



REPRESENTATIVE FOR
CHILDREN AND YOUTH

Too Many Victims
*Sexualized Violence in the Lives
of Children and Youth in Care*

An Aggregate Review

October 2016

Oct. 4, 2016

The Honourable Linda Reid
Speaker of the Legislative Assembly
Suite 207, Parliament Buildings
Victoria, B.C., V8V 1X4

Dear Ms. Speaker,

I have the honour of submitting the report *Too Many Victims: Sexualized Violence in the Lives of Children and Youth in Care* to the Legislative Assembly of British Columbia. This report is prepared in accordance with Section 16 of the *Representative for Children and Youth Act*, which enables the Representative to aggregate and analyze the information received from the reviews and investigations conducted under Sections 11 and 12 and produce a report of the aggregated and analyzed information that does not contain information in individually identifiable form.

Sincerely,

A handwritten signature in black ink, reading "melturpellafond". The signature is written in a cursive, lowercase style.

Mary Ellen Turpel-Lafond
Representative for Children and Youth

pc: Mr. Craig James, QC
Clerk of the Legislative Assembly

Ms. Jane Thornthwaite, MLA
Chair, Select Standing Committee on Children and Youth

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Executive Summary

During the past 10 years, the Representative for Children and Youth has repeatedly raised deep concerns about the treatment of young people who are in the care of the British Columbia government and, in particular, the treatment of Aboriginal children and youth, who continue to be over-represented in the province's care system.

Those concerns are reflected on the pages of this report, which examines the prevalence and nature of sexualized violence committed against children and youth in the government's care during a three-year period. This document is the result of a Representative's review of 145 reports of sexualized violence against 121 children and youth in the care of the Ministry of Children and Family Development (MCFD) and the province's 23 delegated Aboriginal Agencies (DAAs) between 2011 and 2014. While this review is the first of its kind in Canada, the Representative believes much more careful attention is needed by government to both prevention and response to sexualized violence.

No child or youth should ever experience sexual abuse, but such assaults are more egregious when they happen to already-vulnerable young people who, for reasons beyond their control, cannot live with their families and whose protection is the responsibility of the government.

The numbers from this review alone – 145 incidents of sexualized violence against 121 children and youth in care – should be troubling to every British Columbian. And the true total of such incidents committed against children in care during that time period is likely far higher as reporting is often delayed by these young, traumatized victims or never completed at all.

One number produced by this review is particularly staggering to the Representative. Of the 121 youth who reported being the victim of sexualized violence while in government care, a total of 74 – or 61 per cent – were Aboriginal girls, despite the fact that Aboriginal girls comprised, on average, only 25 per cent of the total children in care in B.C. during the time period covered by this review.

Female victims in this review who were age 12 or younger at the time of the incident of sexualized violence were four times more likely to be Aboriginal than non-Aboriginal, while girls between the ages of 13 and 18 were twice as likely to be Aboriginal.

And, while this review looks at sexualized violence against children and youth in care over a three-year period ending in 2014, recent statistics are just as troubling. Of the victims of reported sexualized violence in 2015/16, nearly twice as many were Aboriginal girls than non-Aboriginal.

The Representative hopes that these findings, which demonstrate just how vulnerable Aboriginal girls can be to sexualized violence, will prompt a more concerted effort by government to change the trajectory of this cohort in B.C., to better protect them and to ensure they are given the tools and services to be as resilient as possible. Nothing less should be expected. These cases need careful examination and learning and this aggregate review is an opening, far from a satisfactory treatment of the issue.

Executive Summary

Overall, the findings of this review can only be described as disturbing. Children and youth in government care are more vulnerable to incidents of sexualized violence than their peers who are not in care. In fact, 2015/16 statistics show that sexualized violence is the most common type of critical injury involving children and youth in care, at 21 per cent. And yet, this report finds that not one specific policy or set of practice standards exists to guide social workers in their role as the guardian of a child or youth in care who is sexually assaulted while in care. Consequently, actions of social workers in the cases of the 121 youth in this review are, not surprisingly, varied and inconsistent, leaving children and youth potentially at risk for further abuse and long-lasting harm.

This review finds that the underlying systems and supports required to prevent sexual victimization and to support victims are underdeveloped, underfunded and uncoordinated. It concludes that B.C.'s most vulnerable children and youth remain at high risk for such abuse.

This is not the first report from the Representative on sexualized violence and change has been very slow in this area. Other reports that have dealt with this issue include:

- *Approach with Caution: Why the Story of One Vulnerable B.C. Youth Can't be Told* (May 2016)
- *Paige's Story: Abuse, Indifference and a Young Life Discarded* (May 2015)
- *Lost in the Shadows: How a Lack of Help Meant a Loss of Hope for One First Nations Girl* (February 2014)
- *Trauma, Turmoil and Tragedy: Understanding the Needs of Children and Youth at Risk of Suicide and Self-Harm* (November 2012)
- *The Impact of Criminal Justice Funding Decisions on Children in B.C.* (March 2012).

Social workers and justice system personnel too often fail to adequately respond to the needs of children and youth who are victims of sexualized violence while in care, and knowledge of protective factors and prevention strategies is missing from social workers' training – a glaring gap in the education of those who are responsible for the safety of children and youth who are already vulnerable when they come into care. Social workers are not part of a seamless system of care for prevention, detection, response and therapeutic care for victims of this violence.

Compounding this problem is that the required and appropriate service options for children and youth in care who have been subjected to sexualized violence, especially those with complex needs, are too often non-existent, inaccessible, under-resourced or not delivered in any culturally appropriate, safe way.

Other findings from this review include:

- Of the 121 children and youth who were victims of sexualized violence, the vast majority (109) were girls. Girls were at an increased risk of being subjected to sexualized violence in their teenage years.
- A quarter of the reported incidents of sexualized violence that occurred in care placements were perpetrated by the child or youth's foster parent. More than one-third were perpetrated by another child or youth in the same placement.
- Nearly 20 per cent of the children and youth in this review harmed themselves or attempted suicide, usually within a year of disclosing the sexualized violence.
- Half had problematic substance use issues.

- More than 70 per cent had at least one diagnosed or suspected mental health issue, with two-thirds having one or more neurodevelopmental disabilities.
- Half of the 121 children and youth were dealing with both a mental health concern and a neurodevelopmental disability.
- Forty per cent had experienced some level of placement disruption during their time in care. The average number of moves per child or youth was eight, although some moved placements up to 30 times.

As required under the *Representative for Children and Youth Act (RCY Act)*, public bodies such as MCFD and DAAs must file reports of such critical injuries to the Representative's Office. However, it is important to emphasize that the number of reports in this review likely represents only a small proportion of actual incidents of sexualized violence committed against children and youth in care during this time period, as many children and youth do not disclose sexualized violence until they reach adulthood. Once youth in care have “aged out” of the child welfare system at 19, they are no longer within RCY's mandate, and cannot be tracked by the Representative. There is no current way of determining the number of former youth in care who disclose as adults that they were victimized while in the care of MCFD or DAAs. Nor is there a way to track the number who may be re-victimized once they leave care.

Clearly, there is an urgent need to prevent and respond to sexualized violence against children and youth in care. To that end, the first recommendation of this review calls for MCFD to support social workers and other front-line workers with adequate policy, standards and training for the prevention and treatment of children and youth in care victimized by sexualized violence, with a particular focus on Aboriginal girls.

The Representative also recommends that the Ministry of Public Safety and Solicitor General lead the development and implementation of a network of Child and Youth Advocacy Centres (CYACs) in B.C. This network of community-based services should be phased in, with the first phase establishing several CYACs serving Aboriginal children and youth and their communities.

