

**AT THE TIME OF DISCLOSURE**

**A MANUAL FOR FRONT-LINE COMMUNITY WORKERS  
DEALING WITH SEXUAL ABUSE DISCLOSURES  
IN ABORIGINAL COMMUNITIES**



**AUTHORS:**

**Judie Bopp  
Michael Bopp**

The views expressed in this report are those of the authors and are not necessarily those of the Ministry of the Solicitor General of Canada.

**Cat. No.: JS5-2/2-1997E**

**ISBN No.: 0-662-26315-4**

# TABLE OF CONTENTS

<b>TABLE OF CONTENTS .....</b>	<b>I</b>
<b>INTRODUCTION.....</b>	<b>1</b>
PURPOSE OF THIS MANUAL.....	1
MANUAL OVERVIEW .....	1
<b>PART I - BACKGROUND ISSUES .....</b>	<b>2</b>
A. WHAT IS ABUSE? .....	2
B. WHY SEXUAL ABUSE IS A SERIOUS PROBLEM FOR ABORIGINAL COMMUNITIES.....	3
1. <i>Wellness</i> .....	3
2. <i>The Law</i> .....	5
3. <i>Cultural Differences</i> .....	5
C. THE REALITIES OF SEXUAL ABUSE .....	6
D. SPECIAL ISSUES RELATED TO SEXUAL ABUSE IN ABORIGINAL COMMUNITIES.....	7
1. <i>Drawing on the Wisdom of the Past</i> .....	8
2. <i>The Destruction of the Old Support Systems</i> .....	9
3. <i>The Legacy of Contact and Colonization</i> .....	10
4. <i>A New Dawn</i> .....	11
E. PROBLEMS WITH CURRENT APPROACHES TO HANDLING ABUSE .....	12
1. <i>Restorative versus Retributive Justice</i> .....	12
2. <i>A Wellness versus a Sickness Approach</i> .....	13
3. <i>The Evolution of Community-Based, Culturally Appropriate Sexual Abuse Intervention and Treatment Programs</i> .....	14
F. COMMUNITY-BASED INTERVENTION TEAMS AS AN ALTERNATIVE APPROACH .....	15
<b>PART II - FACILITATING/INVESTIGATING SEXUAL ABUSE DISCLOSURE.....</b>	<b>16</b>
A. SIGNS OF ABUSE .....	16
1. <i>In Children</i> .....	16
2. <i>In Adults</i> .....	18
B. VARIETIES OF DISCLOSURE .....	18
1. <i>Discovery</i> .....	19
2. <i>Accidental</i> .....	19
3. <i>On Purpose</i> .....	19
4. <i>Through a Process of Personal Healing</i> .....	19
C. THE INITIAL INTERVENTION .....	19
1. <i>Factors Affecting the Initial Intervention</i> .....	19
2. <i>Goals of the Initial Intervention</i> .....	20
3. <i>Factors Affecting the Investigation Process</i> .....	22
D. THE INVESTIGATION PROCESS WHEN THE VICTIM IS A CHILD.....	23
1. <i>Knowledge and Skills Needed to Work with Children through the Disclosure Phase</i> .....	23
2. <i>Information to be Gathered</i> .....	24
3. <i>Basic Guidelines for Interviewing Children</i> .....	25
F. CONFRONTING THE ABUSER .....	29
G. THE IMPORTANCE OF RECORD-KEEPING.....	30
<b>PART III – ISSUES AND NEEDS AT THE TIME OF DISCLOSURE.....</b>	<b>31</b>
A. VICTIMS .....	32
B. ABUSERS.....	33
C. THE VICTIM’S FAMILY .....	34
D. THE SPOUSE OF THE ABUSER.....	36

E.	THE ABUSER’S FAMILY .....	37
F.	THE COMMUNITY.....	38
G.	CHILD PROTECTION SERVICES.....	39
H.	THE JUSTICE SYSTEM.....	39
I.	THE COMMUNITY WORKER WHO IS FACILITATING/INVESTIGATING DISCLOSURES.....	40
	SUMMARY.....	41
<b>PART IV – RESTORING BALANCE: PLANNING FOR THE POST-DISCLOSURE PROCESS .....</b>		<b>41</b>
A.	CREATING A POSITIVE ENVIRONMENT FOR COMMUNITY INVOLVEMENT.....	42
1.	<i>Guidelines for Community Workers.....</i>	42
2.	<i>Building Awareness through Education.....</i>	43
3.	<i>Identifying Resources and Allies.....</i>	43
4.	<i>Building an Integrated Community Wellness Plan .....</i>	44
B.	SEXUAL ABUSE PREVENTION PROGRAMS.....	46
1.	<i>Targets for Prevention Activities .....</i>	46
2.	<i>Specific Prevention Activities.....</i>	48
C.	HEALING.....	51
1.	<i>Healing Issues and Processes for the Victims of Sexual Abuse .....</i>	51
2.	<i>Healing Issues for the Abuser .....</i>	54
<b>BIBLIOGRAPHY .....</b>		<b>57</b>

## **INTRODUCTION**

### **Purpose of this Manual**

This manual has been developed to assist front-line community workers, especially those in aboriginal communities, deal more effectively with issues around sexual abuse disclosures. Although *At the Time of Disclosure* deals specifically with sexual abuse issues, much of the information will also be helpful to those working with individuals who have been abused in other ways.

Many community workers, including mental health and substance abuse counsellors, educators, health workers, social service staff, recreational volunteers and staff, youth workers, clergy and lay clergy, and community police, may at some point have someone confide in them about incidences of abuse or they may see signs that someone in the community is being abused. This situation can be very stressful for community workers. Unsure of their legal responsibilities and upset by the suffering of the victims, many community workers do not know how they can best respond. In some communities, the dilemma faced by community workers is made more difficult by the fact that they know or may even be related to the victim, the abuser or both.

*At the Time of Disclosure* is not a comprehensive volume covering all aspects of sexual abuse. Rather, it has been developed to assist front-line community workers deal more effectively with a specific aspect of this very complex critical social problem, namely the disclosure phase. It is at the time of a sexual abuse disclosure that many front-line community workers first come face-to-face with this challenging issue. This manual has been written to help them understand more clearly the many factors which must be considered when dealing with sexual abuse disclosures and to ensure that the needs of everyone affected by the situation are being addressed. A more comprehensive investigation of sexual abuse and the process which can be used to establish community-based response teams can be found in a companion volume, *Responding to Sexual Abuse: Developing a Community-Based Sexual Abuse Response Team in Aboriginal Communities*, also published by the Aboriginal Corrections Policy Unit of Solicitor General Canada.

### **Manual Overview**

*At the Time of Disclosure* can be used as a reference manual by individual community workers or by a multidisciplinary team of agency staff and community volunteers who have decided to work together to form a community physical or sexual abuse response group. It has been designed to assist these types of front-line community workers to understand the context of sexual abuse in aboriginal communities and why many current approaches to dealing with the problem are not working. The manual offers a brief introduction to community-based approaches to dealing with abuse and provide several examples of successful models currently being used. It then provides guidelines for facilitating disclosures of abuse and investigating allegations. The issues and needs faced by all those affected by the abuse (for example, the victim, the victim's family, the abuser, the abuser's family, the general community, and the justice system) are outlined. Finally, some

suggestions and guidelines are offered for planning the healing and restoration of balance which needs to occur after a disclosure of abuse.

## **PART I - BACKGROUND ISSUES**

### **A. What is Abuse?**

The first problem faced by community workers when someone confides in them that they have been hurt by someone else, or when the worker see signs which may indicate that someone is being hurt, is to determine whether or not abuse has actually occurred. The term *abuse* is used by many different people in today's society to mean many different things. It is not always easy to sort out exactly when a situation is abusive and requires the types of legal and moral intervention implied by the term.

The term *abuse* has come into common English usage (within both the personal healing movement and within the law) to mean any action through which a person uses his or her power over someone else to get what he or she wants. Abuse can be physical, sexual, verbal, psychological or even spiritual. Abuse involves two key elements:

- a) a more powerful and a less powerful person (such as an adult and a child or a violent individual and a physically less powerful one); and
- b) a violation (crossing a boundary) in which the more powerful person forces or manipulates the other person into compliance, submission or cooperation (physical, sexual or other).

There can be a difference between abusive behaviour and unhealthy or even harmful behaviour. For example, recreational sex without commitment and proper protection can be harmful, but it is not necessarily abusive. Abuse involves the use of power by someone to obtain what he or she wants from someone else (such as sexual favours).

The following list describes some of the behaviours which can be sexually abusive:

- child pornography;
- exposing oneself in an inappropriate sexual way;
- fondling a child in a sexual way or fondling an adult who doesn't want it;
- masturbating in front of someone, forcing someone to masturbate, or forcing someone to masturbate the victimizer;
- vaginal intercourse;
- anal and oral sex;
- sexually suggestive talk.

Keeping this definition of abuse in mind can make it easier for a front-line worker or other community member to decide when abuse has occurred and the type of action is appropriate to take in any particular situation.

## **B. Why Sexual Abuse is a Serious Problem for Aboriginal Communities**

This section describes three reasons why sexual abuse is considered to be a very serious threat to community well-being. The first reason relates to health and wellness. The second is related to the law and the third to the differences in perspective between the dominant culture and the aboriginal world view.

### **1. Wellness**

Sexual abuse is regarded as a very serious violation of human well-being. It can have an extremely harmful impact on victims, their present or future marriages, their children, and on future generations. Sexually abusing someone (and especially children) is like injecting a dangerous virus into their bodies. Although its effects can at first be hard to detect, sexual abuse interferes with child development, causes enormous anguish leading to depression and even suicide, can destroy present or future marriage relationships, can affect the children of the victim (either directly if the victim becomes a victimizer, or indirectly because of the hurt and dysfunctional family patterns generated by the abuse within which the child has to grow up), and can tear apart families or even whole communities many years after the abusive events occur.

David Finkelhor and Angela Browne (1985)<sup>1</sup> list four categories of injury that child sexual abuse brings to victims. (We believe that all of these categories of victimization have profound effect on adult victims and survivors as well.)

- a. *Developmental dysfunction* (traumatic sexualization) – This category refers to the process by which a child’s sexuality is shaped in developmentally inappropriate and interpersonally dysfunctional ways. From this abnormal trauma, children can learn:
  - to fear their own sexuality or sexual contact with others (sexual anxiety);
  - confusion about their sexual identity (hetero or homo sexual);
  - confusion of sexual activity with affection;
  - use of sexual favours to obtain approval, privileges, etc.;
  - use of sex to manipulate others;
  - a distorted focus on one or several parts of the anatomy;
  - warped ideas about “normal” sexual behaviour or morality;
  - frightening memories associated with sexual contact;

---

<sup>1</sup> Adapted from Finkelhor, David and Angela Browne, [A Model for Understanding: Treating the Trauma of Child Sexual Abuse](#), Family Violence Research Program, University of New Hampshire, Durham, 1985.

- promiscuity;
  - low self-esteem.
- b. *Betrayal* – This refers to what happens when victims discover that someone they trusted or upon whom they depended caused them harm. Sometimes the betrayal is not only that of the abuser, but also of family members who are unwilling or unable to stop the abuse. This type of betrayal can lead to: depression, an impaired ability to trust and to judge the trustworthiness of others, as well as to generalized rage and anger (i.e. the victim is angry much of the time, but doesn't know why).
- c. *Stigmatization* – This refers to the feelings of being marked, shamed, dirty, guilty, or bad that are imprinted on the child's self image as a result of the abuse experience. Negative meanings (i.e. interpretations of what happened) come to the child from:
- the abuser, through blaming the victim, by conveying a sense of shame through his secrecy and other attitudes, or by denigrating (putting down) the victim (“if you do this with me, what are you?”);
  - the victim's own sense of shame – the victim may already believe the activities related to the abuse are immoral and wrong and may feel guilty and ashamed;
  - the reaction of family members, professionals, and others, especially if they convey disgust for what the victim has done, or blame the victim and confer labels such as loose morals or spoiled goods;
  - keeping the secret over a long time which increases the pain and impact.

Some of the life-long outcomes of stigmatization include: substance abuse (“To dull the pain.”); feeling low self-esteem (“I am no good.”); believing a self-fulfilling prophecy (“If I'm no good, I may as well be bad.”); which can lead to criminal activity or to the self-sabotage of success (“If I'm successful I won't be me, because I'm no good.”) which may lead to suicide (“Since I am good for nothing, I may as well die.”).

- d. *Disempowerment* – means taking away a person's power to be themselves and to make a difference in their lives and in the world. Abuse can leave victims seeing themselves as powerless — unable to do anything about anything that matters. This impact attacks the victim's will power, desires, and sense of personal agency. When victims experience their body space repeatedly violated or when they are overpowered by force (as in rape), feelings of powerlessness are established and reinforced deep within them.

Some of the life-long impacts of disempowerment can include:

- a life filled with fear and anxiety;
- feelings of always being the helpless victim;
- a belief that life happens to me and I can't do anything to change it therefore I am not responsible for my choices and action (This could, in extreme cases, lead to a kind of

disassociation from morality or the pain of others, such as is common in psychopathic criminals.);

- nightmares;
- sleep problems;
- depression;
- running away;
- self sabotage;
- employment problems;
- openness to more victimization;
- criminal activity;
- sexually abusing others.

## **2. *The Law***

Because of the tremendous hurt and suffering sexual abuse brings, it has been made illegal in the Criminal Codes of most countries (including Canada and the United States). This means that sexual abuse is always a violation of the law for which an abuser can be arrested, tried, and jailed. It has become a legal requirement in Canada that all sexual abuse disclosures must be reported to the police (and to Child Protection Services if the victim is a child).

## **3. *Cultural Differences***

This current legal environment in Canada presents another set of problems for many aboriginal communities. The cultural inclination of most aboriginal communities is to view sexual abuse as a sickness needing healing, and not as a crime that calls for punishment. As aboriginal communities begin to deal with the (sometimes massive) levels of sexual abuse in their communities, a number of problems arise.

