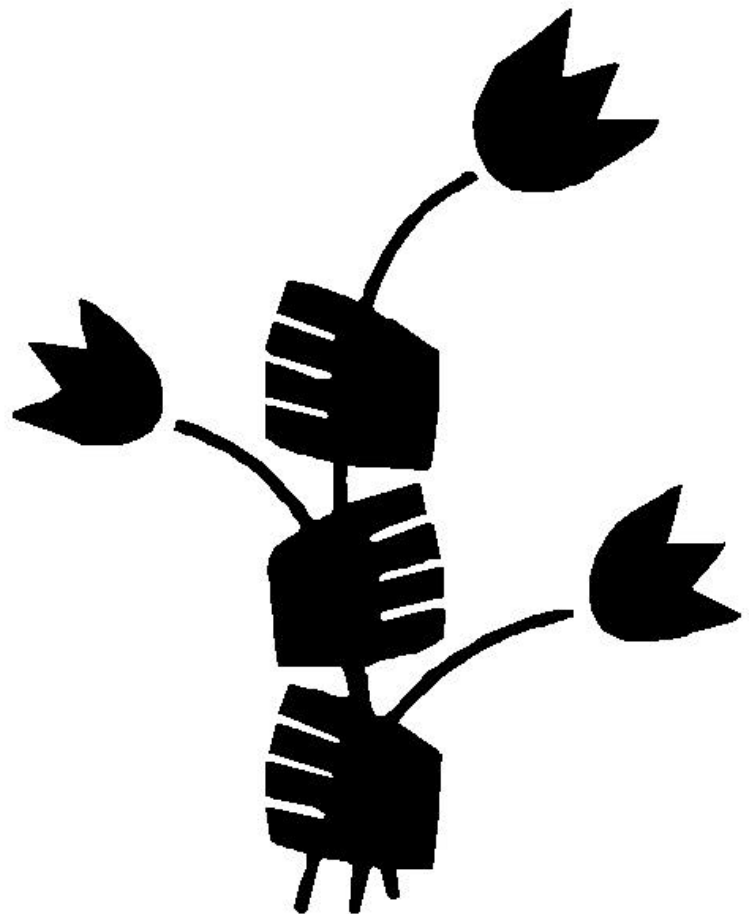


Multiple Victim Child Sexual Abuse:

**The Impact on Communities
and Implications for
Intervention Planning**



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Observations and Recommendations from a
Study by Child and Youth Mental Health Services,
British Columbia Ministry of Health

Prepared by
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Child Sexual Abuse

What is child sexual abuse?

Child sexual abuse refers to the mistreatment of children through sexual exploitation. Forms of sexual abuse include acts of exposure, sexual touching, sexual assault and the exploitation of a child by prostitution or pornography. Sexual abuse occurs both within families (intra-familial abuse/incest) and outside families (extra-familial abuse). Typical reports involve one offender/perpetrator and one victim.

What is multiple victim child sexual abuse?

Multiple victim child sexual abuse refers to the sexual abuse of numbers of children by the same offender or group of offenders.

- The abuses occur sometimes within one family or neighbourhood but typically children from many different sectors of a community are abused.
- As well, the offending patterns of perpetrators often are not limited to one community or to a brief period of time. Abuses often span many months or years and frequently reach children in several communities, and sometimes in more than one province, when offenders move from one location to another.

Several patterns of multiple victim child sexual abuse have been identified. Five common patterns are illustrated below and they are not mutually exclusive. In a given case, two or more of the following patterns may be present:

1. **Community-centred abuse:** Sexual abuses are planned/directed/practised by one perpetrator or a small group of offenders. Abuses often are centred in the perpetrators' own residences or at their places of employment where they are able to coerce and manipulate children and exploit/abuse their positions of trust. Offenders frequently coerce other persons, including victims, to assist them.
2. **Residential abuse:** Abusive activities are focused within institutional and residential settings, including foster homes and residential schools where offenders sometimes live with children who are victims.
3. **Ring of perpetrators:** Abusive practices are the work of larger groups or rings of offenders which may operate in several locations and in one or more communities.
4. **Sexually exploiting children for profit:** Abusive activities are linked to financial gain. Offenders attempt to profit from the exploitation of children by producing or selling child pornography materials or coercing victims into prostitution, breaking and entering homes or other illegal activities.
5. **Ritualistic/Cult-related abuses:** Abusive activities are linked to organized/systematic abusive practices. Perpetrators are members/participants in movements, societies or cults. There are ritualistic, sometimes satanic, components to abusive practices, some of which may be designed to frighten and intimidate, indoctrinate, injure or punish victims.

