

Leadership Briefing



helping prevent child abuse

This first in a series of briefing papers from the Community Child Abuse Council is an important early step in our newly initiated Strategic Plan for Community Impact. It's a bold plan to achieve a bold vision. These briefings will help to ensure that leaders from across the

Hamilton area share an understanding of the complex issues surrounding child abuse and the challenges and opportunities facing our community in this area. Only then can we truly engage community stakeholders in a meaningful, constructive and absolutely essential dialogue about how Hamilton can and should address the horrific problem of child abuse. *It's time.* Our community impact plan launches in June with a public campaign designed to educate and engage. Our leadership briefings begin this month with definitions of child abuse, highlights of important statistics on the prevalence of child abuse, and research about the impact of child abuse on victims, families, and our community. It is our hope that this briefing will help bring to light how significantly Hamilton and its vision for the future are affected by child abuse - at the individual, family, neighbourhood, community, and broader levels. From health to education, from employment to economics to justice, this is a devastating and far-reaching issue that needs our investment. Future briefings will continue to highlight research in the field as well as provide news of related initiatives and opportunities.

Please share this briefing, post it prominently, or use its content to educate others.

Inside:

- Important Definitions
- Research: what we know
- Dr. David Finkelhor on the traumatic impact of abuse
- Our Programs – how we help



It Shouldn't Hurt to be a Child

Important Definitions from the Child Welfare League of Canada

Child Maltreatment: Refers to the harm, or risk of harm, that a child or youth may experience while in the care of a person they trust or depend on, including a parent, sibling, other relative, teacher, caregiver or guardian. Harm may occur through direct actions by the person (acts of commission) or through the person's neglect to provide a component of care necessary for healthy child growth and development (acts of omission). There are five types of child maltreatment: physical abuse, sexual abuse, neglect, emotional abuse and exposure to family violence.

Sexual Abuse: Involvement of a child, by an adult or youth, in an act of sexual gratification, or exposure of a child to sexual contact, activity or behaviour .

Sexual Exploitation: Sexual exploitation of children and youth occurs when an older child, adolescent or adult takes advantage of a younger child or youth for sexual purposes, including for participation in prostitution, pornographic performances and in the production of pornography. Sexual exploitation is perpetrated on children of all ages, from infancy to adolescence.

Commercial Sexual Exploitation: Refers to three forms of abuse: child prostitution; child pornography; and, trafficking and sale of children across borders and within countries for sexual purposes. Commercial sexual exploitation is a violation of fundamental rights.

“To be the best city in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.”

City of Hamilton Vision Statement

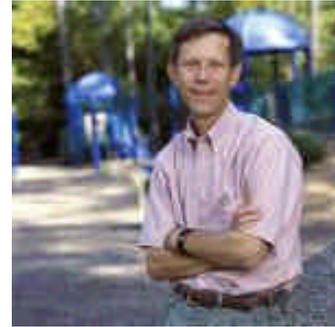


“It is our responsibility to ensure bright futures for today’s children so that tomorrow’s society will benefit.”

Dan Offord

May is Sexual Violence Awareness Month. For more information go to: www.svam.ca

FROM THE FIELD...



David Finkelhor, Ph.D., is a respected expert in the child abuse field and has published extensively to help communities understand the impact of child maltreatment. Dr. Finkelhor works with the Family Violence Research Program, University of New Hampshire. In 1986 he published *A Sourcebook on Child Sexual Abuse* (Sage Publications).