- a. Victims often don't want to disclose patterns of abuse if it means that their relatives will have to go to jail. This hesitancy usually allows the abuse to continue in some way.
- b. Relatives pressure victims to "forgive and forget" also not wanting to see their loved ones put through the 'White man's legal system'.
- c. Communities do not believe that a legal solution is really a solution at all. Many aboriginal people believe that the legal system of the dominant society does not address the root causes of the imbalances that allowed sexual abuse to occur in the first place.<sup>2</sup>
- d. Front-line professionals (social workers, health and alcohol workers, political leaders, etc.) are caught between the pressures of two worlds — the aboriginal way of seeing the

---

<sup>2</sup> A more in-depth exploration of the differences in point of view between the aboriginal and dominant culture's approach to issues such as abuse are included in a later section.

problem and the dominant society's way of understanding and dealing with this issue. This pressure can be worsened by the demands of the legal and bureaucratic systems, which sometimes threaten to go after community workers who don't conform to the dominant society approach. This tension can be harnessed to build a creative win-win solution, but doing so is not easy.<sup>3</sup>

- e. Many aboriginal communities have not yet developed effective policies, models and procedures for dealing with abuse in their communities. As well, community-based programs in aboriginal communities frequently do not have adequate resources to deal with the magnitude of the problem. As a result, many victims, abusers, family members and other individuals who are affected by the problem are not getting the help they need.

### **C. The Realities of Sexual Abuse**

Sexual abuse takes many forms, occurs in all types of families, and to both male and female victims of all ages. Abusers can be old or young, male or female, rich or poor, public figures or social outcasts. Following are some important facts to be aware of about the realities of sexual abuse in aboriginal communities.<sup>4</sup>

1. At some point in their lives, about one in two females and one in three males have been victims of one or more unwanted sexual acts. These acts include witnessing indecent exposure, being touched on a sexual part of the body, being sexually threatened, and being subject to an attempted or an actual sexual assault.
2. A very high percentage of victims are children. Most children are tricked or bribed into abuse rather than forced.
3. The majority of abusers are male.
4. A majority of victims are abused by someone in their own family or extended family (this is called incest).
5. The next most common abuser comes from the family's circle of close friends and acquaintances.
6. Girls are victimized much more often than boys.
7. Sexual abuse of boys does occur and is just as damaging as the abuse of girls.

---

<sup>3</sup> The chapters in the later part of this volume related to community intervention will present such a model, based on the community experiences of Alkali Lake, Hollow Water and others.

<sup>4</sup> Sources: Harper et. al. (1991), McEvoy (1990), Sgroi (1981), James and Nasjleti (1983), The Report of the Committee on Sexual Offences Against Children and Youth (the Badgley Report 1980).

8. Many abusers are older children or teenagers who were abused when they were the age of the victim.
9. Sometimes women are abusers.
10. Sometimes elders and even respected medicine people are abusers.
11. Sometimes respected community leaders, service providers, religious authorities, teachers, or law enforcement officers are abusers.
12. Some abuse is alcohol related, but alcohol is not the cause of sexual abuse and is never an acceptable excuse or legal defence.
13. A great deal of the abuse that occurs is known about by the family and friends of victims or abusers, but it is covered up. Looking the other way, telling yourself it's not really true, refusing to believe it, or simply not talking about it because of the trouble disclosure would cause are all common.
14. Incest tends to be multi-generational; that is, people who were abused as children within their own family are at greater risk than others of becoming incest abusers themselves (see #18 below).
15. Children don't usually lie about sexual abuse, although this has sometimes occurred.
16. Children don't tell because they were told not to, because they have been threatened, or because they fear that no one will believe them or that bad things will happen to the abuser or the family.
17. Most children believe that the abuse was their fault.
18. The cycle of sexual abuse (from victimizer to victim, generation to generation) can be stopped. It is not inevitable. All victims do not become abusers.

#### **D. Special Issues Related To Sexual Abuse In Aboriginal Communities**

It is important to understand the historical context which has contributed to the development of the type of dysfunctional personal, family, and community patterns which have resulted in high rates of sexual abuse in some aboriginal communities. Understanding this background will make it easier to develop more effective strategies for facilitating and handling disclosures about abuse.

## *1. Drawing on the Wisdom of the Past*

There are hundreds of different aboriginal cultures across Canada, each with its own language or dialect and world view, and each with its own historical experience. In spite of this tremendous diversity, it is clear that aboriginal communities have a deep spiritual and philosophical reservoir of wisdom, knowledge, and technology which was once carefully preserved and passed on from generation to generation through teachings, stories, ceremonies, protocols, taboos, and other social balancing systems. Although it may appear, in some instances, that much of this traditional knowledge has been lost, the experience of many communities is that efforts to uncover that rich source of information is not so much a step backward into the past as it is a step forward into a healthier future that is braided together from the people's own wisdom, knowledge and experience.

In order to restore safety, peace, wellness, and prosperity to communities, it is important to understand what a human being is and how human beings should live with each other on the Earth in order to have a good life. The traditional knowledge of North American tribal communities often contained very specific teachings on these topics, such as those describing the need for balance between the mental, emotional, physical, and spiritual components of the individual and the teaching of respect for Mother Earth and all living things.

All tribes also developed tools and strategies for healing and maintaining balance and harmony in families and communities. Spiritual disciplines such as prayer, meditation, fasting, and living according to a strict code of behavior was common to many tribes. Ceremonial practices such as smudging<sup>5</sup>, vision quests, sacred pipe, and sweatlodge ceremonies — all of these had their place in the lives of the people. Stories and cycles of stories, songs, visual images such as the medicine wheel, and special teachings such as those given to a young girl or boy upon becoming adult members of the community were all a part of the repertoire of cultural resources that existed. In addition to the ceremonial and social dimension, many tribes had medicinal technologies such as the use of herbal preparations, diet, heat, cold, exercise, or rest to help people who became sick, injured, or infirm to restore themselves to health.

If we look far enough back into the cultural past, most aboriginal communities had specific taboos and warnings, proverbs and prescribed protocols (i.e. rules of behavior), that told people how to behave, and what to avoid with respect to sexuality and gender relations. An example of this is found in rules that limited contact between in-laws in many nations. All cultures had boundaries for appropriate sexual behaviour. Promiscuity as defined by the cultures was not tolerated from either sex and incest was strictly forbidden. Rape was very uncommon and regarded as a serious offense, for which there were heavy consequences. Sexual acts between adults and children were prohibited as well.

---

<sup>5</sup> Smudging refers to the practice of using smoke from burning sage, sweetgrass, juniper or other plants and funguses for purification and preparation before doing important things. Different tribes used a wide variety of different plants for smudging, but the practice in some form was common to many tribes.

Key to these old teachings is the matter of boundaries. Everyone knew for certain who they were, who everyone else was, and how they were supposed to interact with other people, especially in the sexual area of life. Most tribes had fairly strictly defined rules and roles for such relationships as those between a child and an adult, a father and his daughters, a mother and her sons, cousins, brothers and sisters, healers and patients, teachers and learners, uncles and nieces, and stronger and weaker persons. Usually people were considered relatives in some way even if they were not members of one's immediate family. The rules of behavior concerning sexual boundaries applied to all relationships, and all relationships had a name and a teaching.

In summary, most tribes had clear boundaries and rules concerning sexual contact and, because the way of life everyone lived supported and reinforced the rules, they were seldom broken. It was only as these support systems fell away, and the people began to stray from the old teachings, that sexual abuse became more common.

## ***2. The Destruction of the Old Support Systems***

For Aboriginal nations in North America, contact with European explorers and settlers marked the beginning of very rapid and far-reaching changes. These changes often had devastating effects on the way of life of aboriginal people who were not allowed to meet the newcomers on equal terms and to negotiate the process of change on the basis of mutual respect, equity and justice. This is because during the early days of contact, Europeans viewed aboriginal people as children, as savages, or as an obstacle to the achievement of their objectives (such as the use of the land and its mineral, plant and animal resources). As well, the legal system they brought with them designated all land as property of the Crown and aboriginal people were subjected to numerous restrictions on their freedom through such legislation as the Indian Act.

The primary forces which had a strong impact on aboriginal people during these early days of contact include:

- *The fur trade* – By getting involved as trappers and guides, many aboriginal economies gradually shifted from a subsistence economy to one centered on cash. This changed diets as well as the relationships between community members (since cash belonged to individuals rather than to the community as a whole). When the fur trade collapsed, many aboriginal people starved or were reduced to living on hand-outs from the government.
- *Missionization* – This process gradually eroded many people's belief in their own spirituality and cultural heritage.
- *Disease* – Illnesses such as influenza and small pox, which were introduced to aboriginal people through contact with Europeans, sometimes ravaged whole communities and in many instances killed or weakened a significant percentage of the population, leaving communities unable to maintain their traditional life style.

- *Colonization* – The economic and political annexation of aboriginal peoples and their lands to serve European economic and geo-political interests left most aboriginal people impoverished and dependent on others for basic survival needs.
- *Education* – Assimilation was the goal of early education processes. Students were taught that their cultures and languages were primitive and that the only way to succeed was to become ‘white’.
- *Residential schools* – These schools had a stronger impact than day schools, since children were out of their families and communities for months (and sometimes years) at a time. Children learned to be ashamed of their own identity and to distrust and disbelieve in the value of the traditional past. Parented by institutions, they did not have viable role models of how to be parents themselves, especially in terms of passing on the values and teachings of the culture. Children never learned traditional concepts of respect and foreign concepts of behavior and boundaries were introduced. In addition, widespread physical and sexual abuse were experienced in some residential schools by a significant number of aboriginal children and these behaviors were thus introduced into the pattern for interpersonal and community relationships.
- *Bureaucratization* – Most Canadian aboriginal people were eventually placed on set-aside lands called reserves and made to organize their community affairs according to Canadian government legislation (such as the Indian Act). The chief and council system (really a copy of the mayor and council municipal model) was imposed and many aspects of life from cradle to grave came to be highly regulated.

### 3. *The Legacy of Contact and Colonization*

The impact of the forces described above on aboriginal people was traumatic and long lasting. Some of the ways this impact has been felt include the following:

- a. *A disconnection and alienation from culturally based spiritual and philosophical resources.* This process left many aboriginal people without a vision for many dark years. Concepts such as the interconnectedness of all things (the ecological world view), mutual responsibility, sharing, caring, respect, the maintenance of proper boundaries, and technologies and processes for restoring harmony and balance — all of these were threatened and sometimes lost through the colonization process.
- b. *Poverty* plays a major role in what communities now face. Aboriginal people were once self-reliant and extremely efficient in winning a living from their environment. Now communities struggle with generational welfare dependency, unemployment rates of eighty to ninety percent, and the culture of poverty (i.e. addictions, dependency, apathy, and perceived powerlessness) as they try to find solutions to the problems they face.

- c. *The treaties and the law* – Most communities continue to struggle with a foreign system of government (elected Chief and council) that seems to perpetuate fragmentation, disunity and corruption, and seems to discourage and even undermine the political empowerment of grassroots people. Communities must also work with a justice system that is driven by a very different view of how to define and deal with deviance, dysfunction, and imbalances in behavior.

Out of all of this, a gradual pattern of community disease began to emerge. Some of the signs and symptoms of that disease included a gradual increase in alcoholism (which exploded to levels of ninety percent or more in the 1950s when it became legal to sell liquor to aboriginal people in Canada), power struggles and jealousy created by the new political system, internal disunity over religion, the introduction of sexual abuse as a community pattern through the residential school generation (never spoken about), family and communal violence, suicide and other mental problems, and an increase in poverty, neglect of children, and dependency due to addiction and dysfunction.

#### **4. A New Dawn**

The years between 1950 and 1980 were some of the darkest years in living memory for many Canadian aboriginal communities, but they can also be thought of as the darkest hour before the dawn. For there really has been a dawn in recent years, a new awareness of spirituality, native identity, and healing in many aboriginal communities across Canada.

The 1960s were a period of political and cultural reawakening for many peoples in both the United States and Canada. The birth of the aboriginal rights movement, through such organizations as AIM (the American Indian Movement) in the United States and the National Indian Brotherhood in Canada marked the visible and more public beginning of a new era in modern aboriginal healing. This was a very important step, but there was another side to the process of transformation now underway in hundreds of aboriginal communities across Canada. In addition to the political empowerment process, three other powerful streams have contributed to the emergence of what is clearly an indigenous peoples' healing movement. They are :

- a. *The revival of traditional spirituality* – Bringing back and re-legitimizing traditional spiritual and cultural teachings has already contributed a great deal to community healing and development processes. Indeed, much of the primary thinking about what healing is, how it can be promoted and maintained, and how it is intimately contained in the whole hoop of life encompassing individuals, families, groups, organizations, communities and nations — many of these insights have come from indigenous people's cultural foundations and are now actually being borrowed and used by dominant society health practitioners because they are so powerful and effective.
- b. *The introduction of personal growth and healing as a primary line of action* in community life through such programs as Alcoholics Anonymous (AA), and a whole host of strategies and programs for addressing substance abuse, sexual abuse, violence, and the need for personal

growth. These approaches have a strong focus on health and wellness rather than on sickness and provide an important support to indigenous concepts of health and healing.

- c. *The health promotion and healthy communities* is recognized by dominant culture health professionals as a legitimate strategy for addressing fundamental health issues. These initiatives have helped to provide legitimation, resources, and other types of technical support for band programs in such areas as health, social service, and economic development.

## **E. Problems with Current Approaches to Handling Abuse**

As Albert Einstein once said, “the way we see the problem is the problem”. There are clearly fundamental differences between how sexual abuse is seen and understood by aboriginal people as compared to the view taken by the dominant Euro-Canadian society. One aspect of this contrasting perspective involves different views about the concept of justice itself. A second fundamental difference in perspective concerns an understanding of the relationship between sexual abuse and other aspects of individual, family, and community life.

These differences in perspective has made it difficult for many aboriginal communities to develop effective policies and programs for dealing with sexual abuse and has caused friction between the justice system and aboriginal communities with respect to a social issue which both sides recognize as vitally important.