Finally, the Representative calls for the Premier to identify a lead minister responsible for creating and implementing a strategy to prevent and respond to sexualized violence against all children and youth in B.C. This strategy must be evidence-based and have a strong Aboriginal lens.

The government of B.C. is the legal “parent” of children and youth who, through no fault of their own, have been removed from their families and placed in care. It is past time for government to take steps to prevent and respond to sexualized violence against children and youth in B.C. Only through strong and supported collaborative action on this issue can we do right by our vulnerable children and youth, giving them the chance to become self-sufficient adults. This kind of careful prudence is no less than we would expect of any parent in B.C.

Methodology

MCFD is required to notify RCY of all critical injuries and deaths of children or youth who have received a reviewable service during the past year.ⁱ Critical injuries may include incidents of sexualized violence. This review includes 145 critical injuries involving sexualized violence affecting 121 children or youth who were in the care of MCFD or DAAs at the time of the reporting. Although these reports were received by RCY between March 2011 and February 2014, the actual critical injuries that were reported took place between December 2004 and February 2014. Pseudonyms have been used for case examples in this review in order to protect the identities of the child and youth victims.

Terms Used

The term “**sexualized violence**” is used in this review as an umbrella term that includes sexual assault, sexual abuse and sexual exploitation. Sexual assault is often understood as referring to sexualized violence perpetrated by one adult against another, and can include peer-to-peer sexualized violence among children and youth, while sexual abuse often refers to sexualized violence by an adult against a child. Sexual exploitation of a minor refers to the sexual abuse of children and youth through exploitive images or sexually explicit websites or the exchange of sexual acts for drugs, food, shelter, protection or money.

Violence is described as “sexualized” rather than “sexual” because, while “sexual assault,” “sexual abuse” and “sexual exploitation” all make it clear that the victim is unwilling and free of blame, the term “sexual violence” could be taken to suggest that a victim is somehow a consenting participant in violence rather than a true victim of a perpetrator of sexualized violence.

This review incorporates data from those completed reports, combined with the voices of social workers who were the legal guardians of those children and youth as well as knowledge gained from an exploration of best practices around child and youth sexualized violence. It also includes an overview of current MCFD and DAA policies and guidelines that make reference to the issue of sexualized violence and how social workers should address the issue. Taken together, these sources of information allow RCY to highlight the systemic issues that create heightened vulnerability for sexualized violence against children and youth, and explore what can be done to address these vulnerabilities.

This review presents a range of data to describe the children and youth who were assaulted, including their age, gender and any mental health concerns or neurodevelopmental disabilities. It also examines the identities of the perpetrators, their associations with the victims and the settings in which the incidents took place. Finally, it compiles information on responses to the sexualized violence by the criminal justice system, social workers, anti-violence experts and other service providers.

ⁱ As prescribed by the *Representative for Children and Youth Act*, SBC 2006 c. 29, s.11. A reviewable service includes any of the following designated services: a) services or programs under the *CFCS Act* and the *Youth Justice Act*; b) mental health services for children; b.1) addiction services for children; c) additional designated services that are prescribed under section 29(2)(b). For a definition of critical injury, please see the Glossary.

Much of this information was gathered from the critical injury reports that were submitted to RCY, as well as from police and court records. While the 145 reports of sexualized violence is a relatively small sample size, the results are an indicator that this issue requires more study. This information was supplemented by interviews with the social workers who were the guardians of the children and youth involved in the sexual victimization reports. RCY investigators conducted the interviews between December 2014 and June 2015.

While some of the data contained within this review are objective and easily confirmed (such as the age and gender of the victims of sexualized violence), other information relating to the incidents themselves and subsequent responses by the social and justice systems is subjective. A number of observations in the children and youths' case files were based on the judgments of social workers and may not have been confirmed by third parties. For instance, child or youth mental health concerns that were noted by social workers may have resulted from official clinical diagnoses, or simply from the social worker's suspicions that the child or youth was experiencing mental health difficulties. Similarly, some aspects of the justice and health care responses to the incidents, such as whether interviews were conducted in a child-friendly manner or whether physical evidence was taken at the hospital, were not known by all social workers and were not evident from the child or youth's files.

Background

Sexualized violence against children and youth

It is important to understand the issue of sexualized violence against children and youth in care in a wider context. Despite significant legislative changes in Canada in the last 30 years, increased public understanding of sexualized violence and encouragement for victims to come forward, the majority of sexual offences are not reported to authorities.¹ This makes it difficult to determine the prevalence of sexualized violence perpetrated against children and youth. Definitions of child sexualized violence also vary, leading to prevalence and incidence rates that are certainly underestimating the extent of this violence.^{2,3} However, despite these limitations, police-reported sexual offences have been found to occur about five times more often among children and youth than among adults over the age of 18.¹

The majority of incidents of sexualized violence are not disclosed by children and youth often until years afterwards.^{4,5} Children and youth may not disclose sexualized violence for a variety of reasons, including: fear of getting a family member in trouble; feeling guilty or blaming themselves for the violence; being embarrassed or afraid of what others will think; facing threats of harm against themselves or others with

whom they are close; or, viewing the sexualized violence as “normal” if they have been subjected to the violence for an extended period of time.⁶ In addition, children or youth who are young at the time of the sexualized violence may not understand what is happening to them or may feel that they have nobody to confide in, especially if the perpetrator is a caregiver or adult in a position of trust. The climate of silence and pressure not to discuss “unpleasant” matters, and the vulnerability of young persons to stay quiet under the influence of more powerful adults and peers, are key concerns.

The pressure on young people to not disclose can be enormous and the isolation experienced after disclosure can frequently cause additional harm. For some children and youth, it is simply less painful not to disclose than to deal with the consequences of telling. Delays in reporting sexual victimization can have significant consequences, including diminishing the possibility of successful prosecution of the offenders and, as a result, there is the possibility of harm to other children and youth by the unreported perpetrators. It may also increase the likelihood of long-term negative outcomes for the victims. Children and youth who delay disclosures are more likely to experience more serious and long-lasting psychological damage.⁸

Many children and youth do not disclose sexualized violence until they reach adulthood, with males being less likely to disclose than females.⁵ Disclosure is a complicated process and children and youth who have been victims of other forms of maltreatment in the home, as is the case for many in care, are also less likely to disclose.⁶ Whether children and youth disclose often depends upon how supportive

Child and youth sexual abuse in B.C.

The most recent BC Adolescent Health Survey estimated that 13 per cent of female youth in B.C., or one in seven, reported ever being sexually abused, including being forced into sexual activity against their will. The rate of reported sexual abuse was five per cent for male children and youth.

For Aboriginal children and youth, rates of reported sexual abuse were 23 per cent for females and seven per cent for males.⁷

they perceive their environment to be. If they have a supportive and trusted family member or adult in the community, they will be more likely to report their victimization in a timely manner. Having supportive and accessible services in their communities increases the likelihood of disclosure, as does having professionals who have the specialized training and skills to assist children and youth who have been victimized.