The study of multiple victim child sexual abuse which is discussed in this report reviewed multiple victim abuses which came to light, in British Columbia, between 1985 and 1989.¹ The first pattern of abuse described above predominated in the province during this time period. There were also cases involving the second and fourth patterns. In contrast, patterns three and five did not come to light at this time. Nevertheless, they too are significant patterns of multiple victim child sexual abuse which also require careful study and analysis. Patterns three and five can prove especially traumatic for children who are victims in these cases, as well as reaching very large numbers of children over extended periods of time.

What multiple victim child sexual abuse occurrences were included in the British Columbia research?

In the British Columbia research, criteria were established for determining which reports (disclosures and allegations) of sexual abuse would be included in the study. Reports of multiple victim child sexual abuse which satisfied all the criteria, listed below, were designated as **occurrences** and were included in the study:

- **More than one child:** disclosures and allegations detailed abuses which were experienced by more than one child, and very often by many children.
- **More than one household/family:** children who were victims were members of more than one household or family unit, and very often they were members of many families.
- **Legal investigations:** disclosures led to formal legal investigations, and in almost all cases to prosecution of alleged perpetrators.
- **British Columbia communities (1985-1989):** investigations were centred within British Columbia communities. Perpetrators resided in these locations

when the abuses occurred. Disclosures and investigations took place between 1985 and 1989.

- **Inter-agency/inter-ministry interventions:** inter-agency/multi-disciplinary teams were formed to plan and implement services to victims and their families, and to other residents who requested assistance.
- **Children participated in the interventions:** some victims were still children when the interventions began.

Between 1985 and 1989, there were 30 reports of multiple victim child sexual abuse, within 21 British Columbia communities, which met the above criteria. They are the ones which were included in the study. During this same time period, a small number of other reports came to light. However, when they were reviewed, it became evident they did not qualify as occurrences for one or more reasons. For example, disclosures were not clear or precise enough to lead to formal investigations within the time period of the study.

British Columbia Study (1991): Dimensions of Multiple Victim Child Sexual Abuse

Rationale and Methodology

There is little information available concerning key dimensions of multiple victim child sexual abuse. Reports of multi-victim abuse are coming to light but their impact on affected communities has received little systematic investigation. There are few guidelines available to assist community workers in planning and implementing appropriate interventions.

To obtain information which would clarify the nature of these abuses and support the interventions of front line workers, Child and Youth Mental Health Services, in the British Columbia Ministry of Health, conducted its study² reviewing 30 multiple victim child sexual abuse occurrences which were centred within 21 British Columbia communities. They were investigated between 1985 and 1989.

Key details concerning the dimensions of these occurrences and community interventions were obtained through interviews with front line workers. Interagency teams which had responded to and investigated the abuses were brought together for one-half to full-day meetings. Team members reviewed, compared and collated key details concerning the occurrences. In addition, many team members provided written notes and documents related to their intervention activities.

The research team did not interview children who were victims and their parents, many of whom were still dealing with the impact of the sexual abuses and their disclosures.

Major findings from the study are summarized below.

Major Findings

Duration of abuses:

- Some perpetrators resided in one community and sexually abused children in that location for many years. Others moved frequently from one community to another.
- In both cases, children were abused over long periods of time. As victims grew older, perpetrators often selected new, younger victims to abuse.

- The duration of abuses varied substantially from one community to another and ranged from 3 months to 35 years, with an average duration of 9.7 years.

Number of victims:

- A conservative estimate of the number of children who were victims in the 30 occurrences numbered more than 2000, with an average of 70 victims per occurrence.
- Making disclosures was often very difficult for victims and their families. They felt intimidated by the power and status of offenders and by offender threats of retaliation. Victims feared negative reactions and rejection by friends and family members. As a result, some victims and families did not participate in investigations.
- Some victims (adult survivors) disclosed abuses many years after the abuses occurred.
- No information was obtained in the British Columbia study to suggest that children were making false allegations of sexual abuse.
- The estimated number of victims (2000) does not take into account many other children who were abused in other communities where perpetrators resided prior to residence in the 21 British Columbia communities in which the 30 occurrences reviewed in this study were centred.