### ***1. Restorative versus Retributive Justice***<sup>6</sup>

Most aboriginal communities tend to see the need for *restorative* justice (that is, restoring balance and harmony) rather than the need for *retributive* justice (that is, focusing on punishment), and argue that what is needed for victims and abusers alike is healing and a restoration of positive human relations. This view is sometimes at odds with the perspective taken by the police, the courts, and the departments of social services responsible for child protection which tend to view sexual abuse primarily as a crime which must be punished. Frequently, however, these agencies provide inadequate support services for the victim and the families of both the victim and the abuser.

At least partly as a result of these differences in perspective, sexual abuse in aboriginal communities too frequently goes unreported, and this means that the needs of the community for protection and the healing needs of both the victim and the victimizer are not met. The challenge for aboriginal communities is to develop a strategy for dealing with sexual abuse that balances the needs of everyone involved in the situation for protection, healing, justice and the restoration of healthy human relations.

---

<sup>6</sup> [Returning to the Teachings: Exploring Aboriginal Justice](#) by Rupert Ross (Penguin Books, Toronto, Ontario, Canada, 1996) provides a comprehensive study of the difference between restorative and retributive justice and the impact of the difference between the aboriginal and dominant cultural perspective on Canadian First Nations communities.

## *2. A Wellness versus a Sickness Approach*

Closely related to the aboriginal concept of restorative justice is an understanding of the interconnectedness of all aspects of life. First Nations societies have long taught that the many dimensions of individual, family and community life are inseparably linked, and that the health and well-being of any one aspect depends on the health and well-being of all the others. This teaching makes it clear that sexual abuse does not occur in isolation. It is part of a whole pattern of life which includes many other factors. Some of these include:

- substance abuse and other types of addiction;
- the loss of language and culture;
- abusive, dysfunctional, or inconsistent relationships within the family and community;
- the breakdown in a family and community of positive, life-enhancing values and life styles;
- the absence in individuals, families, or communities of a vision of a positive future;
- the lack of meaningful occupations or roles for community members;
- a confused sense of personal and/or cultural identity;
- low self-esteem and feelings of self-worth;
- a prevailing climate of prejudice, discrimination, or oppression of any kind;
- unresolved grief and other types of strong feelings due to traumatic experiences;
- alienation from the basic institutions of society which safe guard individuals and promote the common good.

The aboriginal perspective does not see these factors as causing sexual abuse. Rather it see all of these factors as a complex set of interrelationships which result in dis-ease and imbalance in the life of individuals, families, and communities. One of the expressions of this dis-ease is sexual abuse. From this perspective, sexual abuse can be compared to a tree, with its roots being some of the factors listed above, like the loss of cultural and personal identity, low self-esteem and feelings of self-worth, and unresolved traumatic experiences. The lack of consistent, supportive, and loving relationships and the absence of positive life-enhancing values is like the soil in which the tree grows. A tree is an organic system. If the whole system is diseased, you can't just treat one of the roots and expect the rest of the tree to be healthy. You must treat the whole tree, as well as the soil within which it is growing.

Trying to deal with sexual abuse in isolation from the larger pattern of life of which it is a part is like trying to deal with sickness simply by treating the symptoms and not the underlying causes. We may treat one symptom, but the disease will simply show up again in another way. Balance and health must be restored to the whole system in order for the disease to truly be healing. In the same way, sexual abuse cannot be removed from the rest of the pattern of life of which it is a part, to be healed or treated in isolation. The whole complex pattern of life of which sexual abuse is a part needs to be transformed. This means restoring balance in the mental, emotional, physical, and spiritual life of the individuals in any way affected by sexual abuse. The consequence is to create families and communities which are politically, economically, socially, and culturally healthy. Also required is the

articulation of a clear vision of personal, family, and community health, as well as engaging the involvement of people in the process of their own healing and development.

A sickness approach to a problem like sexual abuse focuses on the problem and what can be done to treat it or to eliminate it. A wellness approach, on the other hand, works to create conditions of health and well-being in the whole system so that the problem is much less likely to occur in the first place and so that any instances of the problem can be dealt with in a way that restores health and balance as effectively as possible. A sickness approach tends to focus on what is wrong, whereas a wellness approach focuses on building what is needed in order for things to be right.

For the most part, the approaches currently being used by the justice, health and social services departments of the dominant culture favour a sickness rather than a wellness approach in dealing with sexual abuse. The focus is on the individual offender and victim rather than on the whole set of family and community relationships of which they are a part. Sexual abuse is treated as a problem behaviour which requires intervention, punishment and treatment. Rarely do programs attempt to address the needs of the whole person or the larger economic, social, political, and cultural factors which contribute to the an imbalance in personal, family, and community life.

### ***3. The Evolution of Community-Based, Culturally Appropriate Sexual Abuse Intervention and Treatment Programs***

These fundamental differences in perspective between aboriginal communities and the dominant culture highlight the need to develop alternative, culturally appropriate sexual abuse intervention and treatment programs in Canadian aboriginal communities. During the past decade or so, some very exciting and innovative programs have been initiated.<sup>7</sup> In most instances, these programs attempt to form a supportive and productive working partnership between some type of community-based team and the dominant culture's justice and social service departments in order to ensure that legal requirements are met at the same time that a wellness approach, based on restorative justice, can be applied to the problem. A little more information about such programs is included in section D below.

The current status of these alternative programs presents some special challenges. These can be summarized as follows:

- a. Current community-based, alternative programs are usually severely underfunded. The development of a sexual abuse intervention and treatment program in a community generally dramatically increases the number of disclosures within that population. As a result, programs are often understaffed and do not have access to the special human resources (often from outside the community) that may be needed to deal with some of the cases. In addition,

---

<sup>7</sup> Communities such as Hollow Water, Manitoba and Alkali Lake, British Columbia have shown that when aboriginal communities work together to tackle the problem of sexual abuse, real progress can be made and the cycle of abuse can be stopped.

community-based program staff may not have received adequate training and may not be in a position to upgrade their skills regularly.

- b. Community-based programs do not always have adequate record-keeping and follow-up procedures to monitor their own effectiveness and the progress of their clients. This means that the community may not always be as well protected as it could be and that some clients may slip through the cracks and not be held accountable for compliance with their treatment and healing programs.
- c. Community-based programs are still often controversial in their own communities. They may not enjoy the political protection within the community in order to have the legitimation and resources they need. Certain sectors of the community may actively oppose their work and so they may not have the authority to intervene in all cases.

## **F. Community-Based Intervention Teams as an Alternative Approach**

As mentioned above, the differences in perspective between aboriginal communities and the dominant society's approach to sexual abuse intervention and treatment has encouraged the development of alternative approaches. Often these approaches involve the development of a community-based response team. The essential idea of a community-based intervention team was outlined by Patricia Graves and Suzanne Sgroi<sup>8</sup> in the early 1980s. The key features are listed below.

1. The Community Response Team (CRT) is a group of community professionals and volunteers who represent key stakeholder groups who must be involved in addressing community abuse; namely
  - the community at large;
  - child protection services;
  - the police and court system;
  - health services.

That these players participate as active members in the group is key to the success of the team effort. If the right players are not involved, there is a clear danger that the various ways of seeing the problem (i.e. philosophy, perspective), the different mandates and legal responsibilities, and the different ways of operating will clash, and the overall response will not be nearly as effective.

2. The Response Team makes a detailed plan of how to integrate and coordinate the community and agency response to sexual abuse disclosures. The goal is to make sure that all of the needs and requirements of everyone involved are addressed. These needs include:

---

<sup>8</sup> See the Handbook of Clinical Intervention in Child Sexual Abuse by S. Sgroi, Lexington Books, Lexington, Massachusetts, 1982.

- protection, especially during the panic-disclosure phase;
  - healing of all who need it;
  - reporting to the proper authorities and record keeping;
  - coordinating the legal and healing process at the community level.
3. The response team works within a set of agreements between the key players that allows the response team to address the healing needs, while at the same time satisfying the legal requirements. Developing and implementing appropriate agreements (between the community, the police and courts, child protection services, and health services) sets up the bases for the Response Team's operation.
  4. This approach can be used when criminal court judges have the option of sentencing offenders who are convicted (or who plead guilty to charges) of some type of sexual abuse to participate in a treatment program as a condition of their sentence. In this way, the authority of the criminal justice system can be used to provide treatment and rehabilitation rather than simply incarcerating the offender.

## **PART II - FACILITATING/INVESTIGATING SEXUAL ABUSE DISCLOSURE**

### **A. Signs of Abuse**

In order for them to be able to fulfill their obligations under the criminal code and to be able to intervene effectively in sexual abuse cases, it is important for front-line community workers to be able to recognize the signs of abuse. This section describes some of the most common indicators that someone either has been or is currently being sexually abused. Of course, the presence of one or more of the indicators described or children or adults does not necessarily mean that that individual has been sexually abused. Other experiences could lead to the same types of behaviour. These indicators simply mean that the possibility that abuse is or has been occurring must be seriously considered.

#### **1. In Children**

Clearly sexual abuse can have a devastating impact on its victims. It can enter like a poison-spreading worm into the mind and heart of a victim. In child victims, these are only some of the symptoms that can occur.<sup>9</sup>

##### **a. Physical Symptoms**

- venereal disease,

---

<sup>9</sup> This list of symptoms is adopted from McEvoy, Maureen (1990), "Let the Healing Begin," Nicola Valley Institute of Technology, Merrit, British Columbia (pg. 11 - 13) and Sgroi, Suzanne (1981).

- pregnancy,
- frequent sore throats,
- choking or difficulty swallowing,
- frequent headaches and/or stomach aches, frequent exaggeration of minor illness,
- menstruation difficulties,
- sudden weight loss or weight gain,
- experiencing the body as numb,
- wearing many layers of clothes day and night,
- very frequent masturbation,
- poor posture,
- unkempt appearance.

**b. Emotional Symptoms**

- anger;
- unprovoked hostility or defiance;
- helplessness; fear of going home, of going to bed, of the dark, of closed rooms, of bathrooms, showers or rooms with only one entrance, of physical contact, of being left alone (especially with certain people);
- unprovoked crying,
- depression
- mistrustfulness.

**c. Social Symptoms**

- refuses (or begs not to) stay at home with certain people,
- regression to earlier age behaviour such as bed wetting, baby talk or thumb sucking,
- strong need to know what is happening next,
- constant “good” behaviour, trying to be perfect, extreme obedience,
- frequent lies,
- very controlling behaviour,
- won’t accept blame for even minor problems,
- blames or criticizes others severely,
- sleep problems, night terrors,
- has trouble relating to others of the same age,
- sexually abusing of others,
- alcohol and drug abuse,
- suicide attempts,
- binge eating or refusing to eat,
- high risk taking,
- getting into trouble for no reason,
- theft, arson,
- destroying toys or other things,
- cruelty to animals,
- running away from home.

**d. School-Related Symptoms**

- difficulties with school,
- poor concentration,
- pretending to be dumb,
- difficulty in self-expression,
- super achiever,
- rapid change in school performance, usually from good to bad.

## 2. *In Adults*

In the case of adult survivors of sexual abuse or of adults who may currently be being abused, some of the following indicators may be present:<sup>10</sup>

### **a. Personal Indicators**

- alcohol and drug abuse,
- slashing and other types of self-mutilation,
- suicide attempts,
- lack of personal cleanliness,
- defensive body language,
- clothes that conceal the body,
- extreme anxiety,
- feelings of isolation, shame, guilt,
- depression, poor self-esteem,
- lack of feelings of self-worth,
- high risk-taking behaviour.

### **b. Relational Indicators**

- confusion about role in the family,
- fear of certain family members,
- difficulty in expressing an opinion,
- difficulty in getting along with others,
- mistrustful of people,
- inability to talk about feelings,
- involvement in several abusive relationships.

## **B. Varieties of Disclosure**

The fact that someone is being (or has been in the past) sexually abused must be disclosed in some way in order to make sure that the victims (or other potential victims) are protected from future abuse and in order for the process of healing and treatment to begin.

In many instances, the sexual abuse may have been kept a secret for a long time. This is especially true for child sexual abuse. Children are encouraged to keep the abuse a secret, often through the use of threats (about what will happen to the child or to someone he or she loves) or rewards (which can be material or in the form of extra love and attention). Even once these children are adults, they may have difficulty making the fact of their abuse public (because of their own shame or because they still fear the repercussions which might occur). Adults who are being sexually abused also have their own reasons for keeping the abuse secret. Again, feelings of shame and embarrassment may be a factor as well as fear that they may not be believed or that they will suffer certain consequences for disclosing what has occurred.

Usually someone or something must interrupt this secrecy phase if disclosure is ever to occur and the process of healing and treatment to begin. A disclosure can come from a victim, from a member of the victim's family, from a friend, a member of the community, or a service provider who is familiar with the warning signs of abuse, from the abuser, from the abuser's spouse — in short, disclosures can come from almost anyone who has anything to do with the victim or the abuser.

---

<sup>10</sup> This list of indicators is summarized from "The Right to be Special," Harper et. al., the National Native Association of Treatment Directors, Calgary, Alberta, 1991.

There are several ways that the disclosure can occur:

### ***1. Discovery***

In this type of disclosure, others (usually adults in the case of child victims) recognize the signs and symptoms of abuse and intervene. This can happen through direct observation of abusive behaviour, injury or signs of trauma (as outlined in a previous section) to the victim or offender, or by reading the subtle patterns of that family's life and taking an educated guess. In these cases, the victim or offender is gradually aided to disclose the abuse.

### ***2. Accidental***

The secret 'slips out'. Often when this happens the someone is not completely ready to tell and great care is needed to help the individual, especially if it is a child, so that the disclosure is not forced.

### ***3. On Purpose***

The victim or offender tells someone about the abuse. This often happens after the victim or offender receives information about sexual abuse (at school, on TV, etc.). Sometimes victims tell to prevent someone else from being abused or to get back at the abuser for something.

### ***4. Through a Process of Personal Healing***

A fourth way that disclosure happens occurs when survivors of sexual abuse enter into a healing process and are able to feel safe enough to disclose the long-held secret that they have been abused and, in some cases, they have been abusers. Sometimes healing processes allow victims to remember incidences of childhood abuse that had been repressed (i.e. forgotten in order to avoid pain). There is no legal limit regarding when an act of child sexual abuse can be reported and prosecuted. Some cases have put abusers in jail after over thirty years of secrecy.