Impacts of sexualized violence

The psychological impacts of sexualized violence on children and youth can be far-reaching, life-long and devastating. Child and youth victims of sexualized violence are approximately four times more likely than the general child and youth population to suffer from depression or an internalizing disorder, or report suicidal ideation and attempts at suicide.⁹

When adults respond negatively to a child or youth's disclosure of sexualized violence, these psychosocial effects can be further worsened and the child or youth's sense of safety and security can be undermined.¹⁰ Because most perpetrators of sexualized violence are known to their victims, children and youth may feel a strong sense of betrayal from the abuse, accompanied by feelings of being powerless to stop the victimization from happening.¹¹ Once an incident of sexualized violence has occurred, children and youth are increasingly likely to be victims of future abuses, a situation that is termed re-victimization.^{2, 10}

Peer-to-peer abuse

Although much of the sexualized violence against children is perpetrated by adults, cases of peer-to-peer sexualized violence – sexualized violence where both the perpetrator and the victim are children or youth – account for a considerable number of incidents.¹² The sexualized violence may take a number of forms and may involve perpetrators who are similar in age to their victims, older, or younger.¹³ Often, children and youth who perpetrate peer-to-peer sexualized violence have themselves been the victim of sexual abuse or have a number of non-sexual issues that contribute to their sexualized behaviour. There is an increased awareness that peer-to-peer abuse may be more prevalent in out-of-home care settings than had been previously thought.¹⁴ Determining how to keep children and youth safe in out-of-home placements is considered a critical responsibility of child protection services and other social service agencies. Unfortunately, these issues of safety for children and youth in care do not always receive the required attention.

Perpetrators of sexual crimes against children (birth to 17 years of age)

Data on police reported sexual offences against children and youth in Canada in 2012 show that the majority of persons accused of a sexual offence against a child or youth were known to the victim. The accused was most commonly an acquaintance (44 per cent) or a family member (38 per cent). Only one in 10 sexual offences against children and youth were committed by a stranger. The vast majority of individuals accused of sexual offences were male (97 per cent).

Very young children were more frequently victimized by a family member, while older children were most often victimized by an acquaintance or stranger. In fact, for youth who were 16 and 17 years of age, an acquaintance was most often the accused (53 per cent).

One-third of all sexual offences against children or youth were committed by another youth under the age of 18, although this was higher for children under 12 where the accused was most commonly between the ages of 12 and 17 (39 per cent).¹⁵

Vulnerability to sexualized violence

Sexual victimization does not occur because of anything done by a child or youth, but because of the actions of perpetrators as well as a lack of sustained effort to prevent sexualized violence. Some victims may be more accessible to perpetrators and have less societal protection because of their circumstances. Particular groups of children and youth can be more vulnerable to abuses by other youth or adults. Sexualized violence perpetrated against children and youth results from the interaction of a number of risk factors, such as larger societal attitudes to this type of violence and policies and practices that make some groups less safe and more vulnerable to victimization.^{16, 17}

Although all children and youth have some level of vulnerability to sexual victimization, groups that have been found to be more vulnerable to abuse include:

- **Gender:** There is a wide variation in which groups of children and youth are vulnerable to victimization. The likelihood of abuse is dependent upon the age and circumstances of the children and youth although females are significantly more likely to be victims of sexualized violence. Generally, perpetrators go after children and youth who are the most vulnerable and the least likely to be able to defend themselves. Children and youth with multiple vulnerabilities are the most commonly targeted. Aboriginal girls and young women experience especially high rates of sexualized violence because of issues related to poverty, intergenerational trauma, isolation and devaluing attitudes towards them within society.^{11, 18, 19}
- **Children and youth in care:** Children and youth in government care are particularly likely to have experienced multiple types of mistreatment.²⁰ They are generally members of families where there are disproportionately high levels of substance use, domestic violence, untreated mental health issues and multiple stresses related to poverty. Many families lack the necessary supports and services needed for them to be able to provide the necessary protection for their children. Children and youth in care also suffer disproportionately from neurodevelopmental disabilities, mental health concerns and behaviour issues related to past victimization and neglect.^{20, 21} All of this means that they are significantly vulnerable to victimization while in care. These individual risk factors can be compounded by frequent placement changes or school moves while in care, which may increase a child or youth's social isolation and disconnection. There is also a widely recognized lack of appropriate transitional supports for most youth as they leave care.²² This leaves them vulnerable to victimization immediately prior to and during the transition because they often are simply cut loose from the system that has been meant to support them. Young women who have been sexually victimized are at increased risk for future exploitation as they leave care.²³
- **Indigenous children and youth:** Years of government policies – including the forced removal of Indigenous children to residential schools, the experience of neglect and physical and sexual abuse for many of the children in these institutional settings and the resulting intergenerational trauma, the loss of control over land and the high levels of poverty as a result of the systemic exclusion from economic opportunities – have created the conditions where some Indigenous children and youth are at heightened risk for sexual abuse.²⁴ Perpetrators of this violence may also believe that they will not risk detection or prosecution since society is less concerned with the welfare of Indigenous than that of non-Indigenous children and youth.^{17, 25}

- **Children and youth with physical and neurodevelopmental disabilities:** Children and youth who have disabilities may be more socially and physically isolated than their peers because of their circumstances, may be unable to defend themselves against sexualized violence or may be perceived as easier to victimize by perpetrators.^{26, 27} Some children and youth with neurodevelopmental disabilities may be further at risk because they may not fully understand or be able to communicate what has happened to them.²⁸
- **LGBT2Q+ Youth:**ⁱⁱ These children and youth may be particularly vulnerable as a result of their experiences of stigmatization, marginalization and oppression as well as isolation due to having fewer family, school and community supports.^{29, 30, 31}
- **Children and youth who live in poverty:** Children and youth who experience poverty may be at an increased risk of harm from sexualized violence. The poverty experienced by many youth leaving care due to a lack of adequate government support and appropriate transitional supports also increases the likelihood of young people engaging in survival sex work.²³ Young women transitioning out of care are particularly vulnerable in this regard.

Sexual assault is a criminal offence

It is important to remember that sexualized violence against children and youth is a serious criminal act that can result in a variety of criminal charges with consequences including a custodial sentence for the perpetrator. In B.C., the responsibility for investigating sexualized violence rests with municipal police forces or the RCMP, depending upon the geographic location of the incident.

In 2012 and 2013, approximately 14,000 sexual offencesⁱⁱⁱ against children and youth ages 17 and younger were reported to police across Canada.^{1, 15} Nearly 30 per cent of alleged perpetrators were younger than 18, and most were family members or acquaintances of the child or youth victim.¹⁵ Just over a quarter of sexual offences involved a delay of at least 12 months between the actual offence and a report being made to police, highlighting the problem of delayed disclosures or non-disclosures for child and youth victims of sexualized violence. The actual number of sexual offences that occurred across Canada in 2012 but were not reported to authorities is thought to be much higher than 14,000, as sexual offences against children and youth are more likely than any other type of offence against the person to involve delayed disclosure.¹⁵

In B.C., it is estimated that 1,615 sexual offences against children and youth ages 17 and younger were reported to police during 2012, or 11.5 per cent of the Canadian total.¹⁵ In terms of the child and youth population of the province, this equates to a rate of 192 sexual offences per 100,000 children and youth in B.C. The greatest numbers of sexual offences were committed against 12- to 15-year-olds, equating to a rate of 264 offences per 100,000 children and youth in this age group.

ⁱⁱ Lesbian, Gay, Bisexual, Transsexual, Transgender, Queer, Two Spirit. The plus sign acknowledges the evolving aspects of sexual identities.

ⁱⁱⁱ These offences included aggravated sexual assault (level 3), sexual assault with a weapon or causing bodily harm (level 2), sexual assault (level 1), sexual interference, invitation to sexual touching, sexual exploitation, sexual exploitation of a person with a disability, incest, corrupting children, making sexually explicit material available to children, luring a child via a computer and voyeurism.

