until they are incoherent or unresponsive. They may suddenly not be able to process cognitively or use age appropriate language because they are reliving traumatic experiences in their mind.[31, 32] They are expected to participate in a highly verbal process when testifying but are mute because of the neurobiological effects of trauma. At the same time, their lower brain is mobilized by the stress response to survive and is telling their body to react physiologically as if they are being assaulted. This stress can interfere with how well they can recall and describe what has happened and respond to questions. This subtype or "hyper-aroused" PTSD due to corticolimbic inhibition manifests as emotional dysregulation. On the witness stand it can appear as hypervigilance, concentration problems, defiance, anger and "acting out". The flip - side, or "hypo-aroused" PTSD appears as emotional over modulation-freeze responses, depersonalization, over-trusting, accommodating behaviors.

In cases of human trafficking involving children, it is often the child's testimony that is the most crucial part of the prosecution's case. Since the child may be the only real witness against the suspected trafficker, successful prosecution depends on how credible the child will

be. This is especially true when there is no forensic evidence available and the case rests on the child's word against the suspect's. A defense attorney may interrogate the child in an attempt to shake his or her confidence or otherwise suggest that the child was coached into making false or inaccurate statements about the client. The defense attorney's motivation to cast as much doubt as possible on the child's statements is strong. Traumatized children, by virtue of the neurobiological effects of the traumatic experience, are more likely to be confused by the approaches used by the defense. Trauma therapists establish safety with child victims and forge a strong, trusting relationship before children can tell the story of what happened to them. When the disclosure is forced by the pressures of the legal process, when there is no time to build a safe and trusting relationship, and when sensitivity to timing and pacing is lacking, the risk of re-traumatization increases. Legal proceedings, no matter how changed in order to accommodate children, are not geared to the sensitivities of witnesses.

While a deposition can be done with the utmost care and respect, it still exposes these children to re-experiencing their trauma. Questioning during depositions can be aggressive, and selective, and in the case of children use developmentally inappropriate, complex language and repeated questions with subtle variations for the purpose of demonstrating inconsistencies in the witness. Children also respond better to open-ended questions than questions that can only be answered by "yes" or "no." [33] Child trauma authorities have stated that "if one sets out intentionally to design a system for provoking symptoms of posttraumatic disorder, it might look very much like a legal proceeding."[34]

Protection of child witnesses is a substantial and compelling interest of the state. Enabling the child to communicate with the trier of fact by reducing the emotional trauma that the child suffers is in the best interests of the child. It is also is more likely to preserve testimony free of the emotional and neurobiological effects of trauma that create distortions and misperceptions in the testimony[35] which would better serve the truth-seeking function of the legal process. The creation of procedural devices designed to enhance the truth-seeking process and shield child victims from further trauma exposure is a compelling state interest. Criminal discovery depositions are not constitutionally required, and few states in the nation allow them. Only six states, Florida, [36] Missouri, [37] North Dakota, [38] Indiana, [39] Iowa, [40] and Vermont, [41] permit the taking of criminal discovery depositions by right without leave of the court. Vermont initiated statutory reform in 2009 and eliminated depositions of minor victims under the age of sixteen in sexual assault cases. [42] Most recently, North Dakota enacted the protection effective May 1, 2017 that a victim may refuse to participate in a deposition requested by the defendant or the defendant's attorney. [43] Five additional states, Arizona,[44] Nebraska,[45] New Hampshire,[46] Texas,[47] and Wisconsin,[48] permit criminal discovery depositions only by leave of the court. The Nebraska legislature in its current 2017 session is considering Legislative Bill 589 which would eliminate, with the exception of limited circumstances, criminal discovery depositions of children eighteen years of age or younger who have undergone a video-recorded forensic interview at an accredited child advocacy center. [49]

The American Bar Association does not recommend criminal discovery depositions by right without leave of the court. The ABA Standard for Criminal Justice Administration regarding depositions is as follows:

Standard 11-5.2 Discovery depositions

(a) On motion of either the prosecution or the defense, the court should order the taking of a deposition upon oral examination of any person other than the defendant, concerning information relevant to the offense charged, but only upon a showing that:

(i) the name of the person sought to be deposed has been disclosed to the movant by the opposing party through the exchange of names and addresses of witnesses or has been discovered during the movant's investigation of the case; and

(ii) no writing, summarizing the relevant knowledge of the person sought to be deposed, adequate to prevent surprise at trial, has been furnished to the movant; and

(iii) the movant has taken reasonable steps to obtain a voluntary oral or written statement from the witness, but the witness has refused to cooperate in giving a voluntary statement; and

(iv) the taking of a deposition is necessary in the interests of justice.