## **C. The Initial Intervention**

Once a disclosure has been made, some response must be made. This section outlines some of the factors which can influence the initial intervention and the goals which should be pursued at this time.

### ***1. Factors Affecting the Initial Intervention***

Once a disclosure has been made, an immediate response must be forthcoming. There are many factors which help shape this initial response. For example, if the victim is a child, a whole set of safety, healing and legal issues must be addressed immediately. If the disclosure concerns abuse that is ongoing, the response needed is different than if the abuse happened in the past. If the abuser is a family member, different issues arise than if the abuser comes from outside the family.

How the disclosure happens can also make a difference in how it should be handled. For example, if the disclosure was accidental, i.e. it somehow ‘slips out’ (which sometimes happens with child victims who are under pressure not to tell), the victim may not be ready to reveal what has happened (or is happening), and special care is needed in finding out the whole story without forcing the victim to say or do things for which he or she is not ready. If the abuse is discovered because others recognize the warning signs and uncover the abuse through investigation, other dynamics can be at play such as panic on the part of the abuser, denial, attempts at covering-up by the abuser’s spouse or other family members, and direct pressure on the victim not to disclose, or to retract a disclosure already made. All of these responses and conditions are issues that must be attended to by anyone coordinating intervention at the community level.

## ***2. Goals of the Initial Intervention***

Keeping these factors in mind, the following goals should be pursued at this first stage in the intervention process:

### *a. A Coordinated and Cooperative Approach*

The following intervenors all have a role to play in the disclosure and follow up phase:

- those focused on healing (most often community workers and professional helpers);
- those focused on child protection (usually child and family services/social workers);
- those focused on a legal response (usually police, district attorney, and officers of the court).

It is essential that these key players work in a coordinated and cooperative way. If agreements are not hashed out between them ahead of time, a power struggle can occur over how to handle already highly sensitive and potentially volatile situations. As the agencies push and shove, the focus on the needs of the victim can be lost, sometimes with deadly results.

### *b. Fact Finding*

The first level problem a community-based response team or other agency responsible for intervening in cases of sexual abuse must deal with is to find out what has really happened, and to make a careful assessment of the situation. It is useful to think of disclosure in the case of sexual abuse as a process that is not complete until all of the facts have come out in the open. The disclosure process may begin with only hints or vague suggestions that abuse might have occurred (or be occurring). The process of bringing the facts out in such a way that there can be no doubt of what happened is critical for several reasons.

- The victim's safety and well-being depend on removing the danger (if danger exists).
- It is important to determine whether or not the person accused of sexual abuse is actually guilty. Being accused of sexual abuse is a very traumatic experience for anyone, and every effort must be made to move quickly beyond suspicion to get the facts clear.
- Because sexual abuse is really the abuse of power, power is needed to right the wrong. The power<sup>11</sup> of the law and the combined will of the community can only be used to confront the abuser if the facts support such an action. Without the facts, the abuser may be allowed to go on hurting many victims.
- The details of the abuse (i.e. the facts) provide important information to mental health professionals and other helpers working to facilitate the victim's healing process.
- The proper gathering of information is crucial to any legal proceedings that follow. If the initial investigation gathers evidence improperly, the case can be thrown out of court and the abuser set free to continue abusing others.

For all of these reasons, it is very important that the investigation of alleged sexual abuse be carried out with persistence, fairness, an honest search for the truth, emotional detachment (i.e. neutrality),<sup>12</sup> and respect for everyone involved as human beings (even the abuser).

#### *c. Protection*

The safety, well-being, and healing of the victim has priority over all other needs and requirements. It is important at this stage to assess the victim's life situation and determine what must be done to insure safety and protection from future abuse or trauma. It is also important to ensure that any potential future victims are protected.

#### *d. Reaction Response*

Based on the facts gathered and general knowledge about the victim's family, the abuser, and those closest to the situation, a goal at this stage is to anticipate and prepare for the likely responses to the disclosure of abuse (always remaining open to other possible responses) by the abuser, the spouse of the abuser, the family members of the victim, and the victim herself.

*(Note: Anticipation is not the same as prediction. To anticipate means, in this context, to be prepared for a range of possible response. It is never possible to predict for sure what will*

---

<sup>11</sup> The abuser uses his or her power over the victim (authority, charisma, physical power etc.) in order to use the victim sexually, to meet needs that are often not sexual at their roots (see Sgroi, 1983: 82).

<sup>12</sup> It can be very difficult to remain emotionally uninvolved as one uncovers the details of sexual abuse (especially when the victim is a child or a relative). It is nevertheless critical that workers remain emotionally neutral so as not to influence the victim's emotional state. Most times, victims can sense if a counsellor is angry or is having other strong feelings. These feelings may come from the counsellor's own unresolved abuse issues, but the victim doesn't know that. The victim will feel that s/he is the reason for those feelings, and this reaction may well interfere with the disclosure or healing process.

*happen, but it is often possible to guess the most likely responses based on life-long relationships with the people involved within the extended family and community system.)*

*e. Validation*

It is vital at this stage to gather the specific kinds of data needed to prove or disprove in court that sexual abuse has taken place. Confirmation of the abuse is a necessary part of the process of restoring balance. This is because sexual abuse is fundamentally an abuse of power. For this reason an “infusion of outside support and strength on behalf of the weaker party” (SgROI 1983: 88) into the situation is needed in order to restore the balance which was upset when the abuser used his power to sexually abuse the victim. The investigation phase must collect accurate and indisputable information that validates the disclosure, so that the power of the law and the united will of the community can be used to confront the abuser. It is important to have trained professionals involved in guiding the investigation to ensure that the process is correctly handled. Mishandling can lead to serious legal and community consequences either in prosecuting someone unfairly or else in allowing an abuser to go free.

*f. Impact*

Another vital step immediately after disclosure is to assess the mental, emotional, physical, and spiritual impact the abuse has had on the victim and the health related interventions required. This is the first step in beginning the healing process because it acknowledges and supports the victim’s feelings. It is also important to begin developing a healing plan appropriate to the victim’s needs immediately.

*g. Family System and Social Support*

Another goal at this stage is to determine the wellness levels and capacity of the victim’s family and social support network to provide constant appropriate support, both to help the victim through the disclosure phase, and to support a viable healing process. If the intervention, healing, and treatment process is being handled by a community-based response team, it is important to realize that such teams sometimes need professional back-up, because the problems they encounter require advanced professional training to address. Examples of this type of situation may include severely traumatized victims suffering from severe mental health problems, a particularly volatile situation involving potential violence, further abuse or tragedy, and situations where suicide (of victims, abusers, spouses, or other community members because of re-stimulation of their feelings related to abuse) are real possibilities. In those types of cases, a specialized professional assessment may be needed in order to determine what the full extent of the problems is, and what needs to be done.

**3. *Factors Affecting the Investigation Process***

As mentioned above, the next step in the disclosure phase (once the sexual abuse has been brought out into the open), is to investigate what really happened. It is important that there is no delay (not even a few days) between the initial disclosure and the beginning of the investigation process.

*a. Types of Information Needed*

The investigation process needs to be sure to get the following types of information:

- information which will make it possible to ensure the protection and safety of the victim, others involved in the case, and any potential future victims;
- information that will help to determine if laws have been broken, and if so, what legal response is required;
- information about the victim's mental, emotional, physical, and spiritual state of well-being and the health-related interventions required.

*b. The Sensitivity of the First Contact*

The first contact a community resource team or other intervenor has with a victim of sexual abuse is an extremely important and sensitive time. If it is handled well, the victim can be protected from further abuse and placed firmly on the path to recovery. The information gathered will empower the community and the law to confront the abuser, thus interrupting the cycle of abuse. If, on the other hand, the initial intervention and investigation are not handled properly, the results can range from useless to disastrous. The victim may be subjected to further sexual and physical abuse (or worse). There may be an attempt to cover-up the evidence by the entire family. The emotional explosion that follows disclosure may cause serious harm to the abuser and his/her family or to others close to the victim. The victim may be so traumatized by the aftermath (the reaction of those around her) to the disclosure that she may retreat into some form of mental illness.

## **D. The Investigation Process when the Victim is a Child**

### ***1. Knowledge and Skills Needed to Work with Children through the Disclosure Phase***

The process of investigating possible sexual abuse requires different knowledge, skills and methods if the victim is a child (or youth) than if the victim is an adult. The following are some of the important knowledge and skills needed to work effectively with children through the disclosure process.<sup>13</sup> It is important to know how to:

---

<sup>13</sup> We cannot overstate that learning how to be effective in doing all the things listed here requires considerable training and supervised practice. A usual training period of about two years, followed by supervised field coaching for at least another year, is required before attempting to intervene in child sexual abuse cases without professional help.

- a. win trust and establish a working relationship with a child;
- b. assess the child's developmental level and ways of making sense of the world in terms of concepts of numbers, time, manner of seeing and describing older people, assumptions about what other people know or don't know, beliefs about what is bad or good, understanding of causal relationships (i.e. what causes what), and knowledge or beliefs about their own bodies and sexuality;
- c. help a child victim to fully describe what really happened in detail;
- d. avoid forcing the child to tell things they aren't ready to tell, or that they don't believe;
- e. avoid in any way influencing the content of what the child tells you (in order to hold up in court, the information must come from the child without leading, prompting or suggesting through the way questions are asked)<sup>14</sup>;
- f. assess the impact that the abuse has had on the child's mental, emotional, physical, and spiritual well-being;
- g. assess the protection needs of the child (from further abuse, retaliation, punishment, or attempts to get the child to retract i.e. say she lied about the disclosure of abuse);
- h. plan for and begin the healing process with the child; and
- i. assess the family and community support the child now has.

## ***2. Information to be Gathered***

Following is a checklist of information to be gathered during the first interview prepared by the Metropolitan Toronto Chairman's Special Committee on Child Abuse (1983):

- chronological age,
- family relationships,
- cultural/social background,
- name and present location of the offender,
- the relationship of the child to the offender,
- the duration and extent of the abuse,
- what happened in detail, when it happened, where, and how often,
- date/time of last occurrence and likelihood of physical evidence,

---

<sup>14</sup> Even questions like, "Did your father touch you in your private parts?" will be taken by a good defence lawyer as planting ideas in the child's mind. Instead you must say, "What happened? (He touched me.) Where did he touch you? (In my private parts.)" The difference in the way the information comes out can determine whether or not an abuser will be stopped or allowed to go on abusing.

- names of anyone else having knowledge of the abuse,
- names of anyone else involved in or observing the abuse,
- whether the child has been bribed, threatened and/or physically harmed at any time,
- whether the child has been bribed or threatened to either take part in the activity or to keep the activity secret,
- names of anyone the child has told in the past and what happened,
- if the child has not told the non-offending parent(s), is she able to say why,
- child assessment of current situation and what should happen next, e.g. does she have support, is she safe at home, etc.

### ***3. Basic Guidelines for Interviewing Children***

#### *Preparation*

- a. Pick a neutral location (i.e. away from where the alleged abuse took place), that is private, quiet, and comfortable for the child.
- b. If the child is very young, have toys on hand. As well, have paper, colored markers, and an anatomically correct drawing of a boy or girl for the child to point at.
- c. If possible, use a team approach (e.g. police and child welfare) and work out who will play the lead role in the interview. Agree on your plan of approach before the interview.
- d. Arrange seating to be non-threatening. A circle feels safer than adults towering over a child, or two adults facing the child. If there are several adults, one could sit beside the child, and one across (or both beside).
- e. Some communities assign an ally to the child who is not too closely related (to avoid possible attempts to influence what the child says). Seat the ally behind the child, out of direct view. A parent who has carried out, hidden, or ignored the abuse should not be present.
- f. Use a voice-activated tape recorder or video camera to record the interview.

#### *Getting started*

- g. Explain your roles to the child in simple terms (“My job is to help kids who might be having problems.”). Tell the child you have spoken with other children who have problems.
- h. Spend time visiting with the child to let him/her get to know you and your team. Find out about their life — school, friends, favorite things to do.

- i. During the conversation, move to assessing the child's level of development.
  - Assess ability to identify colours and shapes.
  - Ask the child to tell about his/her daily routine (What do you do when you get up? Then what? Then what? When you come home from school?). Ask about bathing, dressing, etc.
  - Ask for the child's recollection of important events (your birthday, Christmas, Halloween, Easter, a special trip).
  - What jobs and responsibilities does the child take on at home?

*(Note: the framework of daily routines and special events gives the child reference points from which to describe events related to abuse. Young children may not know that abuse occurred on Thursday, September 19, at about 2:30 p.m. They would more likely recall that "I just got home from day care. Mommy had to go to work. Uncle Jack came in my room again, etc.)*

- j. Explain to the child "We are only going to talk about what really happened, not play or pretend talk."<sup>15</sup> Explain that it's okay to say "I don't know."
- k. Move from the very general to the particular. Move slowly but steadily with questions that build on what the child tells you. Start from what everybody knows. For example, you could say: "We heard you have been feeling upset about something? Is that true? Has anyone made you feel bad lately?" If that doesn't work, try: "We heard that you have a sore bottom? How did that happen?"
- l. If the child begins to describe, just listen, don't interpret until the child stops talking.
- m. Repeat what you heard the child say, using the child's own words. Ask to clarify the meaning of the child's terms (such as "my thing").
- n. Try to get the details of what happened. Try to learn how the abuser progressed from first initiating the process through all the steps that occurred (e.g. "watching me, promising rewards, touching me with my clothes on, taking his pants off. I took my pants off. He touched his thing. Then I touched it.") If the child is having some difficulty putting what happened into words:
  - Have the child draw a picture of how the sexual abuse happened (or where).
  - Ask the child to point out parts of his or her body that were violated.
  - Make a game. The interviewer points to parts of her own body, and the child says "yes" or "no" if the problem concerns that part.
  - If you have been trained to do so, use anatomically correct dolls, and ask the child to act out what happened.

---

<sup>15</sup> The suggested wording for this introduction and some of those to follow are adapted from McEvoy (1990) and from Sgroi (1983).