Police can recommend charges to Crown Counsel for a number of violations of the *Criminal Code of Canada*, including:

- **Sexual Assault** – This covers sexual assault (level 1), sexual assault with a weapon or sexual assault causing bodily harm (level 2) and aggravated sexual assault (level 3). If the victim is under the age of 16, a mandatory minimum penalty of one year applies for level 1 sexual assault. These penalties increase to a five-year mandatory minimum for level 2 and level 3 sexual assaults.
- **Sexual Interference** – Criminalizes the touching of a person under the age of 16 for a sexual purpose, and carries a maximum sentence of 14 years in prison.
- **Invitation to Sexual Touching** – Includes inviting, counselling or inciting a person under the age of 16 to touch the body of any person for a sexual purpose. Carries a maximum sentence of 14 years in prison.
- **Sexual Exploitation** – Criminalizes touching a person who is 16- or 17-years-old for a sexual purpose, or inviting, counselling or inciting that person to touch the body of any person for a sexual purpose, where the person who commits the offence is in a position of trust or authority. Carries a maximum sentence of 14 years in prison.

Of the sexual offences against children and youth that were reported in Canada in 2012, it is estimated that only about 15 per cent of cases were eventually tried in provincial and territorial adult criminal and youth courts.^{iv} In cases where the outcome of the cases was known, nearly 75 per cent of perpetrators were found guilty of at least one sexual offence against a child or youth. Of these perpetrators, 16 per cent were youth offenders and 84 per cent were adults.¹⁵ For incidents where data is available provincially, percentages were almost identical in B.C., where 15 per cent of perpetrators charged with a sexual offence against a child or youth were youth themselves and 84 per cent were adults.^v

For adult perpetrators across Canada, custody was the most frequent sentence that resulted from a guilty finding (81 per cent of sentences) in conjunction with probation (75 per cent). In contrast, youth offenders were more likely to receive a sentence of probation (67 per cent), with less than nine per cent of youth perpetrators sentenced to custody.¹⁵ It is important to reiterate that these statistics reflect only those cases of sexualized violence against children and youth that were disclosed by victims, reported to police and progressed fully through the court system. In Canada and elsewhere, the successful prosecution of perpetrators of sexualized violence against children and youth is the exception, rather than the rule. The Representative is also aware of the reluctance of victims in the cohort examined to participate in the criminal justice system due to poor supports, having to face intense adversarial questioning and the trauma of re-living the event in a courtroom of strangers. In cases where criminal proceedings have been engaged leading to a successful prosecution and conviction, the time frame alone may span four to five years. This may mean that an entire secondary school period of development occurs with the proceeding looming, causing deep stress and anxiety for a victim in care. Support services are episodic and relate to points in the criminal trial – they are not encompassing of the lived development experience of a youth.

^{iv} 1,775 cases (12.6 per cent) were eventually completed in courts in 10 provinces and three territories. However, information from superior courts in Prince Edward Island, Quebec, Ontario, Manitoba and Saskatchewan, as well as municipal courts in Quebec, was unavailable. Because some of the most serious cases are processed in the superior courts, it is therefore likely that the number of completed cases in 2012 is higher than 12.6 per cent.

^v Data from Statistics Canada CANSIM table #252-0081, using only the Incident-Based Crime Reporting Survey (UCR2).

Overview of Sexualized Violence Against 121 Children and Youth in Care

As part of this review, individual reports of sexualized violence against children and youth in government care were examined together. Each of these reports was submitted to RCY by MCFD and DAA social workers, as required by the *RCY Act*.

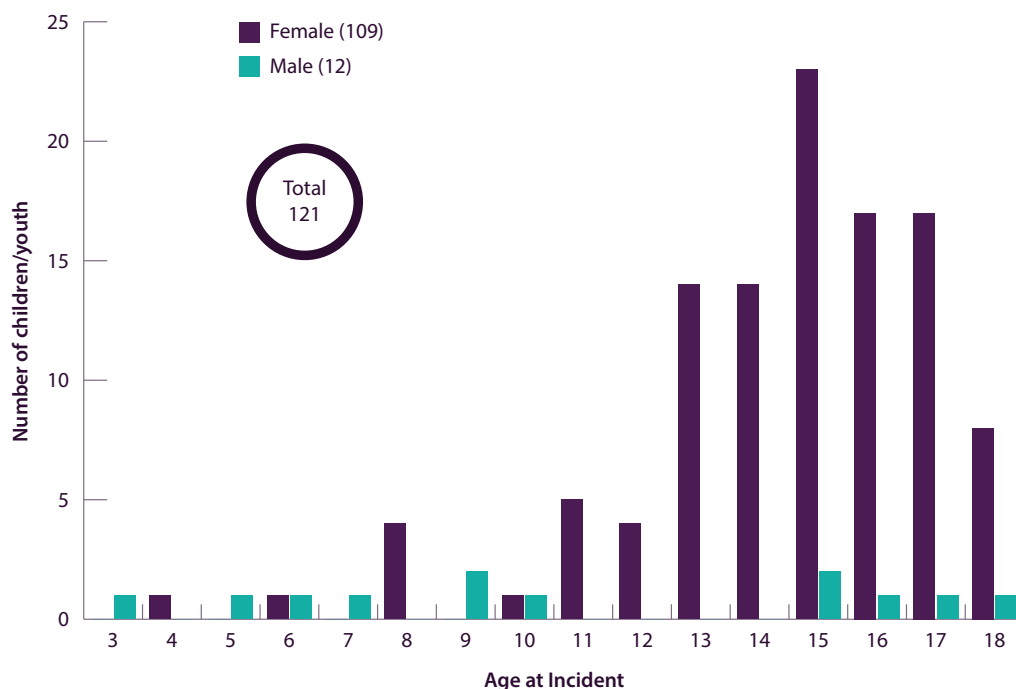
This data reflects the experiences of a group of children and youth in government care, and some issues specific to being in care. It also offers insight into vulnerabilities of other children and youth, and looks at the availability of supports and services for children and youth who are victims of sexualized violence in B.C.

Who were the victims?

Age and gender

Of the 121 children and youth in our review who disclosed sexualized violence over the three-year reporting period, 109 were girls and 12 were boys. The age at which the sexualized violence was reported to have first occurred ranged from three to 18.^{vi} Twenty-three of the children were 12-years-old or younger at the time of the first reported incident, with 98 of the children and youth between 13 and 18 when the sexualized violence occurred (see Figure 1 below).

Figure 1: Age and gender at first reported incident



^{vi} Some of the children and youth in our data set may have been the victims of sexualized violence prior to RCY receiving a critical injury report. In addition, some children and youth experienced more than one incident of sexualized violence during our reporting period. However, for the purposes of this review, we will consider the age of the child or youth as stated on their first incident report as the “age at first reported incident.”

The risk of boys experiencing sexualized violence appeared to be similar across all ages, while girls were at increased risk of being subjected to sexualized violence as they entered their teenage years.

Aboriginal status

Nearly two-thirds of the victims in our review were Aboriginal (79 of 121 children and youth).^{vii} However, only five of the 79 Aboriginal children and youth were boys, with slightly more non-Aboriginal boys than Aboriginal boys being subjected to sexualized violence (see Figures 2 and 3 below).