Gender of victims:

- In 50% of the 30 occurrences, the majority of victims were boys.
- In 30% of the occurrences, the majority of victims were girls.
- In 20% of occurrences, the numbers of male and female victims were approximately the same.
- These findings suggest one difference between individual (e.g., incest and intra-familial) abuses and multiple victim child sexual abuse occurrences. In individual occurrences, larger percentages of female than male victims are reported. Multiple victim occurrences affect girls, but pose higher risk for boys.

Age of victims:

- In 57% of the 30 occurrences, the majority of victims were 12 years or younger when the sexual abuses began.
- In 30% of the occurrences, the percentages of children under or over 12 years of age when the abuses began were approximately the same.
- In 13% of occurrences, the majority of victims were over 12 years old when the abuses began.
- While older children were frequently victims, children 12 years and younger were at high risk of being abused.

- The extent to which very young children (0-5 years) are at risk is difficult to estimate. This population of younger children was under-represented in the British Columbia research. The study did not focus on abuse reports in which formal investigations were not completed because, for example, the children were too young and/or unable to communicate clearly to investigators what happened to them. Cases involving abuse of very young children – for example, in early child care and pre-school settings – merit careful study in their own right (e.g., see Finkelhor, et al., 1988).³

Personal/family background of victims:

- In 33% of the 30 occurrences, most victims were members of stable, intact families.
- In these families, there were no reported histories of sexual abuse, prior to the abuses linked to the occurrences surveyed in the British Columbia study. The children themselves were progressing well socially and educationally and many of them were considered by their teachers to be gifted and talented.
- In 66% of the occurrences, most victims experienced significant areas of stress in their lives, prior to sexual abuse. The stresses were related to one or more of the following factors:
 - These children were members of troubled families which had previous histories of family violence, alcohol abuse, other drug abuse, previous child abuse and/or criminal activities.
 - The children had been identified previously as having significant adjustment problems: behaviour disorders, learning disabilities (e.g., attention deficit disorder), other disabilities, deficits or special needs.

Offender/perpetrator profiles

Offenders linked to the 30 multiple victim child sexual abuse occurrences in the British Columbia study shared the following characteristics:

- They were not strangers to their victims.
- Most offenders were male.
- Offenders initiated the abuses and used combinations of coercion, deception, bribes, threats, punishments and other forms of cruelty to control and manipulate children. Offenders were attempting to force compliance while at the same time preventing victims from disclosing the abuses and/or escaping from their control.
- In their relationships with other community members and colleagues, offenders tried to create the impression that they were dedicated to helping children and that they were good parents who enjoyed successful family and marital relationships. Some offenders became foster parents and used this status to convince friends and parents of victims of their dedication.

- In fact, offenders used their homes (and other locations) to mask from other adults their sexual abuse of children. In some cases, offenders pressured their children to bring friends into their homes where the offenders could conceal their abusive activities and more easily coerce their victims.
- Some offenders used their positions of trust in the community and their access to personal information and records of children and families to identify vulnerable individuals and then target them for manipulation and abuse. These offenders frequently married spouses whom they were able to isolate from their activities or block from disclosing information concerning the abuses or coerce into supporting abusive practices.
- In 80% of the 30 occurrences, offenders occupied community positions of trust.
- In 50% of occurrences, they held professional positions (e.g., teachers, health care workers, clergy).
- In 30% of occurrences, they worked in non-professional positions (e.g., leaders of boys and girls activities [sports, scouting, etc.], music teachers, driving instructors, baby sitters).
- In these positions of trust, they were often well known and respected (prior to disclosures of sexual abuse) for the presumed good work they were doing with children.
- In the other 20% of occurrences, offenders often were friends and neighbours of victims. Sometimes they were friends or relatives of respected (non-offending) community members and used their association with individuals in positions of trust to gain influence and control over children.
- Some offenders focused their attention on neighbourhoods/sectors of a community which were occupied predominantly by troubled families, including families struggling, for example, with poverty and unemployment. The perpetrators simulated interest and concern for these families by offering to organize activities (e.g., teams, games, trips) for children and/or to provide free babysitting services for these families.
- There were a few occurrences in which the offenders were not well known in the community. For example, one offender lived in a trailer on the edge of town. He targeted children who were homeless and runaways. Initially, he provided them with food and shelter. He organized recreational activities and parties for them. However, he also gave them alcohol and other drugs, as methods of manipulating and coercing them into participating in sexual abuses. He coerced them also to participate in other criminal activities (e.g., breaking and entering homes, prostitution) to pay for drugs and the offender's lifestyle.