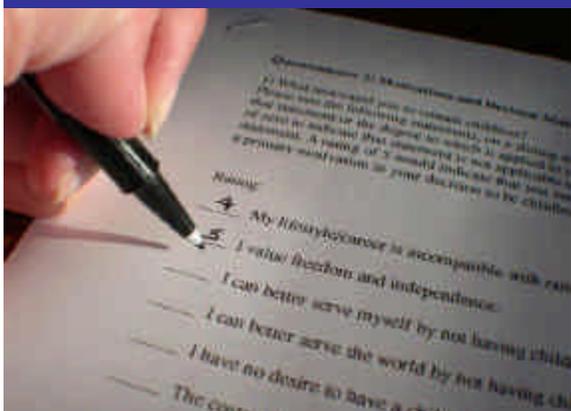
The literature on child sexual abuse is full of clinical observations about problems that are thought to be associated with a history of abuse, such as sexual dysfunction, depression, and low self-esteem. The experience of sexual abuse can be analyzed in terms of four trauma-causing factors: traumatic sexualization, betrayal, powerlessness, and stigmatization. These are generalized dynamics, not necessarily unique to sexual abuse; they occur in other kinds of trauma. But the conjunction of these four dynamics in one set of circumstances is what makes the trauma of sexual abuse unique, different from such childhood traumas as the divorce of a child's parents or even being the victim of physical child abuse.

These dynamics alter children's cognitive and emotional orientation to the world, and create trauma by distorting children's self-concept, world view, and affective capacities. For example, stigmatization distorts children's sense of their own value and worth. Powerlessness distorts children's sense of their ability to control their lives. Children's attempts to cope with the world through these distortions may result in some of the behavioral problems that are commonly noted in victims of child sexual abuse.

Among young child victims, clinicians have often noted sexual preoccupations and repetitive sexual behavior. Some children display knowledge and interests that are inappropriate to their age. Some children who have been victimized, especially adolescent boys, but sometimes even younger children, become sexually aggressive and victimize their peers or younger children. Clinicians have remarked about promiscuous and compulsive sexual behavior that sometimes characterizes victims when they become adolescents or young adults.

The sexual problems of adult victims of sexual abuse have been among the most researched and best established effects. Clinicians have reported that victimized clients often have an aversion to sex, flashbacks to the experience, sexual difficulties and negative attitudes toward their sexuality and their bodies. The frequently demonstrated higher risk of sexual abuse victims to later sexually assault may also be related to traumatic sexualization, and some victims apparently find themselves inappropriately sexualizing their children in ways that lead to sexual or physical abuse.

What The Research Tells Us



With increased knowledge about the dynamics and consequences of family violence, new issues of concern have emerged relating to the various forms, contexts and consequences of family violence. These highlights reinforce the need to focus even more intensely on factors that contribute to the problem and on effective strategies to prevent and respond to it. One of the most pressing challenges is finding ways to address family violence issues in a manner appropriate to the experiences, circumstances and needs of Canada's diverse population and communities.

FAMILY VIOLENCE INITIATIVE

In 1998, the first Canadian Incidence Study (CIS) of Reported Child Abuse and Neglect, found a rate of **almost 10 substantiated cases of child maltreatment for every 1,000 children in Canada**. Family members or other relatives were the alleged perpetrators in the vast majority (93%) of substantiated maltreatment. The report labeled family violence “**a long-term societal problem with myriad social, justice, and health dimensions**”.

In its 5-year report to Canadians in 2002, the national Family Violence Initiative reported that family violence which includes a range of abusive behaviours that occur within relationships based on kinship, intimacy, dependency or trust continued to be a **disturbingly commonplace** occurrence in the lives of Canadians through all life stages. Public awareness survey information collected in 2002 indicated that Canadians define family violence in broad terms to include violence among immediate family members, including parent-adult child relationships, and most include violence occurring within relationships of trust. Children who are exposed to family violence are at high risk for emotional and behavioural problems. Children who are abused, including those who are exposed to spousal violence, may experience physical injuries as well as other physical, psychological and behavioural problems that extend into adolescence and adulthood. The cycle of abuse can affect generations within families. Individuals and families whose lives are harmed by family violence and fear may be less likely to participate in and contribute to community life. **More than three quarters of Canadians believe that family violence should be an urgent priority** for the federal government as well as at the community level.