Figure 2: Aboriginal children: birth to age 12

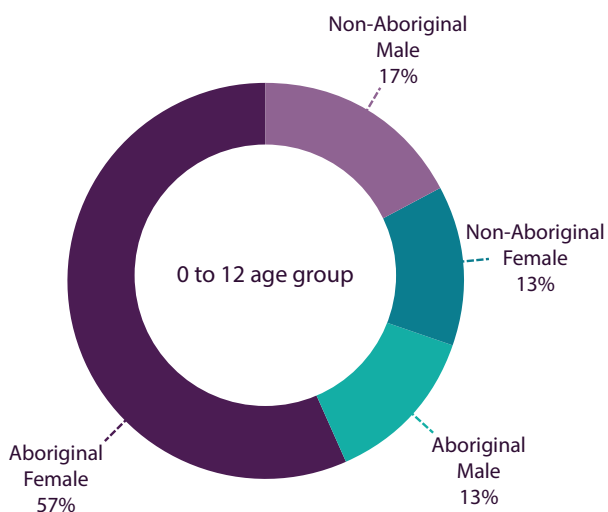


Figure 3: Aboriginal youth: ages 13 to 18



Female victims of sexualized violence who were ages 12 and younger at the time of the incident were four times more likely to be Aboriginal, and 13- to 18-year-olds were twice as likely to be Aboriginal as non-Aboriginal.

^{vii} During the review period (March 2011 to February 2014), an average of 53 per cent of children and youth in care were Aboriginal.

Mental health and neurodevelopmental disability

More than 70 per cent of the children and youth in RCY's review had at least one diagnosed or suspected^{viii} mental health issue, with two-thirds having one or more neurodevelopmental disability. This was the case

EVA'S STORY

Eva was born with a hearing impairment and neurodevelopmental disabilities. She came into care at seven-years-old after the death of her mother, when the ministry concluded that her father lacked the capacity to properly care for her. She had lived in the same foster home since coming into care. When she was 15-years-old, Eva reported to her foster parent that the relief caregiver brought in to support the foster parent had repeatedly touched her inappropriately and exposed himself to her. Although Eva was able to identify that the sexualized abuse made her unhappy, she was not able to articulate that it was wrong. The police investigated her complaint and charges were forwarded to Crown Counsel, but it was concluded that Eva's cognitive deficits meant her evidence would not be enough to support a conviction. Eva remains in foster care and is receiving counselling through victim services.

across all ages of children and youth. The most widely reported issues amongst children and youth in RCY's sample were anxiety, depression, trauma-related disorders including post-traumatic stress disorder, self-harm or suicidal ideation, attention deficit hyperactivity disorder, attachment disorders and fetal alcohol syndrome disorder. Half of the 121 children and youth in this review were dealing with both a mental health concern and a neurodevelopmental disability. Only 14 of the children and youth had neither a neurodevelopmental disability nor a mental health issue. Because of lack of information, it was not possible to determine if these diagnoses were received before or after the sexualized violence occurred.

RCY received a report of self-harm or attempted suicide for 23 of the 121 children and youth in this review (19 per cent) after they had been sexually assaulted. The rate of attempted suicide or self-harm was similar in both the age 12 and younger and 13- to 18-year-old groups. The

majority of self-harm or suicide attempts involved cuts to arms and/or wrists, ingesting medication or over-the-counter painkillers, or drinking household cleaning products, and took place within a year of the sexualized violence.

Although the *RCY Act* requires that any critical injuries involving children or youth who are receiving mandated services be reported to the Office, it is likely that the number of children and youth in this review who self-harmed or attempted suicide after an incident of sexualized violence is higher than 19 per cent. Critical injuries involving youth who have "aged out" of the child welfare system^{ix} are not within RCY's mandate and cannot be tracked. Similarly, only those instances of self-harm or attempted suicide that came to the attention of the children or youths' social workers are represented in this data. Instances of self-harm or attempted suicide that were not disclosed to social workers, or that were disclosed but not logged as a critical injury, are not reflected in this review.

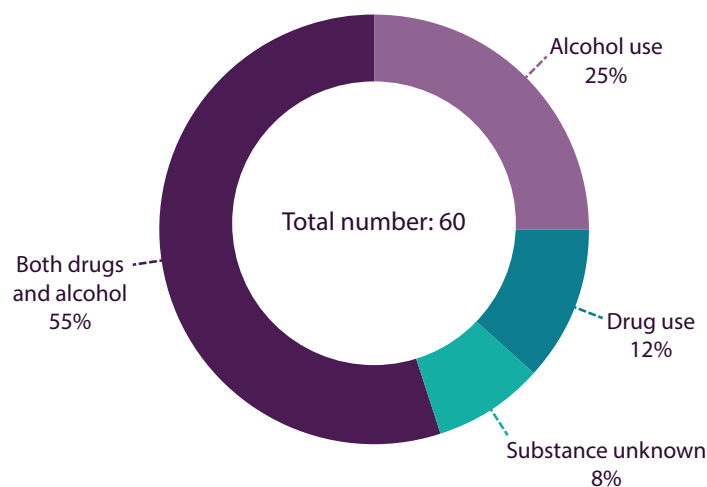
^{viii} Often, mental health concerns or disabilities were suspected by social workers who worked with the children or youth but no official diagnoses had been made. Reasons for this were diverse and included long wait lists for screening, resistance to assessment on the part of the child or youth and ineligibility for specific services.

^{ix} Once a youth in B.C. reaches his or her 19th birthday, he or she is no longer eligible to receive government services within the formal child welfare system. The process of being released by the system at age 19 is commonly termed "aging out."

Substance use

Half of the 121 children and youth in this review were identified as having problematic substance use issues. Alcohol was the most widely used substance, either alone or in conjunction with illicit drugs. In a number of cases, the perpetrator of the sexualized violence used drugs or alcohol to facilitate the assault on the child or youth, either to hinder the child or youth's efforts to resist or to lure the child or youth into a situation where the perpetrator could engage in the assault.

Figure 4: Problematic substance use by children or youth



Absenteeism from placements

Almost half of the children and youth in care who were the victims of sexualized violence were frequently absent from their placements, including leaving placements without notice or permission, staying away from placements later than agreed and remaining absent from placements overnight. In the older age category, more than half of the 98 youth ages 13 to 18 were frequently absent from their placements.

Placement instability

Many of the children and youth in care who formed part of this review had a history of being in placements that did not meet their needs and, as a result, experienced a high level of instability. Forty-eight of the 121 children and youth (40 per cent) experienced some level of placement disruption during their time in care. Some had moved placements up to 30 times, with the average number of moves per child or youth being eight.

Long-term placement disruption was defined as a breakdown in a long-term foster home (at least five years in the same home) that resulted in the youth having to leave. Twenty-nine of the 121 children and youth experienced a long-term placement disruption as an adolescent. This type

CALLIE'S STORY

Callie was placed in care at 12-years-old after her parents decided they were unable to continue caring for her. After her first foster home placement broke down, she was placed in a group home setting. Staff in this home recognized that her desire for peer acceptance and approval had the potential to put her at risk. They were also concerned with possible sexual exploitation.

On one occasion, Callie was driven to an abandoned building by a man who had previously sold her illicit drugs. He demanded sex, exposed himself, burned her arm and threatened to burn her hair before she was able to escape. Callie refused to provide a statement to police, but she was able to connect with a youth worker specializing in supporting youth who are at risk of sexual exploitation. She also attended the Maples Adolescent Treatment Centre, where she was diagnosed with reactive attachment disorder and depressed mood. The assessment recognized that her fear of rejection would make it difficult for her to make choices that would keep her safe from further abuse.

of disruption can have an enormous effect on well-being due to feelings of loss, abandonment and rejection. Placement breakdowns occurred as a result of a combination of the youth's behaviours (often stemming from complex trauma, mental health or developmental issues) and caregivers who were ill-equipped or not adequately supported to care for the needs of the youth. Placement breakdowns disrupt attachment and stability and may create conditions for easy victimization. Group home settings tend to be the final stop on this trajectory and occurrences may be more common in this setting, including peer-on-peer abuse.