- o. Ask the child why he/she is disclosing now. (Sometimes this question reveals what the child wants to have happen next, or something about the family situation.)
- p. Ask the child what he/she thinks will happen and how will family members react as a result of the disclosure.
- q. Thank the child for being brave and honest. Assure her/him that what happened is “not your fault”, and tell him/her that “I believe you.”.

### *Afterward*

- r. Assess what the impact of abuse has been on the child’s well-being (physical, emotional, mental, spiritual). The following checklist of possible signs of abuse may help:<sup>16</sup>
  - overly compliant behavior,
  - acting out, aggressive behavior,
  - pseudomature behavior (i.e. too old for his or her age),
  - hints about sexual activity,
  - persistent and inappropriate sexual play with peers or toys or with themselves, or sexually aggressive behavior with others,
  - detailed and age-inappropriate understanding of sexual behavior (especially by young children),
  - arriving early at school and leaving late with few, if any, absences,
  - poor peer relationships or inability to make friends,
  - lack of trust, particularly with significant others,
  - nonparticipation in school and social activities,
  - inability to concentrate in school,
  - sudden drop in school performance,
  - extraordinary fears of males (in cases of male perpetrator and female victim),
  - seductive behavior with males (in cases of male perpetrator and female victim),
  - running away from home,
  - sleep disturbances,
  - regressive behavior,
  - withdrawal,
  - clinical depression,
  - suicidal feelings.

---

<sup>16</sup> Taken from Sgroi, Suzanne, “Handbook of Clinical Intervention in Child Sexual Abuse,” Lexington Books, Massachusetts, 1982. See also the section on the impact of sexual abuse on victim in Chapter Two of this manual for a further discussion on these issues.

- s. As soon as possible, arrange for a complete medical check-up. Ask the doctor to assure the child she/he is “okay from head to toe”. Tell the child this will happen.
- t. Assess the degree of risk regarding the need for intervention to protect the child from further abuse or trauma, or from attempts to get the child to retract the disclosure. Suzanne Sgroi suggests the following areas to consider in this regard:<sup>17</sup>
  - the child’s own assessment of what is likely to happen when everybody hears about the disclosure;
  - history of violence, threats, or force used in the abuse pattern or in the family;
  - presence of a functioning ally – i.e. someone who is capable of supporting or even protecting the child through the *panic-disclosure* phase and beyond. (Look at how the people acted when they learned of the abuse. Do they express support or hostility toward the child? What has the individual’s past history of relationship with the child been? Does he or she believe the child? Is she/he likely to try to undermine the child’s credibility? Is the person focused more on the child’s needs or on the disruption caused by the disclosure?)
  - Local resource capacity – Are local agencies ready and able to provide help and support (such as counselling, safe house/shelter, food, money, a foster home, or a support group) if needed?

#### **4. Legal Requirements**

If you have reasonable evidence that child sexual abuse has taken place, you are **obligated by law** to do the following:

- a. report the situation to the police, or to an officer of the court, and
- b. report the situation to the child protection services agency in your area.

Unless you are working with a community-based response team which has made an agreement with these two agencies as to how child sexual abuse cases will be handled, the agencies will probably undertake their own separate investigations.

*(Note: As suggested in this manual, the approach that many aboriginal communities are working toward is the development of community response teams which include representation from the legal and child protection agencies. This approach involves an integrated and coordinated response involving community workers, the legal agencies, and the child protection agencies responsible for dealing with cases of child sexual abuse.)*

#### **5. Recycling Trauma**

---

<sup>17</sup> Sgroi, Suzanne, “Handbook of Clinical Intervention in Child Sexual Abuse,” Lexington Books, Massachusetts, 1982, pp. 92-96.

Every time a child victim has to tell his or her story over again, the pain connected with the abuse is experienced all over again. For this reason, we strongly recommend that the initial interview, investigation, and response be carried out by a team consisting of representatives of all the necessary agencies (usually community mental health, police/courts, and child protection). In this way, the child only needs to tell his/her story once. Further interviews may be needed to dig deeper or to get further clarification, but at least the child doesn't have to experience being interrogated over and over again. If further interviewing of the child is needed after the initial interview, it is usually best if the same interviewers (who have already established trust with the child) continue the disclosure process.

### **E. When the Victim is an Adult**

Many of the same guidelines for investigating a disclosure by a child apply to disclosures made by adults. The following are the most important differences between when the victim is an adult and when the victim is a child:

- a. Most adult disclosures concern abuse that happened years ago when the victim was a child or youth.
- b. The traumatic and developmental impact of the abuse, as well as the subsequent life-long consequences of those impacts, are usually combined in terms of what has to be dealt with in the healing processes.
- c. There is no time limit concerning when an abuser can be prosecuted for child sexual abuse. Even if thirty years have passed since the abuse took place, the abuser can be charged. The difference between an adult disclosure and that of a child is that an adult victim must choose to report the abuse to authorities and to press charges. A child victim does not have to choose. Child sexual abuse is always reported to legal authorities, and charges are automatically laid if the circumstances warrant a legal response.

More about the experiences and needs of the adult victim of sexual abuse will be included in Part III of this Manual.

### **F. Confronting the Abuser**

Another part of the investigation phase of the disclosure process is to confront the individual accused of the abuse. Unless a community response team or other intervening agency is a) empowered by the law and has agreements with the responsible agencies of the law; and b) trained to do such intervention, confronting the abuser should be left to professionals who have the legal and professional responsibility to do the job. The disclosure phase can be a very volatile time for the accused. If confronting the abuser is not handled properly, the result could be denial and permanent cover up of the abuse, further abuse (or worse) for the victim, either violent or suicidal behaviour

on the part of the abuser, the victim, the spouse of the abuser, or even someone in the community who is reminded of his or her own unresolved abuse. Suffice to say here that confronting the abuser is part of the healing process, and that it takes preparation, prior agreements, and in-depth training to do it effectively.

The following guidelines for confronting the alleged abuser were developed by the Community Response Team in Hollow Water, Manitoba. These guidelines only apply to communities which have a community response team and which have an agreement with the justice system to be able to handle convicted accusers who have been sentenced to community-based treatment and healing programs.

1. Approach the alleged victimizer and confront him/her with the information gained in the disclosure.
2. Explain what steps have been taken to ensure the safety of the victim.
3. Explain that there is a possibility that the matter could be handled by the community, depending on: (a) the severity of the offence(s), and (b) the willingness of the accused to cooperate with a collaborative process between the court system and the community response team.
4. Make it clear that any attempt at interference with either the process or the victim will result in the community assuming a secondary role and the matter being handled primarily by the court system.
5. Ensure that an ally is available to the alleged victimizer. This ally will have to be extremely sensitive to the potential for suicide and/or violence toward others and offer non-threatening and non-judgmental support without reinforcing the alleged victimizer's denial system.
6. Inform the alleged victimizer that if he/she is going to choose the community alternative, it will be necessary for him/her to: (a) accept full responsibility for what has happened and (b) undergo a psychological assessment.
7. Tell the alleged victimizer that he/she will be contacted within five days regarding: (a) what the community response team concludes after completing its assessment, and (b) what the community can offer in terms of dealing with the offence(s) in a traditional healing manner.
8. Make whatever arrangements are necessary for the victimizer (e.g. a psychological assessment, admission to a victimizer's group, etc.).

## **G. The Importance of Record-Keeping**

It is essential for community workers, whether or not they are part of a community-based response team, to keep thorough records during all aspects of the sexual abuse disclosure process. This is so for at least the following reasons.

1. Good record-keeping allows all the players (the community, the police, the courts, child protection services, and health services) to harmonize their respective processes, and to keep informed about the activities of the other players. Police reports can help mental health workers understand the impact abuse might have had on a child victim. Mental health counsellor reports can help the courts determine to what degree the rehabilitation of the abuser has taken place. There are many such examples that could be cited.
2. Good records enable outside professional helpers to step in at any time and to be able to tell what has happened and what the state of affairs is with a particular case. Turnover of workers at the community level, as well as absenteeism, often makes it necessary for a worker who is unfamiliar with a case to step in and take over the role of counsellor or advocate in court. Good records are the only thing that make this substitution viable.
3. Supervision of the work of the members of a community-based response team or other community workers by specially trained psychologists or legal experts also requires that an ongoing record of all team processes and activities be kept.
4. Good records can help bridge the gap between the aboriginal perspective on sexual abuse intervention and treatment and that of the institutions of the dominant society (such as child protection services, police, and departments of justice). Effective and thorough records can help these government departments gain confidence in the capacity of aboriginal communities to play an active and formative role in handling sexual abuse cases.
5. Maintaining or expanding the funding base for community programs which deal with sexual abuse intervention and treatment depends to a large extent on being able to demonstrate that what the program is doing is making a positive difference. Case records as well as periodic monitoring and evaluation are fundamental tools that can be used to demonstrate the team's effectiveness to funders.
6. An important aspect of establishing an effective community-based sexual abuse response program or of establishing effective working relationships between the community and the justice and child protection departments is the development of standardized and appropriate reporting procedures. The task of community workers who might be in a position to deal with sexual abuse disclosures can be made a great deal easier if they have standardized forms and reporting procedures which they can use to guide their record keeping during what can be a very stressful and overwhelming time in the work life.

### **PART III – ISSUES AND NEEDS AT THE TIME OF DISCLOSURE**

In order to be clear about the many different types of needs and issues that can arise at the time of disclosure, this section will look at the problem through the eyes of all the main players that become involved when a disclosure of sexual abuse occurs. It will become readily apparent that different players see the situation differently, have different needs and priorities, and call for different types of responses from professional and other community workers who are in any way involved in handling sexual abuse disclosures.

This manual has suggested a community-based team approach to dealing with sexual abuse disclosures. Many community workers in aboriginal communities work in relative isolation. Different programs, such as health, education, the police, and social services, operate independently and the staff members of the same program may not work in a collaborative way. This puts community workers dealing with a sexual abuse disclosure in a difficult position. They do not have the support of their colleagues in handling a very stressful situation and they do not have the benefit of an interagency team to ensure that all aspects of the issue are being handled in the best way.

This is why it is important to form some type of community team for handling sexual abuse disclosures. In some communities this team will develop formalized relationships with the justice and child protection departments to be able to offer sexual abusers a community-based treatment and healing option to incarceration. In other cases, the community team will work in a less formal way, but will still offer its members the benefit of a collaborative approach to handling the disclosure. For this reason, the term “community team” is used below to refer to those individuals in the community who need to be involved in an integrated and effective response to sexual abuse disclosures and who have agreed to work together to make sure of that .

The following individuals and groups all have needs and issues that have to be dealt with when a disclosure of sexual abuse occurs: (a) victims, (b) abusers, (c) the victim’s family, (d) the spouse of the abuser, (e) the abuser’s family, (f) the community, (g) child protection services, (h) the justice system, and (i) the community worker who is facilitating/ investigating disclosures.

## **A. Victims**

Protecting and supporting the victim through the often painful and confusing period of making a sexual abuse disclosure is, of course, a primary concern for community workers who may have had sexual abuse disclosed to them or who may be working with the justice, social service, or health programs in the community. The following description of what victims of sexual abuse may be experiencing and the type of support that they may require to safely move from the disclosure to the healing phase can help community workers make sure that the needs of the victims are being looked after in a legal climate which tends to focus on ensuring that the alleged victimizer is dealt with in an appropriate way.

### **1. What They May be Experiencing**

- Fear of having anyone find out.
- Fear of reprisals by the abuser.
- Fear of consequences for telling (which they were made to believe would occur).
- Shame (I'm dirty, not good).
- Guilt (It's my fault).
- Guilt for enjoying the sexual sensations.
- Fear of losing their family/home/parents (in the case of incest).
- Fear of being blamed for causing trouble.
- Physical injury related to the abuse.
- Fear that they have been physically damaged (damaged goods).
- Fear that they are dirtied by the abuse, no one could ever love them.
- Despair, suicidal feelings.
- Abnormal (for their age) preoccupation with sex.
- Feeling powerless and unable to affect the world around them (passive victims, loss of agency).
- Unable to concentrate or focus in school or at work.
- Unable to feel, give, or receive affection (except, in some cases, through sex).
- Unable to make or keep friends.

## 2. What They May Need Or Require From the Community Team

- To be believed.
- To know that the abuse is not their fault.
- To be protected from further abuse or traumatization.
- To be protected from attempts to force a retraction/denial of the disclosure.
- A reliable adult ally (someone who believes the child, and whom the child can trust and turn to for support, advise, and encouragement.
- A total wellness assessment (mental, emotional, physical, spiritual).
- Immediate intervention to begin the healing process.
- Stability and predictability of daily routines.
- A safe home environment.
- Lots of love, assurance, and acceptance:
  - To be told that healing is possible.
  - To be told what to expect as the process of restoring balance continues.

## **B. Abusers**

When an individual is confronted with an allegation against him or her of sexual abuse, they can naturally panic. This is an extremely volatile time during which the accused may become violent toward those whom they perceive as threatening their security and current way of life. They can also choose to commit suicide rather than face the extremely painful process of either clearing their names or accepting responsibility for their actions and embarking on a healing and restitution process. They may be very difficult to deal with because of their anger or depression, or they may completely deny what they have done and as a consequence refuse to cooperate with the process

of investigation, treatment, and the restoration of balance and harmony in family and community relationships.

For these reasons, it is extremely important for community workers to understand what the alleged victimizers may be feeling and experiencing and the type of support they need in order to move through the initial disclosure and investigation process to eventually taking full responsibility for their own behaviour and seeking the treatment they need in order to become healthy members of the community.

#### 1. What They May be Experiencing

- Panic.
- Fear of going to jail.
- Fear of family anger.
- Fear of loss of spouse and family.
- Fear of loss of respect in the community.
- Feeling low, dirty, worthless.
- Shame and guilt.
- Anger at those who disclosed, especially the victim.
- Blaming the victim for causing trouble.
- Denying the abuse happened or that it was serious.
- Depression.
- Suicidal feelings.