Sexual abuse patterns:

- In all 30 occurrences in the British Columbia study, sexual abuses began with efforts by the perpetrators to control, dominate and coerce victims.
- Children resisted abuse and some were able to escape from the control of offenders after initial contacts or brief encounters and some were able to disclose what had happened to them.
- Many children, however, had little or no chance to escape. Some, for example, lived in the same home or residence with the perpetrator. Many feared they (or others close to them) would be harmed if they resisted or disclosed abuse. They were controlled/coerced/pressured intensively by offenders and became targets of abuse over periods of months or years.
- In addition to verbal coercion and manipulation, children in almost all of the 30 occurrences experienced two or more of the following types of abuse:
 - sexual fondling, masturbation, oral/anal/vaginal penetration;
 - some offenders exposed themselves to victims and/or made pornographic photos/videos which included victims.
 - some victims were shown pornography, including books and sexually explicit videos and/or given alcohol/other drugs, as part of offender efforts to force their participation in sexual abuse.
- Not all victims were sexually abused in the same ways or to the same extent. The frequency, duration and severity of abuse were often different from child to child.

Abuses occur in almost any location:

Some perpetrators took advantage of chance circumstances which placed them close to children. They seized opportunities to coerce and manipulate them. Many offenders, however, planned their contacts with children in advance. They set up conditions which would enable them to be in positions of control over children and often on a frequent/regular basis (e.g., sports, field trips, babysitting, tutoring). In the British Columbia study, the following locations were selected frequently by offenders to sexually abuse children:

- **Homes of offenders:** children were coerced or enticed to enter offenders' homes where they were abused, either individually or as part of a group of victims, or both.
- **Homes of victims:** after gaining the trust and confidence of parents/guardians, offenders visited victims' homes and abused children in their own homes.

- **Recreational/camping/out-of-town settings:** offenders simulated positive interest in children, gained the trust of parents, and were given permission to take children to these locations where they were abused.
- **Work/school/church:** abuses occurred also in professional offices, day care centres, schools, churches and in cars/vans as children were transported from one location to another. Offenders sometime selected more than one setting.
- **Institutional/residential settings:** offenders were attracted to group/foster homes, residential schools and other institutional settings where they acquired positions of responsibility and trust. Children and youth, especially children with disabilities and special needs, were vulnerable to sexual abuse when they were under the control of offenders on an extended basis or resided 24 hours a day in the same residence with offenders.

Community case study

Inter-community dimension

In one multiple victim occurrence, similar to many in the British Columbia study, the child sexual abuses were linked eventually to several other communities in different regions of the province, and to an estimated 185 children. The investigation in this occurrence was centred in a community in the interior of British Columbia with a population of about 2000, and the abuses there came to light in the mid-1980s.

The community was industrious and its residents included individuals in many professions. The residents, however, were unprepared to deal with sexual abuse on a large scale.

Offender position of trust

The community, in seeking to strengthen its school programs and to develop special education services for children with learning difficulties, advertised for a new school principal to implement these services.

Residents felt confident they had found the right person in the administrator they hired and initially he appeared to be confirming their expectations. Before school, during school and after school, he was constantly organizing activities for children. He visited other schools and tried to attract new families to his school. He led children on early morning runs through the town. Quickly, he gained the trust and confidence of the community and its leaders.

Within a period of several months, however, this individual had sexually abused a large proportion of the children in his school, including children of his colleagues, neighbours and other leaders in the community.

Community trauma /grief following disclosures

When disclosures came to light, about one year after the perpetrator moved to the community, many residents were shocked and demoralized by the emerging details of sexual abuse. The occurrence was stressful and traumatic for the children who were sexually abused (the primary victims) and also for their friends and families and other members of the community (the secondary victims). Given the scope of the abuses, it was difficult and stressful for the front line workers responding to the community crisis and developing intervention plans.

This community was not alone in the pressures and challenges it faced. Almost every community surveyed in the British Columbia study was traumatized by such large-scale sexual abuse disclosures. Within communities, reactions varied considerably between families and from neighbourhood to neighbourhood. At the same time, however, common patterns of stress and trauma were experienced by substantial numbers of residents.