(b) The defendant may not be present at the deposition unless the court orders otherwise for good cause shown.

(c) The procedure for taking a discovery deposition, including the scope of the examination, should be in accordance with express rules to be written for depositions in criminal proceedings.

(d) Unless otherwise stipulated by the parties, a discovery deposition should be admissible at a trial or hearing only for the purpose of contradicting or impeaching the testimony of the deponent as a witness.

(e) A person whose deposition is sought should have the right to move to quash on the ground that compliance would subject the person to an undue burden, or would require the disclosure of material that is privileged or otherwise protected from disclosure, or would otherwise be unreasonable. [50]

What is required of victims in Florida's criminal justice system is substantial. At a minimum, there are investigative interviews by law enforcement officers, who produce formal statements and often reports summarizing these statements. Victims may again meet with prosecutors at a pre-filing conference. Unless the defendant pleads, victims testify at deposition and again at trial. Victims may often meet with prosecutors in preparation for

deposition and trial. If there is a conviction, victims may prepare statements for the sentencing hearing. The pressure on the victims to testify and relive the events over and over again is significant. Mental health clinicians and criminal justice professionals have expressed concern about the re-victimization of child victims who testify in criminal cases. Other states have enacted several statutory "reforms" intended to minimize victimization. Several studies indicate that innovative techniques benefit not only children's mental health but the accuracy of their testimony as well.[51, 52]

Although the Florida Supreme Court in 2016, amended the Criminal Rules of Procedure to increase the maximum age of sensitive witnesses whose depositions must be videotaped, unless otherwise ordered by the court, from sixteen to eighteen, [53] Florida's protection of minors from deposition is limited. Under Florida statute §92.55, any party, parent, guardian, attorney, guardian ad litem, or other advocate on behalf of a victim or witness under the 18 may move the court for a protection order. The statute requires, however, that the order be "necessary to protect the victim or witness in any judicial proceeding or other official proceedings from severe emotional or mental harm due to the presence of the defendant if the victim or witness is required to testify in open court." [54] The statute does specify that the order may relate to the taking of depositions as a part of a civil or criminal proceeding. [55] Defendants are not permitted to be present at depositions in criminal proceedings, however. [56] The application of this statute to depositions in criminal proceedings is therefore unclear. A fair argument could be made that the statute originally enacted in 1985 was historically applicable to depositions in criminal cases prior to 1989 when defendants were permitted to be present at depositions. [57] Further arguments could be made that it only applies currently to criminal discovery depositions in cases in which a defendant is proceeding *pro se* and acting as his or her own attorney.

VI. Conclusion

Research on the impact of trauma on the neurobiology and development of the brain in children has identified serious and often complex mental health effects on child victims. The legal process can compound the traumatic experience for these child victims. A growing body of research has emerged that helps to clarify our understanding of court-related stressors and the relative harms of various procedures. Due to the growing incidence of human trafficking, more prosecutions involving children who are complexly traumatized have brought increased awareness and concern regarding Florida's criminal discovery deposition procedures. Unlike the majority of states in the nation and contrary to the ABA Standard, Florida permits depositions by right of child victims and witnesses in criminal cases. We respectfully request that the Florida Bar, the Florida Supreme Court, and the Florida Legislature examine the current body of research and consider possible new approaches and protections. We particularly recommend the elimination of criminal discovery depositions by right of child witnesses under the age of eighteen and ask that a rule of criminal procedure that is more consistent with the current ABA Standard be adopted.

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