Who were the perpetrators?

Although this review consists of 121 children and youth in care who were the victims of sexualized violence, the RCY received critical injury reports for 145 cases pertaining to these children and youth, as several of them (15 per cent) had been the victims of sexualized violence on multiple occasions during their time in care (see Table 1).

The reports in Table 1 are based only on disclosures that were reported to RCY during the three-year period between March 2011 and February 2014. Not only will many child and youth victims not disclose incidents of sexualized violence, but some incidents may not subsequently be communicated to RCY once they are disclosed by the child or youth. In addition, in a quarter of cases, there were indications that single perpetrators had committed multiple acts of sexualized violence over time, even though only one incident report had been made by the child or youth. In some cases, the sexualized violence spanned months or years before it was finally disclosed. Therefore, the actual percentage of children and youth in this review who had experienced multiple incidents of sexualized violence during their childhood is likely to be much higher than 15 per cent.

More than 93 per cent of the perpetrators in this review were known to the child or youth victims, with just nine of the 127 identified perpetrators being strangers. The majority of assaults were carried out by casual acquaintances of the children or youth (see Table 2). In 17 cases, more than one assailant was involved in the sexualized violence.

Number of reports of sexual assault ^{xi}	Number of children or youth
1	103
2	13
3	4
4	1

Perpetrator type (where known)	Total	%
Acquaintance	41	32.3
Child or youth in care, in foster home or group home	10	7.9
Family member or member of extended family	9	7.1
Boyfriend/girlfriend	9	7.1
Friend	9	7.1
Stranger	9	7.1
Just met	8	6.3
Foster father	7	5.5
Met online	7	5.5
Sibling	6	4.7
Other	12	9.4
Total	127	100

^x These reports are single critical injury reports that were made to RCY by social workers and pertained to a child or youth currently in MCFD or DAA care. One incident report may contain details of multiple occasions of sexualized violence.

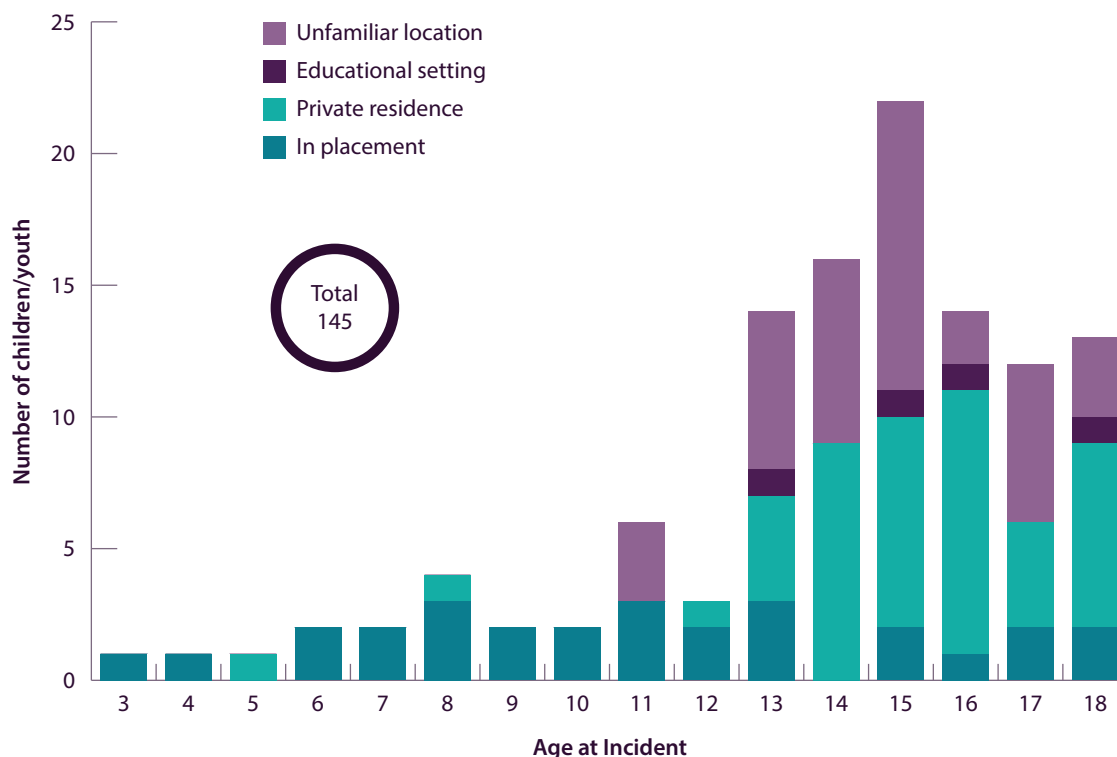
Fifteen cases involved intimate partner violence where perpetrators were boyfriends, girlfriends, friends or acquaintances. A female perpetrator was implicated in only four of the 135 cases in which the gender of the offender was known.

What were the circumstances?

For the 23 children who were under 12-years-old when they were assaulted, 25 incidents of sexualized violence were reviewed for this report. For the 98 youth who were ages 13 to 18 at the time of the first reported assault, 120 incidents were reviewed. The majority of reported incidents of sexualized violence that involved younger victims occurred in a care placement (75 per cent), while the majority of reported incidents involving older victims occurred in residences other than their care placement (46 per cent) and unfamiliar or public locations (38 per cent) (see Figure 5).

As youth age, they are more likely to be away from their caregivers. This gradual increase in freedom is reflected in the settings where the sexualized violence occurred. Youth in their teenage years were more likely to be sexually assaulted at events such as house parties and at the homes of strangers, or in public locations such as parks, streets, or wooded areas. In some cases, youth reported being assaulted at the home of a boyfriend, friend or relative. The sexualized violence in this review occurred throughout B.C. in both rural and urban areas, although more incidents were reported in larger urban centres such as Vancouver, Surrey, Prince George and Burnaby.

Figure 5: Location of sexualized violence, where known, by age



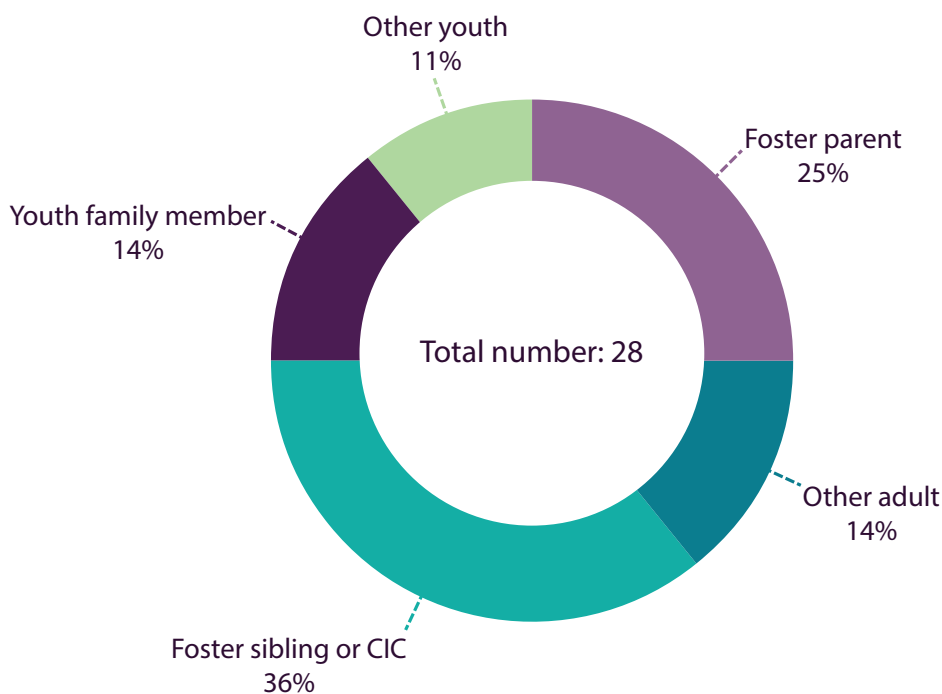
Incidents occurring in care placements

Of the 145 reported incidents of sexualized violence included in this review, 28 occurred in the child or youth’s care placement setting. Eighteen of these 28 assaults involved victims under 12-years-old, with the remaining 10 involving youth between 13- and 18-years-old.

