

THE METROPOLITAN CHAIRMAN'S
SPECIAL COMMITTEE ON CHILD ABUSE

CHILD SEXUAL ABUSE PROTOCOL

Declaration of Commitment

WHEREAS the sexual abuse of children is a problem of increasing social concern, and

WHEREAS we agree that children have a right to be protected, not abused, and that offenders must be held accountable for their actions, and

WHEREAS an effective and humane response requires a shared philosophy and co-ordinated strategy among those systems mandated to act on behalf of the community,

WE have participated in the development of the Child Sexual Abuse Protocol and hereby declare our commitment to its implementation across Metropolitan Toronto, effective immediately.

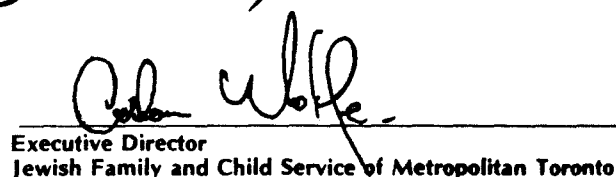
Dated this 21st day of November 1983.



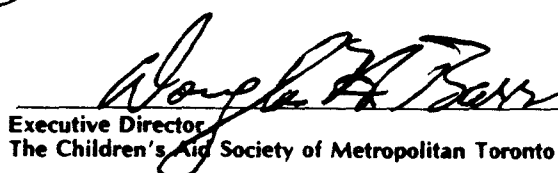
Chairman, Metropolitan Toronto



Chief, Metropolitan Toronto Police Department



Executive Director
Jewish Family and Child Service of Metropolitan Toronto



Executive Director
The Children's Aid Society of Metropolitan Toronto



Executive Director (Acting)
The Catholic Children's Aid Society of Metropolitan Toronto

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CHILD SEXUAL ABUSE PROTOCOL

Guidelines and Procedures for a Coordinated
Response to Child Sexual Abuse in
Metropolitan Toronto

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November 1983

FOREWORD

Background

The Metropolitan Chairman's Special Committee on Child Abuse was established in October 1981 with a mandate to develop improved methods of co-ordination and delivery of services to abused children and their families. The specific problem of child sexual abuse was identified as a focus for action.

Since that time, a series of initiatives has been developed; each designed to support the others in providing a continuum of response to sexual abuse. For example, to promote early detection and prevention, a preventive education project using live theatre and classroom resource materials has been introduced to children in Kindergarten to Grade VI. To support child victims immediately following disclosure, crisis support groups have been initiated with a current capacity to serve nearly 300 mothers and children per year. Recently, a child sexual abuse treatment network has been formed to support those clinicians currently providing on-going therapeutic services for these children, offenders and their families.

All of the activities carried out through the Special Committee demand the co-operation and participation of many agencies and systems, each of which assumes some responsibility for responding to this problem. It has been extremely encouraging to witness the growing professional and community interest and commitment over the past two years. Perhaps most worthy of note is the fact that reports of child sexual abuse appear to have doubled in the past year: a promising indication that we, as a community, are beginning to be more effective in reaching the children involved.

The Legal Response

The sexual assault of a child is a violation of the Criminal Code of Canada and of The Child Welfare Act of Ontario. Both the child welfare and criminal justice systems are involved through the child welfare agencies and the Police. Yet, traditionally, these systems have operated in relative isolation, with frequently conflicting philosophy and practice, which has often inadvertently left child victims "in limbo", sometimes at serious risk.¹

It is the position of the Special Committee that successful response to child sexual abuse requires collaborative action on the part of all professionals involved, based upon a common approach to the problem. Accordingly, in November 1982, the Special Committee undertook to develop a set of collaborative procedures for implementation by the mandated systems.

1. For more detail, see The Legal Response to the Sexual Abuse of Children, a background paper published by the Special Committee in October 1982.

Developing the Protocol

The Child Sexual Abuse Protocol presented on the following pages was developed by a committee of representatives from each relevant system (see Appendix A) convened in January 1983. Following a series of intensive working sessions and preparation of several working drafts, informal reactions were also solicited from the Special Committee's legal advisory committee, representatives of treatment and medical facilities, the Boards of Education, the Office of the Official Guardian, the Provincial Court (Family Division), the Provincial Court (Criminal Division), and Probation and Parole Services of the Ministry of Correctional Services.