#### 2. What They May Need From the Community Team

- Justice and fairness.
- To be related to as a human being in need of healing.
- To be confronted honestly and factually with the disclosure.
- To be encouraged to admit to all aspects of abuse with this victim.
- To admit to all cases of abuse with previous victims.
- To know that abusers are not born, they are made, and that the cycle can stop, and that healing is possible.
- To be told all the legal and healing consequences and alternatives s/he faces.
- To be protected from self and others (suicide or violent reprisals).

### **C. The Victim's Family**

Having someone in their family disclose that he or she has been (or is currently being) sexually abused can also be a confusing and painful time for the family of the victim. Sexual abuse is viewed with such revulsion by society that the family can be attempted to deny or try to cover up the incident rather than to have to go through the very public process of an investigation of the case by the legal system (and child protection departments, if the victim is a child), a court case, and the

lengthy process of supporting the victim through treatment and healing programs. This tendency may be even more pronounced if the alleged abuser is a member or family friend of the victim.

Alternatively, some family members may be so angry at the abuser that they are tempted to take justice into their own hands; or, they may become so involved in their feelings of betrayal and anger against the abuser that they neglect the needs of the victim. It is also possible that the disclosure of sexual abuse by someone in their family may force other family members to face up to their own experiences of being victims or abusers. Again, these types of needs may make it difficult for them to focus on support for the victim through a frightening and confusing time.

In view of these common reactions from the victim's family, it is important for community workers to ensure that their needs are also supported through the disclosure phase. The failure to do so may increase the suffering of the victim, may make it much more difficult to get the facts about what has occurred, and may help to trigger a chain reaction of mental health problems for family members.

#### 1. What They May be Experiencing

- Can be a very mixed set of feelings, depending on who the abuser is.
- If the abuser is a family member, some may deny and cover-up the abuse.
- The feelings of siblings of the victim, who may also have been victimised or may be aware that the abuse occurred, can range from relief and support of the victim to fear, denial, and anger at the victim for exposing their own pain or for breaking up the family.
- The response of extended family members may also vary from support and sympathy to disbelief, denial, fear of their own abuse stories getting out, or shame for the family's good name.
- A strong need to know the facts.
- If the abuser is someone outside the family, members may rally around the victim and offer sympathy and support.
- Re-stimulation of hurts from other undisclosed abuse within the family.

#### 2. What They May Need from the Community Team

- To be given the opportunity to talk about their feelings.
- To be supported in dealing with their feelings.
- To be told how they can best support the victim.
- To be encouraged to bring out (i.e. talk about) everything they know related to the cycle of abuse within the family system, and to begin their own healing processes.
- To be told how to protect the various people involved from tragedies (such as suicide or violent attacks).
- To be encouraged to participate in the process of restoring balance (legal and healing).
- To be told what to expect as the process of restoring balance continues.

## **D. The Spouse of the Abuser**

Being the spouse of someone who has been accused of sexual abuse may be as traumatic as having a life partner die. A natural tendency is to deny what has occurred and to blame the victim for so profoundly upsetting one's life. The spouse will naturally also experience embarrassment and shame because of the extremely negative feelings in society about sexual abuse. Many spouses also face a very difficult choice. Should s/he attempt to support the abuser through the legal proceedings and other phases of the investigation and treatment process or should s/he leave her/his marriage partner in order to try to establish a life for her/himself and her/his children separate from the abuser?

The spouse of the abuser may be prone to depression and even suicide or else anger and possible violence against the abuser or the victim. The spouse also frequently somehow blames him or herself for what has happened and this may increase the feelings of shame and confusion. It is clear that the spouse of the abuser requires special support in order to be able to deal with his or her strong feelings and to ensure that the basic needs of the family continue to be met.

### **1. What They May be Experiencing**

- Shock.
- Protective of the abuser.
- Unable to accept the truth of the disclosure, disbelief.
- Denial, cover up.
- Fear of loss of marriage, security etc.
- Anger at the victim for lying or causing trouble.
- Anger toward and blaming of the victim for seducing the abuser and causing the abuse.
- Anger or rage at the abuser.
- Feeling of rejection, violation, and unworthiness.
- Blaming self for being an inadequate spouse (sexually or otherwise).
- Loss (similar to the grieving cycle), depression.
- Suicidal feeling.

### **2. What They May Need From the Community Team**

- To know the facts of what really happened.
- An ally to support and stick with the person through the process.
- An opportunity to talk about feelings.
- To be told what to expect regarding legal and healing process.
- To be told that restoring balance (healing the situation) is possible, but that it will take time.
- To be assured of community practical support regarding family survival and support needs (money, counselling etc.).
- In the case of incest, to be told how to support the victim without rejecting the abuser as a human being who can heal in time.
- To be told that abusers are made, not born.

- To know how to support the abuser through the healing process.

## **E. The Abuser's Family**

The abuser's family will experience many of the same feelings as the victim's family. They will feel confused and fearful as well as embarrassed and ashamed. Whereas the victim's family may have some support and sympathy from the community, the abuser's family is likely to feel isolated and even shunned. Like the spouse of the abuser, other family members will feel torn between supporting the abuser and perhaps trying to deny that anything has happened and wanting to disown the abuser and have nothing more to do with him or her.

Like members of the victim's family, members of the abuser's family have memories of their own past abuses or abusive behaviour triggered by the disclosure. This may cause them to feel overwhelmed by their own pain and confusion. It will make it very difficult for them to relate appropriately to both the victim and the abuser and to do their part in ensuring that the community is restored to balance and harmony. Again, it is important for community workers to be aware of the special needs and feelings of the abuser's family members so that they will be able to remain strong and healthy during a traumatic time.

### **1. What They May be Experiencing**

- If the abuser and the victim are within the same family (incest), see the section above concerning the victim's family.
- If the abuser is from a different family than the victim, that family may experience any or all of the following:
  - shock;
  - disbelief and denial;
  - the need to cover-up;
  - a need to protect the abuser;
  - anger at the victim;
  - belief that the allegation of abuse is an attack by the victim's family;
  - a need to protect the family's good name;
  - fear of retaliation against the abuser or other family members;
  - fear of family break-up;
  - anger at the abuser;
  - rejection of the abuser;
  - stimulation of hurts from other undisclosed abuse.

### **2. What The Abuser May Need from the Community Team**

- An ally to support and stick with them through the process.
- To know the facts of what really happened.
- The opportunity to talk (i.e. to process their feelings).

- Encouragement to do their own healing work.
- To be told what will likely happen.
- To know that healing is possible in time.
- To know that abusers are made, not born, and that the abuser is still the person they love.
- To know how to support the abuser through the healing and legal process.
- To know how to protect the abuser from self-destructive tendencies.

## **F. The Community**

Sexual abuse does not only affect the victim, the abuser, and their families. It also has an impact on the whole community. The sexual abuse disclosure can re-stimulate the feelings of hurt and anger that are part of their own unresolved abusive experiences. Suicides, an increase in alcohol and other types of drug abuse, violence, and other types of social problems can result from this process. As well, one disclosure can prompt many others. Besides the emotional impact this can have on individuals and relationships in the community, such a process can severely tax the capacity of community resources to deal with the issue.

Community members may also become fearful for their future safety or wonder whether the accused has also abused someone they know and love. They may feel uncomfortable having anything to do with the victim, the abuser, and their families. Abuse damages the balance and harmony of communities and the disclosure of abuse forces communities to deal with that imbalance in some way. Retreating into denial or blaming is one possible response, but communities can also use this trigger to embark on a journey of healing and development. Community workers have an important role in ensuring that the community as a whole is able to use the occasion of a sexual abuse disclosure for positive growth and development rather than as an opportunity for increased gossip, backbiting, the use of alcohol and other drugs, and feelings of alienation and despair.

### **1. What They May be Experiencing**

- News of the abuse disclosure can re-stimulate other people's hurts from undisclosed abuse.
- People need to talk about their feelings in constructive healing environments.
- People need to know where they can turn for help in dealing with their own abuse.
- Sometimes one disclosure can trigger other disclosures (5, 10, or even 20 such disclosures have been known to occur).
- Sometimes disclosures stimulate buried hurt, shame, and guilt around abuse issues, and in those who are hurting, such feelings can lead to suicide.
- Sometimes such suicides occur in bunches (like an epidemic) or in a chain.
- At the time of disclosure, strong feelings of hurt or anger make people open to rapid changes towards violence, towards community healing or towards denial and cover up.

### **2. What They May Need from the Community Team**

- Need to have clear communication opportunities to talk about feelings.

- Need encouragement for individuals to come forward and seek help from the team.
- A community wellness watch in which everyone needs to be on the lookout for individuals (especially youth) who may be unable to cope with their feelings and who need help.
- Clear information about what really happened concerning the abuse.
- Extra energy put into prevention and information about sexual abuse, because the time of disclosure is a time of opportunity as well a danger for the community.
- The team must be prepared for a series of (copy cat) disclosures and for a wave of other traumatic responses across the community.
- The community needs to be told the process that will be used to restore balance.

## **G. Child Protection Services**

The department of child protection services in any province or territory has a special, legislated role in responding to sexual abuse disclosures. It has the responsibility of ensuring that children are protected from abuse and can use its mandate to make sure that children are put in a safe environment. It also has the authority to ensure that children get therapeutic help and that the legal system is informed so that the allegation can be fully investigated. For these reasons, child protection services must be informed about any sexual abuse disclosures which involve children. Community-based sexual abuse response program must therefore work very closely with this government department (many include a representative of child protection services as a member of the team). If a community-based response team is not in place, it is still very important that community workers understand the special needs of the child protection department in their province and that they establish effective relationships with its staff.

### **1. What They May be Experiencing**

- Child protection services are mandated by law to take specific steps to make sure the victims of abuse are protected from further abuse, that they obtain therapeutic help as needed, and that legal steps are taken to confront the abuser.
- In order to do their job, child protection workers need to know what has really happened and what the victim's family situation is.
- Sometimes it is necessary to place child victims in a safe house to protect him or her from further abuse.

### **2. What They May Need from the Community Team**

- All disclosures of possible child sexual abuse must (by law) be reported to child protection services.
- Child protection workers should be included as actual members of the response team.

## **H. The Justice System**

Like the child protection services, the justice system has particular responsibilities and rights under the law in sexual abuse cases. Again it is important for community workers to establish effective working relationships with law enforcement officers and with the prosecutor's office and judges who will be handling sexual abuse cases from the community. Most community-based sexual abuse response teams include representatives from the police and court on their team.

#### 1. What They May be Experiencing

- The police and the court are required by law to investigate all reported disclosures of possible child sexual abuse.
- Police and court officers need to know what has really happened so they can do their jobs.
- Sometimes (depending on prior agreements between the community and the courts) it is necessary to arrest, charge, and hold abusers in custody until the court decides what to do with them.

#### 2. What They May Need from the Community Team

- All disclosures of possible child sexual abuse must (by law) be reported to the police or an officer of the court who has assumed the responsibility of dealing with abuse.
- The police and court representatives should be included as active members of the response team.

### **I. The Community Worker who is Facilitating/Investigating Disclosures**

Community workers who become involved in sexual abuse disclosure cases have their own special needs and concerns. If they have not received training in handling such issues, they may feel completely overwhelmed and unprepared. They may not be able to set aside their own strong feelings about this issue in order to deal fairly and impartially with both the victim and the accused. Like other community and family members, they may find that the disclosure provokes memories of their own childhood sexual abuse which may overwhelm their capacity to focus on the needs of those directly affected by the current disclosure.

#### 1. What They May be Feeling

- Overwhelmed and unprepared.
- Lonely and on-the-spot.
- Unsure about their legal and moral responsibilities.
- Anger at the accused.
- Anger at the victim for placing the worker in a difficult position.
- Repulsed by the sexually abusive behaviour.
- Inadequate to meet the needs of all those affected by the abuse.
- Pain and anger about their own unresolved abuse issues.
- Frustrated by the lack of cooperation from other community services and agencies.

## 2. What They Need from the Community Team

- Support to deal with their own past experiences.
- Assistance to remain healthy during the stressful experience of facilitating/investigating sexual abuse disclosures, supporting people through the court process, and follow-up treatment and healing programs
- The opportunity to work with a team of other community workers representing all the appropriate agencies and community services to ensure that a balanced, holistic response to the sexual abuse disclosure is pursued.

### **Summary**

Part III has briefly outlined the issues and concerns faced by the many individuals and agencies which are affected by a sexual abuse disclosure in a community. It can serve as a type of checklist for community workers to assist them to ensure that they understand what these various stakeholders are experiencing and the type of support they need in order to work through the disclosure process to regain balance and harmony in their lives and in their relationships within the family and the community. It can also be used as a planning guide for community-based sexual abuse response teams to ensure that their programs take into account the complex nature of the problem and its affect on the entire community.

## **PART IV – RESTORING BALANCE: PLANNING FOR THE POST-DISCLOSURE PROCESS**

While the disclosure phase of sexual abuse intervention has been the primary topic of this manual, it is important to remember that this stage must be viewed simply as the first step in a much larger process, which includes treatment, healing, and prevention activities. Although any one community worker may not be involved in all of these stages, he or she needs to understand a little bit about this larger process in order to be able to carry out his or her own role as effectively as possible.

It has been argued in this manual that sexual abuse in aboriginal communities can most effectively be understood in the context of the whole pattern of family and community life and in the context of a cultural perspective which promotes the restoration of community balance and wellness as the goal of sexual abuse intervention and treatment programs. This view can be in sharp contrast to the view of the dominant society, which frequently understands sexual abuse as a behavioural aberration on the part of an individual and the punishment and possible rehabilitation of that individual as well as the protection of the community as the primary goals of sexual abuse intervention.

As a result of these differences in perspective, many aboriginal communities are beginning to develop community-based sexual abuse intervention, treatment and prevention programs of various

sorts. One such approach involves the establishment of a community-based response team. Some introductory material about the way such a team could function has been included in Part I of this manual. More detailed information is included in a companion volume to this manual also published by the Aboriginal Corrections Policy Unit of Solicitor General Canada and entitled, Responding to Sexual Abuse: Developing a Community-Based Sexual Abuse Response Team in Aboriginal Communities.