Intervention teams frequently reported a community "grieving process" and related stages through which communities moved as they struggled to deal with disclosures of sexual abuse.⁴ Residents were shocked and upset by abuse reports indicating that large numbers of children had been sexually abused and that individuals, frequently prominent residents who had been trusted and respected by the community, were the alleged perpetrators.

Residents often responded initially with denial and disbelief. They felt that such reports and disclosures could not be valid. Following the initial denial, residents frequently directed considerable hostility and anger toward perpetrators.

While some residents denied the reports and/or blamed children for making such allegations, other residents reacted differently. They felt responsible for not detecting the abuses sooner, for not protecting the children, and for not preventing them from associating with offenders. These residents felt guilty and depressed.

Over time and with support from community intervention teams, residents began to deal with the shock and stress of the abuse disclosures. They participated in family counselling. They supported their children through the legal investigations and court proceedings. They joined support groups and community agencies

which were organized to develop stronger prevention and intervention services.

Within communities, different sectors and neighbourhoods progressed at different speeds in working through their trauma and grief. As a result, front line workers found themselves dealing concurrently with varied patterns of emotional stress and dysfunctional behaviour. As well, community healing proved very difficult in some settings. Healing was frequently a long-term process which continued for months or years following sexual abuse disclosures.

The frequency of some community reactions which were encountered by teams responding to the multiple victim child sexual abuses in the British Columbia study are listed below:

- **Denial.** In 80% of the occurrences (24/30), strong patterns of denial and disbelief were noted within neighbourhoods affected directly by the abuse and frequently in the community as a whole. Residents could not accept the validity of the disclosures and/or they tried to minimize their significance.
- **Anger/Hostility.** In 87% of the occurrences (26/30), some residents expressed anger and hostility toward perpetrators, which included in extreme cases attacks on these individuals and/or damage to their personal property.
- **Over-reaction/Mistaken reports.** In 47% of the occurrences (14/30), some adult residents (e.g., neighbours/friends of victims, other concerned parents) reported to investigators their suspicions that other alleged perpetrators (e.g., associates or friends of the perpetrator) were abusing children. These reports were followed up by investigators and in only a few cases did they prove to be valid concerns. In most cases, the reports implicated individuals who were **not** abusing children. They were incorrect/erroneous reports. They appeared to reflect hyper-vigilance and over-reaction on the part of some residents to concurrent valid disclosures of multiple victim child sexual abuse.

The community reactions noted above were evident within hours of disclosures in some communities, while in other locations they were observed weeks or months later. In some communities, reactions lasted for hours or days. In some, they persisted for weeks or even for many months or years. Variations in community response are illustrated below with respect to the common initial reaction, denial, and its relationships to the defensive stance taken by offenders when their sexual abuses were disclosed.

Adversarial relationships between victims and perpetrators

In a few occurrences, when perpetrators were confronted with disclosures and allegations charging them with the sexual abuse of many children, they acknowledged their responsibility and expressed remorse. In some occurrences, there was physical evidence (e.g., photographs, videotapes, diaries) which linked offenders to the sexual abuse and corroborated victim disclosures. In some occurrences, victims were able to make clear, consistent statements which added credibility to their disclosures. Given one or more of the above circumstances, community healing was facilitated. Denial and related difficulty believing and supporting victims were less likely to be protracted problems and sources of community conflict.

In many occurrences, however, prior to the disclosures of sexual abuse, offenders had obtained the confidence of friends, colleagues and community leaders and the perpetrators occupied community positions of trust. Over periods of years, offenders had camouflaged their abusive activities under covers of community service. They became leaders in their communities and institutions. They made many friends. They placed themselves in strong positions from which to fight abuse allegations and to deny the validity of children's disclosures.

When disclosures came to light, these offenders denied their guilt. They accused children of lying or exaggerating. Friends and colleagues often believed offender denials. They continued to support the perpetrators and to express publicly their doubts concerning the validity of victim disclosures. As more disclosures were made, communities frequently were split into factions, with conflicting opinions concerning the validity of disclosures.

Offenders continued to deny their responsibility and guilt for months or years following disclosures and investigations. Over these long periods of time, residents continued to doubt that child sexual abuses took place. Some thought that the children were lying or exaggerating what happened. Some felt that the abuses were isolated incidents affecting just a few streets in town. Some adults blamed children for associating with offenders.

Unfortunate consequences of such long periods of denial and community tension were the prolonged pain and stress (re-victimization) experienced by children who had been abused and who did not receive family/community support, and/or were criticized or belittled for revealing what happened to them. Some victims experienced rejection by peers and/or members of their own families.