ROWAN’S STORY

Rowan was brought into care at age six because his mother’s substance use resulted in him being neglected. His mother also struggled to manage the behaviours that were believed to be a result of his diagnosed attention deficit hyperactivity disorder and oppositional defiant disorder. When he was 11-years-old, he disclosed to his relief caregiver that he had been sexually assaulted by a 17-year-old boy who was also in government care and previously lived in the foster home with Rowan. Rowan disclosed this incident only after the offender had moved out of the foster home one year after the assault. The offender was convicted of sexual assault and sentenced to six months in custody and 18 months probation.

In a shocking breach of trust, a quarter of the reported incidents of sexualized violence that occurred in care placements were perpetrated by the child or youth’s foster parent. A further 14 per cent of the reported assaults were perpetrated in the care placement by another adult such as an extended family member, respite caregiver or another adult member of the household. Just over one-third of reported care placement incidents of sexualized violence were perpetrated by another child or youth in care in the same placement as their victim (see Figure 6).



Other concerns

Of the 79 Aboriginal children and youth in this review, 24 did not have a cultural plan on file as part of their Comprehensive Plan of Care^{xi} and the status of cultural plans for a further 14 children and youth was unknown. MCFD policy recognizes that meaningful cultural and community engagement is critical to the short- and long-term well-being of Aboriginal children and youth, and all children and youth in care are expected to have a cultural component to their plan of care.

For those children or youth who did have a cultural plan on file, there was great variety in the depth and detail of the plan. Cultural practices and dimensions to respond to abuse and comfort victims, as well as to hold perpetrators accountable, may be important and necessary for the well-being of Aboriginal children and youth in care.

The absence of a plan is an indicator of dislocation from an Aboriginal family and community. This suggests less support for these children and youth and this factor may be correlated to increased exposure to possible abuse in care settings.

Another concern is that these critical injury reports deal only with a snapshot in time, and usually lack background information on the child or youth's life prior to the reported assault. This is especially problematic for the 11 cases of sexualized violence that were not reported to RCY until more than six months after the assault. In the most extreme case, more than eight years passed between the sexualized violence and the critical injury report to RCY. In these cases, the Representative is unable to determine whether some issues, such as mental health concerns, substance use problems and self-harm behaviour, were present prior to the sexualized violence (thus making the child or youth more vulnerable to future harm), or whether these issues were a direct consequence of trauma resulting from the assault.

BRIANNA AND AVERY'S STORIES

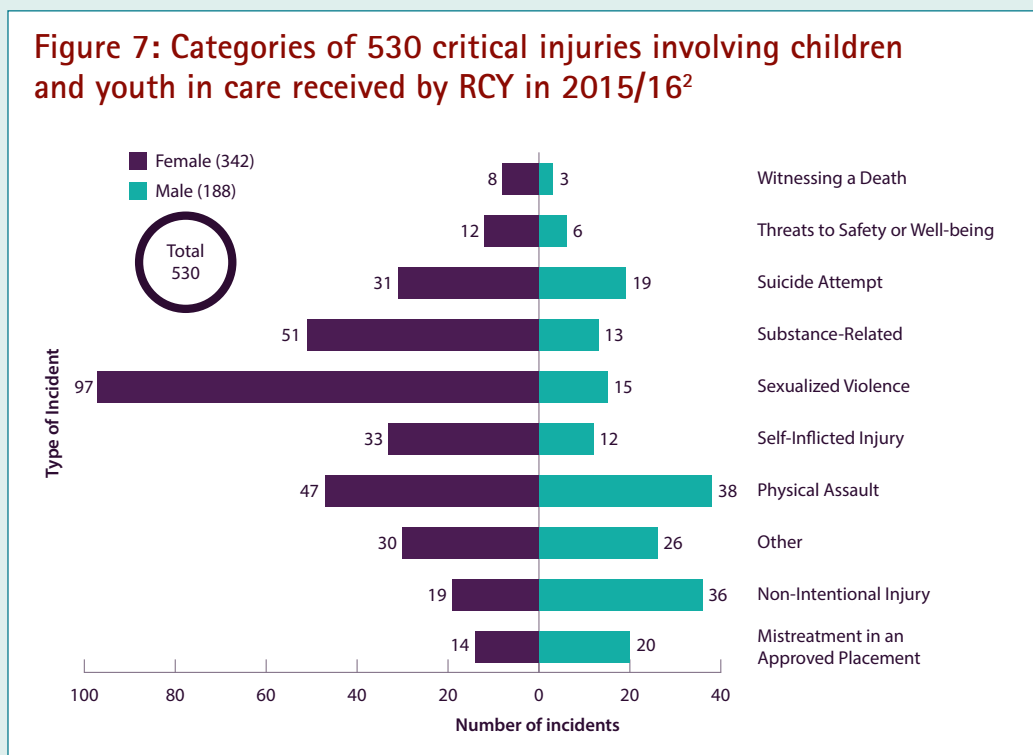
Brianna, eight, and her brother Avery, three, were placed in a foster home with extended family members. In the years following their placement, concerns were raised about the quality of care provided by the foster home, particularly the management of the aggressive behaviour of a boy in care who was also living in the home. When Brianna was almost 11, she brought her brother Avery, who was then six-years-old, to their foster father and urged her brother to disclose abuse by their 13-year-old foster brother. Avery told his foster father that the foster brother had hurt him by repeated sexual assaults. Brianna then disclosed that the foster brother had also been sexually abusing her, and had threatened to continue abusing her brother if she told anyone. MCFD and police were notified immediately and the foster sibling was moved to another group home. Brianna contracted chlamydia as a result of the abuse and was diagnosed with post-traumatic stress disorder. She was provided with trauma counselling and a spiritual healing worker from her First Nation, while the First Nation provided Avery with a play therapist to begin addressing the emotional harm.

^{xi} A Comprehensive Plan of Care is an action-based planning tool for children and youth in care that is used to identify specific developmental objectives based on continuous assessments of the child/youth's evolving needs and the outcomes of previous decisions and actions. Since data for this report was collected, the term "Comprehensive Plan of Care" has been replaced by "Care Plan."

Urgent and current concern

While this review looks at sexualized violence against children and youth in care over a three-year period ending in 2014, more recent statistics for this group are chilling and confirm the urgent need to prevent and respond to sexualized violence against children and youth in care. Data from critical injuries reported by MCFD to RCY in the 2015/16 fiscal year¹ confirm that sexualized violence against children and youth in care remains all too common. In fact, sexualized violence is the most common type of critical injury involving children and youth in care. Twenty-one per cent of all critical injuries involving children and youth in care in 2015/16 involved sexualized violence – more than any other category (physical assault: 16 per cent; substance-related injuries: 12 per cent). Among these critical injuries, reports of sexualized violence were more than six times more prevalent for girls than for boys, and almost twice as common for Aboriginal girls as non-Aboriginal girls.