Whether or not a community decides to take on primary responsibility for handling sexual abuse cases through the establishment of such a team, it still needs to develop effective prevention and healing programs in order to make sure that the community is moving toward a greater degree of wellness and balance. One of the first steps in this process is ensuring that the community is ready to become involved in sexual abuse prevention, intervention, treatment and healing activities.

## **A. Creating a Positive Environment for Community Involvement**

In order for the community to become involved in sexual abuse intervention, prevention and treatment initiatives, they will need to feel that it is safe for them to do so and that their efforts will make a real difference for the community. They will form their opinions about this on the basis of the way that community workers handle themselves as much as on the basis of what they do. Here are some suggestions for building an environment of trust which will encourage community involvement.

### ***1. Guidelines for Community Workers***

- a) Always maintain confidentiality guidelines so that people will feel secure about speaking with members of the intervention team or other community workers.
- b) Be absolutely clear about the legal and moral obligations community workers have with respect to reporting and accountability so that people will not feel betrayed.
- c) Talk about issues, not about people.
- d) Acknowledge any contribution and any step toward healing, no matter how small.
- e) Believe in the capacity of people to heal themselves and to make positive choices and convey that belief to the community.
- f) People will trust the team to work for justice and safety for all members of the community as long as workers never take sides.
- g) Present programs and initiatives in a positive way, focusing on the development of individual, family, and community wellness.

- h) Develop guidelines to make sure that the intervention team or other community workers are very accessible to the community, but that at the same time establish boundaries which protect community workers from overwork and inappropriate relationships.
- i) Develop programs that are dynamic and attractive so that people will feel excited about being involved.
- j) Empower people to take the steps that will lead to their health and safety rather than taking away their responsibility (e.g. by doing things for them that they really need to do for themselves).

## ***2. Building Awareness through Education***

One of the safest and most effective ways to begin building community support is through education. There are many ways this can be approached.

- a) Help people gain access to information – for example by making pamphlets and fact sheets easily available, putting up posters, or creating displays in library windows. You can also use newspaper or radio and television to get basic information to community members.
- b) Organize public informational meetings using films, panel discussions, or guest speakers. Even if people don't come to the meeting, they can still learn something through the advertising you do for the meeting.
- c) Organize workshops or seminars which will provide an opportunity for more in-depth information sharing around a specific aspect of sexual abuse (such as the consequences of sexual abuse for children). It is important to remember that it is not the purpose of these sessions to seek disclosures, but rather to inform and to overcome denial and resistance to change.
- d) Promote awareness days (or weeks) which could include a public announcement, display tables, media publicity, and other educational activities such as guest speakers.

## ***3. Identifying Resources and Allies***

Another important step that community workers can take is to identify resources and allies within the community. Drawing on resources and allies in the community helps strengthen the program and also helps build a solid foundation of support and involvement in the community. Some examples of possible resources and allies are:

- a) elders can contribute to cultural research about the values, beliefs and practices which were traditionally used to help educate people about healthy sexuality and to restore balance when individuals behaved inappropriately;

- b) individuals who are willing to come forward to tell their story or to speak out against abuse;
- c) service providers (e.g. school personnel, health professionals, law enforcement staff, social service workers, church leaders) are willing to work with sexual abuse prevention, intervention, and treatment programs on specific initiatives (e.g. a school-based prevention program, awareness activities or healing circles);
- d) print and audio-visual materials can be used in educational activities;
- e) political or cultural leaders are willing to publicly support the need for an effective sexual abuse program;
- f) volunteers who are willing to carry out specific tasks (e.g. prepare media material, write proposals, distribute pamphlets, sit at a display table);
- g) families who are willing to help care for children who must be removed from their homes for their own safety;
- h) other programs in the community which deal with related social issues (e.g. alcohol and drug abuse prevention and treatment programs);
- i) spiritual/cultural leaders who can provide counselling and conduct ceremonies or other cultural activities;
- j) natural helpers in the community (those people to whom others frequently turn for advice and support);
- k) funding sources which can be tapped for prevention and treatment activities.

#### ***4. Building an Integrated Community Wellness Plan***

This step is related to number three above, but involves more intensive collaboration with certain specific community agencies and organizations. Since sexual abuse is not an isolated problem, and since the entire context of life which supports sexual abuse needs to be transformed, it is vital to link sexual abuse prevention, intervention, and treatment programs to other wellness-based programs. Unless such issues as substance abuse, personal healing and development, life skills, political development, and cultural revitalization are being dealt with in the community, sexual abuse cannot be adequately addressed.

For these reasons, a sexual abuse response team needs to work with other agencies and organizations in the community to develop and implement a comprehensive, integrated community wellness plan. Below is a brief description of some of the steps which need to be taken to do this:

- a) *Identify potential partners.* Any agency, group, or organization in the community which is concerned about community wellness issues is a potential partner (e.g. churches, health services, support groups, substance abuse prevention and treatment, education, social service, cultural groups). Initially the team will probably have to visit each of these partners individually in order to discuss the possibility of working together on a comprehensive, integrated community wellness plan. Not all the potential partners may agree to work together in this way, but the work can go ahead with whoever is willing.
- b) *The community partners meet to form an inter-agency working group.* The first step for this group is to clarify the goals for their collaboration and to come to an agreement about the process which will be used to develop a comprehensive, integrated community wellness plan. Since it is important to involve as many community members as possible in the actual development of certain aspects of this plan, the working group needs to start by deciding how they will get the community participation they need.
- c) *The inter-agency working group needs to identify its own wellness needs.* Then it should develop a way of working and specific tools to support its members in their own personal development, e.g. using consensus models of decision-making and taking time at every meeting for members to do some personal sharing. This step should be ongoing, while the working group carries out all the other steps.
- d) *A broad-based community needs assessment and visioning process is undertaken.* In order for a comprehensive, integrated community wellness plan to be successful, it is important to involve the community in the development of that plan by carrying out a series of initiatives designed to assist the community:
- to assess its current conditions with respect to community wellness;
  - to identify community strengths and resources, to identify cultural resources and the lessons from the past which can be applied to current conditions;
  - to develop a map or model which describes the inter-relationships between various wellness issues (e.g. between sexual abuse and substance abuse, between family violence and economic development);
  - to articulate a clear vision of what their community (including its individuals and families) would be like if it were healthy;
  - to identify priority goals and entry points for action;
  - to identify possible strategies for beginning work on the priority goals; and
  - to identify the learning needs of various groups in the community related to improving community wellness.
- a) *The inter-agency working group develops a draft community wellness plan.* Based on the information gathered in the previous step, the working group develops a simple community wellness plan which can be presented to the community for its approval. The plan should have a

clear vision statement, several well-defined objectives, appropriate strategies for achieving the objectives, and specific lines of action for implementing the strategies. The plan needs to be very clear about who is responsible for which aspects of the work (e.g. which aspects need to be done by individuals and families in the community with the support of community agencies and which parts will be carried out by specific agencies or inter-agency groups with the support of community members). The plan also needs to be very clear about where the needed resources will come from (e.g. by pooling resources already available to specific agencies, by fund-raising for certain activities or components of the plan).

- b) *The inter-agency group also develops a monitoring and evaluation plan.* This plan should describe the success indicators which will be used (the benchmarks which will indicate whether or not the activities being undertaken are moving the community closer to its objectives and vision of wellness), the tools which will be used to measure progress toward these success indicators, and who will gather which types of data. The monitoring and evaluation plan should also indicate how community members will be involved in the evaluation process and who will have access to the evaluation data for what purposes. (For greater detail on how this may be accomplished see: Planning and Evaluating Justice Projects in Aboriginal Communities, published by the Aboriginal Corrections Policy Unit of the Solicitor General Canada.)

## **B. Sexual Abuse Prevention Programs**

It is obviously much better to prevent sexual abuse from occurring in the first place than it is to have to try to deal with the devastating impact of this tragic social problem. This section will briefly outline the individuals and groups which can be the target of prevention activities as well as three specific prevention activities.

### ***1. Targets for Prevention Activities***

A comprehensive prevention program has at least four clear target groups (target groups are the people that need to be reached by a prevention program):

- |  |                                 |
|--|---------------------------------|
| a. potential victims   | b. potential victimizers        |
| c. the staff of community agencies and other community helpers | d. family and community members |

This section briefly discusses the types of prevention activities which could be carried out in relation to each of these four target groups.

#### ***a. Potential Victims***

The goal of prevention activities which target potential victims is to create awareness of potential danger, to teach personal safety skills, and to inform them about resources for help and further information.

By far the largest percentage of sexual abuse victims are children, many of them quite young. It is important, therefore, to begin teaching personal safety skills at an early age. These skills should be taught at home and can also be taught through school or child development programs in the community. Some excellent print and audio-visual aides have been developed to assist parents and other adults working with children to approach this subject in an appropriate way.

Other potential victims for which a sexual abuse prevention program is needed are young adults of both genders and women of all ages. Like the programs for children, these programs should focus on information about what types of behaviour are abusive, the extent of the problem, personal safety skills and resources for help and further information. Some people may not initially be willing to discuss these issues in a group situation. Individual counselling and print or video resources are other options.

It is important to be aware of the fact that prevention activities are a good opportunity for identifying individuals who may have been abused. These individuals may:

- complain of sickness, stomachache, headache, cramps, or dizziness prior to, during, or after prevention activities;
- avoid eye contact, become very restless, or seek excuses to leave the room;
- behave in ways which are out of character (e.g. become very silent if they are usually outgoing or act out if they are generally quiet and cooperative);
- ask very specific questions which display a depth of knowledge about certain aspects of the discussion which is unusual for their age or general life experience.

Prevention activities should not be used as a platform for encouraging disclosures, but they can be a signal that opportunities for more intense work with that individual should be created.

#### *b. Potential Victimiziers*

While it is impossible, and certainly unwise, to categorize community members as potential victimizers, it is still possible to take some measures aimed at preventing people from committing abusive acts (rather than only focusing on teaching potential victims how to protect themselves).

One aspect of this issue is to create a strong general awareness in the community about the traumatic consequences of sexual abuse for the victims. This information will at least inform potential abusers about the very great pain and suffering they will cause if they choose to act in abusive ways. Potential abusers also need to understand that the community is ready to take a strong stand against sexual abuse and will no longer silently tolerate abusive behaviour. Sexual abusers will be asked to suffer the consequences for their actions, either through the legal system or through a community-based program.

The literature on sexual abuse is clear that many abusers have, themselves, been abused. These individuals can receive education and support which will make them aware of the inter-generational nature of much sexual abuse and what can be done to break the cycle. Potential abusers need assistance to develop a safety plan which will help them to avoid the types of situation which put them at risk of sexually abusing others.

*c. Caregivers and Support People for Potential Victims*

The goal of prevention activities for this target group is to enable them to establish the types of boundaries and conditions which will make families and the community as safe as possible for potential victims. Parents and other caregivers of children need to understand the extent and types of sexual abuse which are common as well as the devastating harm that sexual abuse can cause. They also need to understand the warning signs of possible abuse and what to do if they suspect that the children in their care have been abused. As well, they need to understand how to talk to children about sexuality and how to teach children basic personal safety skills.

Adults can also be the victims of sexual abuse. It is therefore important that the community in general understands what types of behaviour can be sexually abusive, what some of the behaviours are that might indicate that a friend or family member is or has been sexually abused, what the consequences of sexual abuse are for both the victim and the victimizer, and what to do if someone discloses sexual abuse to them or exhibits some of the warning signs.

As part of a prevention program, community members should learn about the importance of speaking out against abuse and of coming together to establish clear community norms about what types of behaviour are and are not acceptable. They need to understand the inter-relationships between sexual abuse and other types of community problems and take responsibility for moving their community toward health and balance. A prevention program can also focus on the traditional values, beliefs and practices, which helped keep communities healthy and safe in the past and how these teachings can be applied to today's situation.

*d. The Staff of Community Agencies and Other Community Helpers*

Community agencies and other community helpers (such as service clubs, religious groups, etc.) need the same type of information as described in points two and three above. In addition, they need to learn how to work with community members to establish clear community norms around sexual behavior and to develop a common vision of community wellness. They need to be mobilized to pool resources toward a comprehensive, integrated community wellness plan (see Part Three above). They also need to be guided to develop appropriate community policies and procedures which will make the community safer and healthier.

**2. Specific Prevention Activities**

Three types of prevention activities are briefly described in this section to give community workers an idea of the type of approaches they could use in an overall prevention program.

*a. Providing Appropriate Information and Skills Training*

Education is perhaps the most common prevention activity. Education can occur through school-based or community-based programs and can take many different forms. Suggestions about the types of information and skills which could best be the focus of prevention activities are included in the above section on the targets of such programs, so they will not be duplicated here.

*b. Creating a Community Wellness Watch*

A community wellness watch is a system for monitoring community members, especially those at risk for problem behavior and those who have been traumatized by their own sexual abuse or that of a close friend or relative. A community sexual abuse response team, in collaboration with other community agencies or leaders can take the following steps to create a community wellness watch:

- i) Develop an inventory or map of the community which lists all the households and the circumstances which may put them at risk of sexual abuse. (The creation of such a map or inventory has also been recommended in Part IV of this chapter.) Some of the circumstances which put a family at risk include:
  - previous incidences of sexual abuse, either as victims or as victimizers;
  - substance abuse by any of the family members;
  - domestic violence;
  - any of the warning signs which might be exhibited by individuals who have been sexually abused and which were listed earlier in this document such as depression, inexplicable expressions of anger, age-inappropriate knowledge about sexual matters, or problems with concentration or behaviour in school.
- i) Assign a buddy or other type of support person to the family and/or to the individuals in the family who are at risk. This person's job is to watch for signs that the individual or family is having problems, to provide encouragement and support, and to make referrals to community resources as needed. This obviously needs to be done in a sensitive way with the full cooperation of the individual or family at risk.
- ii) Besides creating a monitoring system for individuals and families as described in (i) and (ii) above, a community watch system should include regular (e.g. monthly) consultations by the community response team (and its allies) about the overall health of the community. They should consider questions such as the following.