In these negative circumstances, victims who disclosed felt betrayed, isolated, and sometimes responsible for community conflict. They felt guilty and depressed. They struggled with feelings of powerlessness and low self-worth. They were frustrated by the lack of support. They responded sometimes with anger and aggression which occasionally were directed toward other victims or toward themselves.

Overcoming power imbalance between offenders and victims

One key factor which led ultimately to successful prosecutions of offenders was the determined effort made by investigators to retrace the paths of perpetrators and to document their abuses over periods of years. An offender's abuses in one community were linked to his abuses in other communities. Temporal and geographical patterns of abuse were established and sometimes they spanned several decades and more than one province.

Very credible descriptions of abuse made by some children as they testified in court, in spite of sometimes long delays between their initial disclosures and their appearances in court, were also important factors in securing convictions.

Levels of success in overcoming denial and initiating healing processes varied from community to community, and they were associated in part with adversarial dynamics described above and with underlying community resources, experiences and values.

Recovery was associated also with strong, well-coordinated inter-agency responses. These interventions included timely, sensitive delivery of counselling and therapeutic support to victims and their families. In addition, some response teams made determined efforts to educate concerned residents and empower them to strengthen local resources and agencies committed to preventing and responding to child sexual abuse. Many communities now have in place local, inter-agency protocols designed to ensure faster, better coordinated responses to any future occurrences of multiple victim child sexual abuse.

Recommendations

Successful interventions

Schools as focal points for interventions

In 50% of the occurrences in the British Columbia study (15/30), victims included many children who attended the same school and/or lived in the same neighbourhood. Focal points for therapeutic interventions were the schools which the children attended. The most successful interventions were extensions of strong, ongoing working relationships, already being fostered or in place, between school and community agencies and other service providers, prior to disclosures of multiple victim child sexual abuse.

Inter-agency teams: ongoing, integrated systems of community support and education

Before the sexual abuse disclosures, school administrators and counsellors were active members of local inter-agency committees. There were high levels of trust and support between key professionals. Some school districts invited police officers to visit their schools regularly. The officers became well known to staff and students and police were active members of inter-agency teams. When sexual abuse disclosures were made, during the first week following disclosures, police investigators and school administrators had briefed teachers and other school staff.

Supporting and empowering front line staff

School personnel felt empowered. Teachers knew what to say and not to say to students and parents. Teachers knew they had back-up from school counsellors who were positioned in school and readily available to answer privately questions and concerns of students. Teachers were participants in coordinated responses. They were able to give support to their students and to parents, and teachers were recipients of support themselves.

Community outreach

After ensuring the safety of students and support for school staff, one of the top priorities for some intervention teams was to hold evening meetings at school for concerned parents and other residents. At these meetings, team members outlined steps being taken,

from their respective professional and jurisdictional perspectives, to protect children, to complete legal mandates and to ensure that the rights of accused individuals were protected.

At these meetings, teams responded to many questions and concerns but did not pre-judge cases or disclose confidential information, such as the identities of children making disclosures. As a result of good pre-planning and coordinated interventions following quickly after disclosures, some potentially explosive situations were managed well.

Community planning, preparation and education

- Effective responses to community crises triggered by disclosures of multiple victim child sexual abuse, as well as their prevention, depend on pre-planning efforts to strengthen community resources ahead of time.
- Residents need to be informed and educated about these abuses as well as other forms of child abuse. They must feel empowered to adopt proactive positions on abuse prevention as well as rapid intervention.
- If multiple victim child sexual abuse incidents do occur, the trauma they inflict on affected communities will be less severe and the task of healing communities will be less expensive in both emotional and financial terms when the communities are informed and prepared.
- Prevention efforts should include community adoption of comprehensive prevention protocols which underscore **zero tolerance** for child sexual abuse and all other forms of family violence, and send clear messages to perpetrators that they are responsible for their actions. Key considerations which should be addressed in constructing and strengthening community/inter-agency protocols are outlined below.

Key considerations in developing community/inter-agency protocols for sexual abuse intervention and prevention

- Protocols provide inter-agency teams with policies and procedures to direct and guide their efforts to deal effectively with community crises, including multiple victim child sexual abuse occurrences. Protocols should include valuable, specific information, including a local network of key individuals and agencies which are organized and ready to provide assistance in a coordinated, integrated manner when needed and activated by the chair of the protocol committee.
- Protocol development should begin with the establishment of an inter-agency committee formed to oversee and coordinate intervention and prevention planning.