Of the sexual assaults and physical assaults reported to 166 Canadian police agencies in 2000, almost one quarter (23%) of all victims were children and youth under the age of 18. Children and youth are most frequently victimized by an acquaintance: 52% of child and youth victims of assaults reported to the police in 2000 were assaulted by acquaintances, 19% were assaulted by strangers and 23% were assaulted by family members. About one in ten investigations were of sexual abuse.

Although some children who experience trauma such as sexual assault are resilient, many others develop trauma symptoms that can have a **profound and long-lasting negative impact** on their development, health, and safety. These trauma symptoms include affective, behavioural, and cognitive difficulties and have a significant negative impact on child and family functioning [Cohen, Mannarino & Deblinger 2006]. Traumatic experiences can skew expectations about the world, the safety and security of interpersonal life, and the child's sense of personal integrity. These contribute to a child's inner plans of the world, shape concepts of self and others, and lead to forecasts about the future that can have a profound influence on current and future behaviour [van der Kolk 1996].

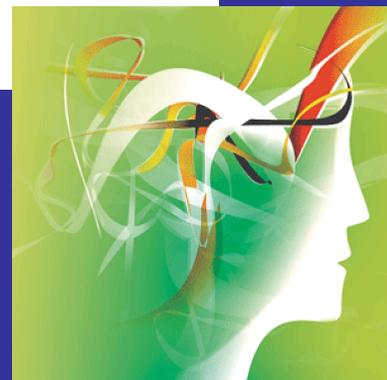
According to the CIS, children who have been sexually abused may experience depression or anxiety, age inappropriate sexual behaviour, behaviour problems, negative peer involvement and irregular school attendance.

Child sexual abuse is not limited to any one demographically defined population. It can happen to individuals from various ethnic, cultural, and socioeconomic backgrounds [King et al, 1999].

Due to the possibility of serious life-long problems, early intervention with victims of child sexual abuse is crucial. The *Child Physical and Sexual Abuse: Guidelines for Treatment* (2003) states "assessment is the cornerstone of the treatment process. Without accurate, comprehensive, and sophisticated assessment followed by reasonable treatment planning, interventions are likely to be misguided and ultimately ineffective. Best practices indicate the treatment of trauma should follow a phased approach with length of treatment determined by the needs of the child and family identified in a comprehensive assessment.

General consensus in the literature tends to favour behavioural therapy and cognitive-behavioural therapy (CBT) as preferred treatment methods. More recently, trauma-focused CBT has been shown in studies to be the most effective method of treatment.

"It has been difficult to obtain a complete picture of child abuse in Canada because it often remains hidden."



What We Do, How We Help

The Community Child Abuse Council is a registered charitable organization established in 1976 to take action against child abuse. Our mission today - to reduce the incidence and impact of child abuse and promote the safe and healthy development of children - continues to support a vision of a community free of child abuse. Our mandate includes treatment, education, and prevention programs with a current focus on child and youth sexual abuse. We pride ourselves on delivering comprehensive assessment and high level treatment that is evidence-based and adheres to best practice. Not an "off the shelf" program, the unique needs of children and youth are addressed and treatment customized. The comprehensive assessment process includes standardized intake, psychometric evaluation, clinical interviews, clinical consultation, and feedback. Based on identified individual needs, treatment may include a number of modalities and focused interventions. In keeping with best practice, treatment incorporates a three-phase approach. Parental involvement, shown to increase treatment effectiveness, is actively pursued especially for children under 12 years of age. Research and evaluation are integral parts of the program as is our commitment to working collaboratively and in cooperation with our community partners.

Close to one-third of teens between ages 14 and 19 who participated in a Canadian study had experienced some kind of childhood abuse or neglect.

(Wolfe, 2001)

Next Issue:

- **Child abuse in Hamilton - the numbers and the realities**
- **The importance of treatment**
- **The effects of child and youth sexual abuse**
- **Grand Opening and Campaign Launch**

We're Moving...
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Helping *forward* child abuse