- Have there been any recent traumatic events in the community, such as deaths due to violence, suicide, or substance abuse, or the sudden loss of jobs or other economic opportunities?
- Are there any significant events which would affect the social health of the community, such as the introduction of a resource development project which has brought large numbers of outside workers or sudden changes in the economic conditions in the community?

On the basis of this type of consultation, the community response team can adjust its prevention plans and consider new measures to keep the community focused on its responsibility to create a healthy and safe environment for all its members.

*c. Using Core Groups to Transform Community Dynamics<sup>18</sup>*

The core of anything is the heart and center of that thing. The core of a community wellness process is people who, by their unity of vision, their personal commitment to growth, and their leadership (often by example), create the pattern which other people can follow as positive changes take place in the community.

It is highly unlikely that a community will arise all at once to undertake a general change process. Usually what happens is that small, special interest groups can be motivated to work together for the resolution of issues that personally touch the members of that group. Later on in this process these groups can gradually be connected with each other to build a full-fledged community wellness movement.

So, for example, a single mothers group, an elders group, a youth group, a sexual abuse survivors group, and a group interested in promoting economic development could all potentially become core groups of a community development process. The key to this happening is for the group members to see the connection between their personal concerns and the well-being of the whole community. Because everything is connected to everything else in human and community wellness processes, to work for the improvement of any one aspect of life is to work for general improvement. It is therefore reasonable to gradually enlist the cooperation and support of seemingly isolated and distinct interest groups for one another's causes.

Following are some steps which a community sexual abuse response team can take to encourage the development of core groups which help build a community wellness movement.

- i) Support the formation of core groups around specific wellness issues and needs e.g. substance abuse, parenting skills, sexual abuse survivors, men's and women's support groups, etc. These core groups should meet regularly to:

---

<sup>18</sup> The material in this section is drawn from "Re-Creating the World: A Practical Guide to Building Sustainable Community" by Michael and Judie Bopp, Four Worlds Centre for Development Learning, 1997.

- offer each other mutual support,
- create a safe place for their own healing, growth and learning,
- work on making improvements in the life of the community.

As they develop, these core groups will become pockets of healthy people who will be able to influence their friends, families, and neighbours.

- ii) As they become mature enough to look beyond their own boundaries, begin to link the core groups together around issues of mutual concern. For example, core groups working on substance abuse, sexual abuse, and parenting skills could be brought together around the needs of young people in the community. Core groups can be brought together in joint needs assessment and visioning processes leading to the development and implementation of an integrated community wellness plan (see Part Three of this chapter) or around specific projects (such as a youth wilderness camp).
- iii) Besides the specific useful wellness activities which are carried out by these core groups, they will be able to move the community toward greater wellness by becoming models of the change which is needed. As they develop healthier interpersonal relationships and as they learn new skills for dealing with stressful situations or social and economic problems, they will slowly re-create the community dynamics. These core groups gradually become like seeds growing in the womb of the community. As they develop, becoming more influential, more clear in their direction and more able to cluster others around them, the entire community wellness process will grow and mature. Even though not everyone in the community will participate actively in core groups, the active influence of these groups will gradually help to shift the norms, values, and behaviour in the community toward a healthier and safer way of life.

## **C. Healing**

The two most urgent healing needs are usually those of the victims and those of the abusers. Most other reactive-responses to abuse comes from the reactor's own history of abuse, neglect or other trauma. While reactive responses in the families across the community can be serious, they are hard to predict, and can really only be dealt with as they occur (except through community-wide awareness and wellness-development efforts as outlined briefly above).

This section will focus on the general pattern of needs related to the healing of victims, and particularly child victims. It will also briefly discuss healing issues and the recovery processes common to many abusers who have been sentenced to community-based treatment programs rather than to incarceration.

### ***1. Healing Issues and Processes for the Victims of Sexual Abuse***

#### ***a. Children***

Sexual abuse involves the abuser using power over the victim to meet sexual and other needs. The child does not choose to be abused (he/she may be convinced to cooperate, but will later feel betrayed, tricked, and violated). Most often, victims are left feeling that they can never have mastery and control over their lives, their bodies, the world around them, their present circumstances, or their future. They are victims: passive and helpless. Victims do not do. They are done to. We believe this overriding feeling (however unconscious) of powerlessness is the most critical and over-arching healing issue. The reason it is so important is that a human being has to choose to enter into, work through, and complete the healing process. At the core of this choice is volition (i.e. will-power). The more severely traumatized a victim is, the more impaired their volitional capacity (sense of agency, ability to choose, decide, and have an effect) is likely to be impaired. If you believe that you are powerless and that choosing wellness can never make a difference, then you will remain trapped in the prison of hurt that sexual abuse can bring.

Peer support, role plays, positive peer pressure, and opportunities to test and experience a sense of self-empowerment and mastery all can help. Wellness challenge programs such as Rediscovery<sup>19</sup> or Outward Bound<sup>20</sup> have been shown to help some older children and youth a great deal. Sports activities, the arts, indeed anything that coaxes the child to explore and feel and believe in their own sense of agency, can help.

Other related healing issues for children include:

- coming to terms with and moving past feelings of being damaged goods, of guilt, of fear (e.g. of the possible consequences for telling), of low self-esteem, of depression, and of anger and repressed hostility;
- regaining the capacity to trust;
- establishing an understanding of the appropriate boundaries for relationships and acceptable behaviour;
- learning to distinguish between affection and sexual behaviour;
- reconnecting with the developmental level appropriate with the child's age;
- gaining a sense of power and control over his or her own body and the right to say "no" to inappropriate behaviour from others.

Healing goals and steps for children include:<sup>21</sup>

---

<sup>19</sup> Rediscovery is a wilderness-based education and self-development program for youth with roots in aboriginal culture. Rediscovery aims to empower youth to discover and celebrate the world within them, the world between cultures, and the natural world. Rediscovery International (with over thirty camps world wide) is based in Vancouver, British Columbia.

<sup>20</sup> Outward Bound is another international outdoor education program with early roots in survival training of the American military. One of the strengths of this program is its ability to challenge young people to push the outer limits of their confidence and comfort zones in order to build self-esteem and self-mastery.

<sup>21</sup> Sources: Sgroi (1983, 1980); James, B. and Nasjleti, M. (1983); McEvoy (1990).

- i) feeling safe from further abuse or trauma;
- ii) being believed regarding the reality of the abuse;
- iii) acknowledging feelings connected to the abuse, and venting negative emotions;
- iv) knowing the abuse was “not my fault”, and that adult abusers are responsible for their actions;
- v) knowing that the adult world considers the abuse wrong, and a violation of proper boundaries;
- vi) knowing that she/he is not damaged goods i.e. he/she is okay physically and in every other way;
- vii) learning age-appropriate expressions of affection, to be assertive, and to say “no” to inappropriate expressions;
- viii) strengthening the child’s self image and self-esteem;
- ix) strengthening the child’s sense of self mastery and agency (empowerment; volitional development);
- x) receiving adult support in dealing with anger and hurt;
- xi) learning how to communicate needs and feelings with words;
- xii) to learn positive means of coping with the abuse to replace negative patterns the child is using.

*b. Adult Issues*

Adult survivors who have not yet gone through healing processes have all the same feelings and issues as child victims, because most survivors were child victims. As children, survivors learned in the best way they could how to cope with life, but many entered adulthood with handicaps and scars.

Most adult survivors still carry guilt, fear, low self-esteem, a feeling they are damaged goods, depression, rage and repressed hostility. They may have great difficulty in trusting others, problems in their own attempts to find affection and healthy sexuality, a difficulty with boundaries and roles (which can lead to becoming an abuser), uncompleted developmental tasks, and a general sense of powerlessness.

On top of all this, adult survivors have to deal with the consequences of their own dysfunctional thinking, feeling, and behavior. In other words, there are two layers (at least) of issues. The first

relates to the stored-up feelings from childhood abuse. The second relates to un-learning and re-learning how to be a balanced, healthy, happy human being.

Sometimes victims respond to abuse with more extreme psychological responses. Usually this happens when victims have been severely traumatized, when abuse lasts a long time, when the aftermath of disclosure is particularly painful, when a victim has been victimized by more than one abuser, and to victims of “ritualistic or bizarre abuse” (Harper et al 1991:141). Some of these extreme reactions include: (i) disassociation (this is a kind of amnesia, or forgetting, in which the victim mentally and emotionally relocates to somewhere safe while the abuse or pain is happening to the body); (ii) multiple personality disorder (this is a condition in which two or more personalities exist within the same individual); (iii) post-traumatic stress disorder (some of the symptoms include flashbacks and dreams causing the continual re-experiencing of the traumatic events; intense emotional pain at being exposed to the news of similar events (including anniversaries of the trauma); avoidance of anything to do with the trauma (talking about it, etc.); constantly being nervous, on edge, uptight, leading to unpredictable outbursts of anger or weeping, difficulty sleeping, inability to concentrate, grumpy.)<sup>22</sup>

The adult survivor’s healing journey must deal with most of the same issues has outlined above for the child victim, but usually takes a somewhat different course. In “Vulnerable Populations,” Vol. II, Suzanne Sgroi outlines the following stages of adult survivor recovery, which she argues occur in an ascending spiral:

- i) acknowledging the reality of the abuse;
- ii) recognizing and overcoming survivor responses to the abuse;
- iii) forgiving one’s self and ending self-punishment;
- iv) relinquishing one’s identity as a sexual abuse survivor and moving beyond.

## ***2. Healing Issues for the Abuser***

A detailed discussion of treatment and healing programs for sexual abuse offenders is beyond the scope of this document. Some important steps can, however, be briefly outlined:

- a. Take responsibility for the harm done to others.
- b. Make restitution to the victim and the others who have been harmed by the abusive behaviour.
- c. Accept some sort of punishment for the behaviour (such as community service work) which ideally benefits the community and contributes to the enhancement of the abuser’s self-esteem.

---

<sup>22</sup> These descriptions have drawn heavily on (Harper et al: 1991).

- d. Develop a contract to participate in healing which can include various types of counselling, participation in support groups, participation in various cultural activities, the acceptance of guidance from spiritual and cultural leaders, etc.



## **BIBLIOGRAPHY**

- Bronson, C. (1989). Growing Through the Pain: The Incest Survivor's Companion. New York: Prentice Hall Press.
- Carnes, P. (1983). Out of the Shadows: Understanding Sexual Addiction. Minneapolis, Minn.: CompCare Publishers.
- Carrera, M. (1981). Sex: The Facts, The Acts & Your Feelings. New York: Crown Publishers.
- Dodson, B. (1987). Sex for One: The Joy of Selfloving. New York: Harmony Books, a division of Crown Publishing, Inc.
- Fredrickson, R. (1992). Repressed Memories: A Journey to Recovery from Sexual Abuse. New York: Simon and Schuster Inc.
- Gil, E. Outgrowing the Pain: A Book for and About Adults Abused as Children.
- “Healing the Hurt: Healing The Hurt Of Sexual Abuse In Residential Schools” – Four Worlds Research Project – University of Lethbridge, Lethbridge, AB, 1990.
- “Incest: The Family Secret” – CBC Public Relations: A 60 minute video – excellent for understanding the dynamic of incest.
- Kalergis, M. M. (1983). Giving Birth. New York: Harper and Row.
- Kitzenger, S. (1983). Woman's Experience of Sex. New York: G.P. Putnam's Sons.
- MacFarlane, K., & Feldmeth, J. R. (1988). Child Sexual Abuse: The Clinical Interview. New York: Guilford Press.
- MacFarlane, K., & Cunningham, C. (1990). Steps to Healthy Touching. Mount Dora, Florida: Kidsrights.
- Maltz, W. (1991). The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse. New York: Harper Collins Publishers.
- Martin, T., & Hodgson, M. (1989). The Spirit Weeps. Edmonton: Necchi Institute.
- Masters, Johnson & Kolodny. (1982). Sex & Human Loving. Boston: Brown & Co.
- Mayle, P. (1973). Where Did I Come From?. Secaucus, N.J.: Lyle Stuart Inc.
- Mayle, P. (1975). What's Happening to Me?. Secaucus, N.J.: Lyle Stuart Inc.
- Raley, P. (1976). Making Love. New York: Avon Books; A division of The Hearst Corporation.
- Rogers, R. (1988). An Overview of Issues and Concerns Related to the Sexual Abuse of Children in Canada. Ottawa: Government of Canada.

- Rose, E. (1995). A Return to Wholeness: A Resource Guide for Personal Growth. Fairbanks, Alaska: Fairbanks Native Association.
- Ross, Rupert (1996). Returning to the Teachings Exploring Aboriginal Justice. Toronto: Penguin Books.
- Rush, F. (1980). The Best Kept Secret: Sexual Abuse of Children. New York: McGraw-Hill Book Company.
- Sgroi, S. (1982). Handbook of Clinical Intervention in Child Sexual Abuse. Lexington, Massachusetts: Lexington Books.
- “Something About Amelia” – CBC Special with Ted Danson and Glenn Close. A very powerful film on the dynamics of incest.
- “Strong Kids, Safe Kids: A Family Guide” – The program is about taking care of kids, and kids taking care of themselves. Henry Winkler, Kee MacFarlane, Dr. Sol Gordan and several other specialist in the field of primary prevention of child abuse.
- “The Healing Circle / When The Eagle Has Landed” – Part 1 & 2 – A Man Alive Special with Roy Bonisteel. A two part special on the healing processes of Alkali Lake on Sexual Abuse, 1989.
- “The Last Taboo” – A healing process with women victims led by Joyce Mouldon – Edmonton, Alberta.
- The Right to be Special: Native Alcohol and Drug Counsellor’s Handbook Working with Sexual Abuse Disclosure. (1991). Calgary: National Native Association of Treatment Directors.
- Travis, J., & Callander, M. (1990). Wellness for Helping Professionals: Creating Compassionate Cultures. Mill Valley, CA: Wellness Associates Publications.
- Wells, M. (1989). Canada’s Law on Child Sexual Abuse: A Handbook. Ottawa: Department of Justice Canada.
- “Where The Spirit Lives” – CBC Special on Residential Schools and the damage they created.
- Williams, W. (1986). The Spirit and the Flesh: Sexual Diversity in American Indian Culture. Boston: Beacon Press.