- This committee should have a clear mandate which specifies committee structure, operational guidelines, member roles, policies and procedures, accountability and consumer involvement and feedback.
- There should be a coordinator (chair) and/or coordinating committee which acts as a steering group for a number of dedicated subcommittees. Coordinators need to mediate at the professional boundaries, monitor cases and encourage communication.
- No one intervention/prevention model will be appropriate for all communities. Models should be customized to meet the needs and utilize the unique strengths and resources of specific communities.
- All models, however, should emphasize interdisciplinary and inter-agency teamwork. This teamwork is essential to minimize jurisdictional disputes while enhancing good will and determination to provide comprehensive and integrated responses to sexual abuse.
- For example, there could be a core group of professionals who address confidentiality issues associated with case conferencing. In the same community, there could be a larger public awareness group in which the professionals participate in support of disseminating information and encouraging community education about child sexual abuse.
- Community protocols should assist the steering committee in dealing with the following issues:
 - program planning (e.g., joint planning for specific target groups);
 - built-in evaluation system (e.g., identifying where programs are ineffective or inactive and identifying barriers to action);
 - sharing of information and resources (e.g., there must be a standard lexicon and constant communication between teams/professionals);
 - there must be networking with other teams or central bodies and places to go for help or advice;
 - training between agencies (e.g., annual workshops);
 - clinical supervision and support;
 - maintenance of confidentiality throughout the time services are being offered.
- Community intervention protocols should help to ensure that services needed and requested by victims (see below for a checklist of services) are available, including:
 - convenient, one-stop access and referral point for all services to victims and families;
 - culturally sensitive services which meet the needs of victims with distinctive cultural/ethnic backgrounds and individuals with specific disabilities and methods of communication (e.g., holistic “healing circles” used by some Aboriginal bands and sign language interpreters who are fluent in

- American Sign Language and sensitive to deaf culture).
- Community prevention and intervention protocols should take into consideration community attitudes about child sexual abuse, community norms and community strengths, as well as the related issues and strategies listed below:
 - assisting the community to acknowledge child sexual abuse as a high priority concern, through a range of local initiatives, including community education, healthy public policy and a supportive social environment;
 - supporting formal and informal community education (e.g., through public awareness meetings and other community forums);
 - removing barriers to communication between agencies, other service providers and other concerned sectors of the community;
 - developing strategies to sustain prevention initiatives (e.g., encouraging local organizations to supply volunteers);
 - encouraging community commitment to confront social conditions which permit sexual abuse to occur and reoccur;
 - facilitating the collation and dissemination of prevention education materials.
 - opportunities to tell their stories of abuse and to be believed and trusted non-judgmentally and have these stories recorded;
 - opportunities to provide information which will assist communities to enhance protection and prevention initiatives.

Strengthening Programs and Services for Victims: Checklist of Recommendations

Do community agencies and service providers meet the needs expressed by child and adult survivors of sexual abuse, by providing the range of services illustrated below?

- single point of access for information about and referral to services and options available in the community;
- information about legal issues and criminal investigations;
- advocacy and accompaniment throughout the investigation, treatment and counselling services and possible court disposition;
- information about and referral for personal financial compensation;
- counselling support, including individual and family counselling;
- peer group support through meeting other individuals with similar experiences;
- special education classes/educational tutoring/vocational training;
- access to personal records;
- recognition that the abuses occurred and acknowledgement of victim distress;
- acknowledgement that the victims were not in any way to blame or responsible for the sexual abuses which they experienced;

Need for Further Research and Implications of the British Columbia Study for Children across Canada