In June 1983, the Special Committee authorized the preparation of a consultation draft for final discussion and amendment by each affected system. This final document, ratified by the Special Committee on November 3, 1983, reflects the ultimate consensus achieved through negotiations with the three mandated child welfare agencies in Metro Toronto, the Police Department, the Office of the Crown Attorney and, on a less formal basis, Probation and Parole Services of the Ministry of Correctional Services. It should also be noted that the comments and suggestions of numerous other individuals and organizations have been incorporated to the greatest possible extent.

The Scope of the Protocol

The protocol has been developed within the framework of the principles developed through the Special Committee and subsequently endorsed by most major systems (see p. iii). Accordingly, the protocol rests upon the following assumptions:

- . that a co-ordinated approach to the reporting, investigation and management of child sexual abuse cases will enhance protection of the child, accountability of the offender and, if desirable, partial or full re-integration of the family;
- . that the courts can be an effective vehicle for protection and affirmation of the child, deterrence of offenders, and leverage for appropriate treatment;
- . that specialized personnel from each system, trained and working together, are best equipped to accomplish the above; and
- . that the effectiveness of the strategies and procedures outlined in this protocol are contingent upon the availability and quality of counselling and treatment programs.

Using the best contemporary knowledge and drawing from the successes and failures of the past, the protocol is a baseline approach designed to clarify and codify preferred practices. Once approved and implemented, it should be followed, unless there are documented reasons not to do so.

The priority to be accorded to the protocol does not, however, preclude the exercise of discretion in individual cases. The protocol requires, for example, that the Police-C.A.S. team define a specific management plan for each case. Necessarily, this will require the team to assess how the procedures will apply in the particular case. Where the team decides to vary from the preferred practice, however, the specific reasons for adopting a different approach should be documented. Such documentation will facilitate the monitoring of collective practice and subsequent refinement of the protocol, if necessary.

Other systems including public health, medicine, education, treatment, the courts and corrections, are necessarily involved in responding to sexual abuse of children. As a first step, however, this protocol has discussed the involvement of these systems only as it affects the functions of child welfare and criminal justice personnel.

A distinction has also been drawn between protocol guidelines and issues which are more properly related to training. Only those issues which directly relate to responsibilities and relationships between the systems have been included in the protocol. Each section includes preferred practices, with supporting commentary on the left.

Timetable for Implementation

A special three-day working session will be held on November 21-23, 1983, for the identified specialists from the three child welfare agencies, the Police Department, the Office of the Crown Attorney and Correctional Services. This session will provide an opportunity for specialists to explore ways and means of implementing the protocol, as well as specific techniques related to co-operative investigation and management of cases. Additional training materials will be compiled prior to the training session.

Formal implementation of the protocol will be initiated in December 1983. The initial nine months of implementation will be closely monitored to assess the impact of the new procedures and identify difficulties as they arise. Prior to the end of 1984, the protocol will be fully reviewed and adjusted as required.

A Statement of Principles *

The sexual abuse of children is a phenomenon which has only recently gained some measure of public and professional attention. With this attention have come both an increase in the number of reported cases and a recognition of the inadequacies of traditional methods of response.

* Excerpted from Developing a Comprehensive Response to Child Sexual Abuse, Interim Report of the Special Committee, October 1982.

Given the range of professionals who may be called into action upon disclosure of sexual abuse, it is critical that efforts be co-ordinated. During the past year, the Metropolitan Chairman's Special Committee on Child Abuse has provided an active forum through which relevant issues have been identified, debated and resolved in a collaborative attempt to develop a common understanding of and approach to the problem.

The following principles have emerged through these initial efforts and are designed to provide a framework for a comprehensive response to child sexual abuse. As such, they are not intended to restrict or limit efforts but rather to support attempts to implement a consistent and appropriate response, integrating the best which each responsible system has to offer.

Every situation involving child sexual abuse must be assessed individually to determine the best interests of the child involved. We believe that creative application of the following principles will help to guide us consistently toward that end.

1. Children reporting sexual abuse should be presumed to be telling the truth and bear no responsibility for their involvement, regardless of time or circumstances.

Reliable estimates suggest that one in four girls and one in ten boys will be sexually molested by an adult at some point in their childhood. Up to 80% of these children will know their molester and, half of the time, he will be their natural or substitute father. *

Translating the experiences of communities with considerable success in responding to this problem, it may be estimated that over 3,000 children are sexually abused each year in Metropolitan Toronto. Yet, in 1980, only 501 sexual offences involving children were reported to the Police, and the Children's Aid Societies forwarded only 75 verified cases of intra-familial child sexual abuse to the Provincial Child Abuse Register.