- Between 1985 and 1992, in British Columbia, approximately 50 multiple victim child sexual abuse occurrences came to light. The number of children, youth and adult survivors of abuse in these occurrences was estimated conservatively to be several thousand.
- No comparable statistics are available for all of Canada. Each province compiles its own figures, according to its own guidelines and definitions of abuse. However, numerous reports of multiple victim child sexual abuse are disclosed and reported in the media each year across Canada.
- As well, there are inter-provincial links between the child sexual abuses in some multiple victim occurrences. With respect to the 30 multiple victim occurrences included in the British Columbia research, investigators retraced the paths of perpetrators in some cases over several decades. The police investigating teams found that in addition to offender periods of residence in 21 British Columbia communities included in the study, the same offenders resided previously in at least 41 other communities.
- The 41 included 10 communities outside British Columbia and located in 4 other provinces (Alberta, Saskatchewan, Manitoba and Ontario).
- While only one perpetrator had been previously convicted of child sexual abuse in these other communities, in 29 of the 41 (71%), the perpetrators held positions of trust and were responsible for the care of children. Moreover, 18 of the 41 (44%) perpetrators in the British Columbia occurrences previously had been suspected of child sexual abuse in the other communities but they moved away before investigations and prosecutions could be completed.
- Coordinated, inter-provincial studies are needed to determine the parameters and demographics of multiple victim child sexual abuse from a national perspective. The results from such studies would expand and enhance national understanding of these abuses, beyond the initial important perspectives provided in the 1984 Badgley report.⁵ This report included a retrospective survey of all forms of child sexual abuse (intra- and extra-familial abuses). Using a broad, generic definition of abuse, the survey found that, prior to the age of 19 years, approximately 40%

of girls and 25% of boys experienced unwanted sexual acts, ranging from sexual harassment and touching to severe sexual assaults.

- Many thousands of children are sexually abused each year within family settings (intra-familial abuse). The British Columbia study suggests that annually across Canada there are thousands of children who are sexually abused outside family settings (extra-familial abuse) and within the context of multiple victim child sexual abuse occurrences discussed in this report. The British Columbia findings underscore the need to document Canadian experiences with these abuses and the prevalence and annual incidence of all forms of child sexual abuse. This critical data would provide the empirical foundation needed to understand the scope of the problem, to enlist the resources necessary to aid communities across Canada in responding effectively to such abuses, and to implement comprehensive strategies to prevent future abuse.

Suggested Readings

Reducing the Risk of Abuse in Foster Care: A Study Completed for the Review of Safeguards in Children's Residential Programs, by Beth Hoen and Mary Thelander. Toronto: Ministry of Community and Social Services, 1992.

The Impact of Child Sexual Abuse in Developmental Perspective: A Model and Literature Review, by Andy Wachtel. Ottawa: National Clearinghouse on Family Violence, 1988.

Breach of Trust Breach of Faith: Child Sexual Abuse in the Church and Society (Materials for Discussion Groups), by Canadian Conference of Catholic Bishops (CCCC) Staff. Ottawa: CCCC Publications Service, 1992.

Child Sexual Abuse (Fact Sheet), National Clearinghouse on Family Violence. Ottawa: Health Canada (1 800 267-1291)

Child Sexual Abuse: Guidelines for Community Workers, Report of the Federal Working Group, Health Services Directorate, Health Services and Promotion Branch. Ottawa: Minister of Supply and Services, 1989.

Foundations for the Future, Working Group on Child and Youth Mental Health Services, Victoria: Ministry of Health, Child and Youth Mental Health Services, 1990.

Periodic Health Examination, 1993 Update: 1. Primary Prevention of Child Maltreatment, by Harriet L. MacMillan, et al., **Canadian Medical Association Journal**, (January 15, 1993) volume 148(2), pp. 151-163. (Copies of this and other task force reports are available from the Health Services Directorate, Health Services and Promotion Branch, Health Canada, Tunney's Pasture, Ottawa, Ontario, K1A 1B4).

Reaching for Solutions: The Report of the Special Advisor to the Minister of National Health and Welfare on Child Sexual Abuse in Canada, by Rix Rogers, Ottawa: Minister of Supply and Services Canada, 1990. (Copies may be obtained from the National Clearinghouse on Family Violence, Health Canada, Ottawa. (1 800 267-1291)

Endnotes

1. **Child and Youth Mental Health Services, British Columbia Ministry of Health, Dimensions of Multiple Victim Child Sexual Abuse in British Columbia, 1985-1989, and Community/Mental Health Interventions** (Victoria: Queen's Printer for British Columbia, 1991).
2. **Ibid.**
3. D. Finkelhor, et al., **Sexual Abuse in Day Care: A National Study** (Durham, N.H.: Family Research Laboratory, University of New Hampshire, 1988).
4. Linda Keller, et al., **Child Sexual Abuse: A Community in Crisis** (Victoria: Mental Health Services, Ministry of Health, 1986).
5. Robin Badgley, et al., **Sexual Offenses Against Children - Report of the Committee on Sexual Offences Against Children and Youths** (Ottawa: Minister of Supply and Services, 1984).