Until recently, effective response to child sexual abuse has been severely hampered by the age-worn myth that children fantasize about sexual encounters with adults. This myth is further complicated by an insidious but equally damaging belief that if, in fact, sexual activity occurs, the child is usually a provocative, if not eager, participant.

* These general estimates are drawn from the results of five major surveys, conducted between 1940 and 1978 including C. Landis (1940), A. Kinsey (1953), J. Landis (1956), J. Gagnon (1965) and D. Finkelhor (1978). Their findings are also supported by the experiences of the Harborview Sexual Assault Center in Seattle, Washington and the Child Sexual Abuse Treatment Program in San Jose, California which, together, have treated over 10,000 sexually abused children in the past decade. Informal surveys in Canada suggest a similar incidence.

Fortunately, adults who were molested as children and experienced professionals are now helping to destroy this ill-conceived and dangerous belief system. Experience clearly demonstrates that children do not lie about sexual abuse. In fact, false denials of sexual abuse are infinitely more common than false reports.

All systems responsible for serving children must recognize the alarming prevalence of sexual abuse and commit themselves to responding, without doubt or delay, if a child comes forward. Without this commitment, the balance of power will remain forever in the hands of those adults who choose to violate the bodies and spirits of children.

2. The use of a child by an adult for sexual purposes is an abusive and criminal act which should be investigated and prosecuted as such.

Any form of direct or indirect sexual contact between a child and an adult is exploitive since it is motivated by adult needs and involves a child who, by virtue of age and position, is unable to give consent.

The closer the relationship between the child and the adult, the greater the potential damage is to the child. It appears that, ultimately, it is the abuse of trust and authority, more than the nature of the sexual contact, which causes the most trauma to the child as she matures. For this reason, father-daughter incest must be viewed most seriously, not simply as a "family problem" but also as an abusive situation with potential life-long effects upon the child victim and frequently her siblings.

No adult who molests a child should be exempt, particularly by virtue of family relationship, from accountability for his actions. The sexual abuse of children is a crime which cannot by any measure be tolerated or excused. As such, the community has both the right and obligation to take the necessary steps to protect the child and to ensure that the adult in question is deterred from any further abusive acts.

Criminal prosecution conveys a clear message to the offender that his behaviour is both legally and morally unacceptable; that he, alone, is responsible for the abuse and its consequences; and, that the community is prepared to mobilize its resources to protect children. Finally, it also has the benefit of empowering the child victim who sees that she is believed and can come to understand that the disruption in her family is not her fault but a result of the abuse which was inflicted upon her.

3. **Conviction of offenders, however, is not enough. Without appropriate treatment, the risk of re-offence remains high.**

The causes of child sexual abuse are the subject of much debate and speculation. It is accepted, however, that the adult's disturbance is deeply-rooted and usually beyond voluntary control. It is not surprising, therefore, that offenders who receive no treatment or who attempt to engage in treatment voluntarily are generally undeterred in their behaviour.

One reputable study, for example, indicated that the vast majority of incarcerated sex offenders were known to authorities prior to conviction. Offender treatment specialists in Seattle, Washington report further that less than one per cent of offenders remains in treatment on a voluntary basis. There is no reason to assume that the experience in Metro Toronto is significantly different.

Court-ordered treatment offers the best assurance that treatment will, in fact, occur. This, of course, assumes the continued development of offender treatment services which are willing to accept clients who are, at least initially, involuntary.

The engagement of the offender in treatment also helps to reassure the child victim that the offender, who may also be her father, while being punished is also receiving help for his problem. This assurance is particularly important for a child who may be feeling guilty for "breaking up the family" or "sending daddy away or to jail".

4. **Effective response requires the full co-operation and co-ordination of all systems. Specialization of core personnel is necessary to promote sensitivity, consistency and collaboration.**

Every child who has been sexually abused is the potential subject of an array of professionals, many of whom may have little or no experience or knowledge of the problem. For example, in the space of several days, a child could be interviewed by a teacher, a public health nurse or school social worker, one or more child welfare workers, several Police Officers, plus medical and legal personnel. Faced with the constant re-telling of their stories and, quite possibly, conflicting reactions and advice, it is not surprising that many children retreat into silence or deny the truth of their original report.

Given the critical importance of appropriate and sensitive response to disclosure, specific personnel in each system should be designated and trained co-operatively as child sexual abuse specialists. Together, this core of inter-disciplinary specialists can develop and refine new procedures and techniques to improve and co-ordinate detection, reporting, investigation and Court involvement, as well as crisis support and treatment for the sexually abused child and her family.

5. Following disclosure of sexual abuse, the child victim and adult offender should be separated immediately. In intra-familial situations, every effort should be made to remove the offender from the home, rather than the child.

Traditional response to child sexual abuse has involved either removing the child from the home or leaving the child and adult offender together "under supervision". Both actions, however, serve only to further victimize the child, either by isolating her from home, family and friends or by exposing her to continuing risk of abuse.

The primary goals of community intervention are to protect the child from further abuse and to reconstruct a safe, healthy environment for that child. Removal of the offender is the most effective assurance to these ends. It separates the child and offender, thus preventing continued sexual abuse or harassment and, secondly, it provides an opportunity for strengthening the relationship between the child and mother. It is the quality of this relationship which has been demonstrated to have a major effect on the child's response and recovery.

Since the majority of sexual abuse cases are not currently criminally prosecuted, the ability to restrict the movements of offenders has been limited. By default, it is then the child victim alone who must face the consequences of disclosure, usually physically or emotionally separated from her family and friends. In choosing to violate a child, surely it is the adult, not the child, who abdicates his rights to home and family, at least temporarily.

The Police, child welfare and legal authorities must continue to work together to ensure that sexually abused children are not re-victimized by the systems designed to protect them.

6. Attention must be given to the development of specialized crisis and treatment services for the child victim and non-offending family members.

Experts have emphasized that the quality of response in the first 48 hours following disclosure of sexual abuse determines the eventual outcome for the child. Immediate and intensive intervention, coupled with crisis support services, significantly improves the chances for successful resolution of the initial crisis caused by disclosure, as well as for subsequent progress in treatment.

Current services for child sexual abuse victims, particularly those who are involved in Court proceedings, are extremely limited in both scope and number. In fact, the only specialized services which exist are those offered through the Hospital for Sick Children and York-Finch Hospital, both of which are already extended beyond their capacities. While the Children's Aid Societies may attempt to fill this critical gap, they are ill-equipped to provide intensive crisis support and treatment while also trying to investigate and co-ordinate response. Continuing efforts must be made to ensure that appropriate treatment and support services are readily accessible throughout Metropolitan Toronto.

7. **Early detection and prevention provide the ultimate key to ending the destructive consequences of child sexual abuse.**

Given that most sexual abuse begins when a child is between the ages of five and nine, and continues over a period of years, early detection and prevention are critical. At the present time, probably no more than ten per cent of all sexually abused children come to official attention. Most of these are adolescents, many of whom are already exhibiting serious problems as a result of on-going sexual abuse. Successful intervention becomes more problematic as the abuse continues.

The effects of child sexual abuse can reach far into the future. Those children who are believed and supported have the best chance of growing up whole and healthy. Others must engage in a life-long struggle against repeated victimization. Some, tragically, carry the lessons learned in childhood to their own children by becoming abusive parents themselves.

While it is critical that services and support be available for current victims of child sexual abuse, it is equally important that efforts promoting early detection and prevention be encouraged. Possible examples include experiential school programs for young children, public education, parent support programs and continuing research aimed at enhanced understanding of the origins and dynamics of child sexual abuse.

No single individual, agency or system, however, can respond in isolation to child sexual abuse. It is a community problem of alarming and destructive proportions. There must be a collective commitment to work together, with all the compromise, frustration and understanding required, to create a community which refuses to tolerate the sexual abuse of its children.

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TABLE OF CONTENTS

		<u>Commentary</u>	<u>Protocol</u>
I	RECEIPT OF REPORTS	I	1
II	FOLLOW-UP TO THE INITIAL REPORT	III	2
III	INTERVIEW OF THE CHILD	V	4
IV	SUPPORT FOR THE CHILD	VII	6
V	FURTHER INVESTIGATION	VIII	7
VI	INTERVIEW OF THE SUSPECT	IX	8
VII	IMMEDIATE PROTECTION OF THE CHILD	X	9
VIII	ASSESSMENT AND CASE MANAGEMENT	XI	10
IX	CHILD WELFARE PROCEEDINGS	XIII	11
X	CRIMINAL PROCEEDINGS	XV	13
XI	DISPOSITION IN CRIMINAL COURT	XVII	14
XII	FOLLOW-UP TO DISPOSITION	XVIII	16

APPENDICES

- A. Protocol Development Committee
- B. Metropolitan Chairman's Special Committee on Child Abuse

November 1983