Figure 7: Categories of 530 critical injuries involving children and youth in care received by RCY in 2015/16²



¹ MCFD submits both serious incident and critical injury reports to the RCY. RCY considers both types of MCFD reports and determines which ones meet the RCY criteria for a critical injury. RCY then categorizes all critical injuries that meet its criteria according to the incident types listed in Figure 7.

² Figure 7 does not include four critical injuries reported to RCY by MCFD for which the gender of the child or youth in care in question was indicated as “other/unknown.”

Preventing and Responding to the Sexualized Victimization of Children and Youth in Care

Prevention

Although it is generally accepted that there is a great deal still unknown about the effectiveness of prevention strategies, there is general agreement that efforts should be concentrated on a number of key areas. These strategies focus upon changing societal attitudes and improving the individual, family and community conditions that put children and youth at risk. Broader multisystem approaches that target not just individuals and families but also communities and societal factors that contribute to the conditions that create vulnerability hold the most promise for preventing sexual victimization. A key strategy is also developing accessible and appropriate services to respond to children and youth who have been victimized in order to help them deal with their trauma and decrease the likelihood of future re-victimization. These prevention efforts need to be targeted at all children and youth. In addition, given their particular vulnerability, additional strategies need to be in place for children and youth in care. Prevention efforts need to be rooted in a strong understanding of how exploitation and powerful strategies impact children and youth and result in very strong emotional trauma bonds with perpetrators. These bonds can make prevention and recovery very challenging, so specialized training is needed to do effective prevention.

Prevention – what does B.C. do?

When children and youth are taken into government care, the expectation is that their lives will be safer than if they had stayed where they were. Preventing sexualized violence against children and youth in care is a critical element of keeping them safe. This review considered MCFD and DAA policies, standards and guidelines to identify where and to what extent preventing sexualized violence of children and youth in care is addressed. A brief overview is provided here.

Screening of caregivers

MCFD standards require screening and training of potential caregivers. The *Caregiver Support Service Standards* is a mandatory framework for service provision for caregivers, including contracted service providers.³² MCFD also has a specific policy for the assessment and approval of caregivers by contracted agencies,³³ as well as requirements for contracted agencies conducting criminal record checks on individuals who provide residential services under the *CFCS Act*.³⁴ These documents include standards and policy on recruitment, retention, screening, assessment and approval of caregivers. All caregivers must undergo intensive screening assessments via a series of questionnaires, interviews, home studies, visits, criminal record checks and reviews, as well as three reference checks. Prior contact checks and criminal record checks must be completed for everyone over age 18 who spends significant and unsupervised time with a child placed in the home. Caregivers must also complete a mandatory approved ministry caregiver education program.^{xii} The *Caregiver Support Service Standards* require annual reviews of family care homes and also describe the circumstances under which caregivers must report abuse to the ministry.³²

^{xii} The B.C. Foster Care Education program was developed by MCFD and the B.C. Federation of Foster Parent Associations. The program includes 53 hours of classroom instruction in 14 modules, covering topics such as communication, child and youth development and cultural responsiveness.

While it is beyond the scope of this review to evaluate the effectiveness of these screening procedures, it appears that MCFD has a well-articulated set of procedures for screening prospective caregivers in foster homes.

Guardianship of children and youth in care

The standards of practice for B.C. social workers recognize that stability and planning are keys to ongoing child well-being and safety.³⁵ Plans of care are required to ensure that each child or youth is appropriately assessed and cared for while in government care. These same standards require social workers to build meaningful relationships with these children by “*maintaining frequent contact and celebrating milestones and achievements with the child.*”³⁵

Interviews with social workers confirmed that the responsibility for providing stable relationships with the children and youth in their care rests on the shoulders of workers providing guardianship services, who are generally overburdened with high caseloads. A number of social workers interviewed for this review commented on the problem of high caseloads and the resulting impact on their ability to monitor the ongoing well-being of children and youth and to build trusting relationships. Several front-line workers made a direct link between inadequate staffing levels and the failure to appropriately supervise the care being provided to children in group or foster home settings. As one worker said:

“The workload is too much. We used to dictate our notes and have admin enter the info; now we are always behind on documentation and we are less connected with children and families. All we do is enter data. You have to let trained social workers do what they need to do . . . we need better service to kids.”

These views were also echoed in RCY’s 2015 report on staffing at the ministry, *The Thin Front Line: MCFD staffing crunch leaves social workers over-burdened, B.C. children under-protected.*³⁶ Workers interviewed for that report who provided both protection and guardianship services repeatedly told the Representative’s investigators that, because immediate safety concerns took precedence, they had too little time to spend with the children and youth who were already in the care of the ministry.³⁶ While the Representative has no doubt that many guardianship social workers form loving bonds with the children and youth they are responsible for, these comments suggest that there are clearly situations in which children are not sufficiently supported and monitored in their residential placements and those with more complex needs often fail to receive care planning and engagement commensurate to their circumstances.

Children and youth at risk of sexual exploitation

The Representative regularly receives critical injury reports involving children and youth in the care of MCFD or DAAs who are subject to sexual exploitation (e.g. through child pornography, sexually explicit websites, or via the exchange of sexual acts for drugs, food, shelter, protection or money). MCFD has special guidelines for social workers on preventing sexual exploitation that stem from government-wide concern in the early 2000s about commercial sexual exploitation of youth.³⁷ These guidelines encourage workers to take an active role in preventing children or youth in their care from being sexually exploited.³⁷ The guidelines recommend certain practices but are not audited for compliance:

- maintaining regular communication with children and youth
- being supportive and making children and youth feel valued

- keeping track of a child or youth's friends, preferred meeting places and phone numbers
- setting appropriate expectations for children and youth
- maintaining regular contact with a child or youth's teachers
- ensuring that children and youth know where to go to get help or support, and
- ensuring that children and youth realize the potential dangers that are associated with use of the Internet.

For some youth experiencing vulnerability, not being able to access food or shelter, or coping with a parent who is in active addiction or poverty, this leads to sexualized violence and survival sex in exchange for money.

The value of stable homes

As the aggregate data included in this review suggests, many children and youth in care who are victims of sexualized violence experience multiple placement changes. Several social workers reported that stable residential placements are important for reducing the vulnerability of some children and youth to sexualized violence. This is echoed in the prevention literature, which notes the importance of both stable living arrangements and stable relationships with adults for the well-being of children and youth.^{22, 38}

Workers interviewed for this review repeatedly described a lack of residential options for children and youth. Because of this, workers described being forced to place children and youth in whatever living arrangements were available, rather than in homes that would meet the specific needs of a child, such as addressing their drug and alcohol issues or history of abuse and neglect. These issues are echoed in MCFD's 2012 report on residential services that noted the "importance of matching a child's needs within a residential care context to an appropriate residential setting"³⁹ and were also confirmed in a recent joint RCY and MCFD review of hotel placements that found a lack of available residential care to meet the specialized needs of the children or youth.⁴⁰ The pattern of multiple moves is also reflected in other reports issued by the Representative (*Trauma, Turmoil and Tragedy: Understanding the Needs of Children and Youth at Risk of Suicide and Self-Harm*, 2012; *Who Protected Him: How B.C.'s Child Welfare System Failed One of Its Most Vulnerable Children*, 2013).^{41, 42}

Responding

Given the high potential for psychological trauma from sexualized violence, children and youth can benefit from services provided by skilled and experienced practitioners with specialized training in child sexualized violence and abuse. It is also important that service providers have a strong understanding of the dynamics of sexualized violence in institutional and other care settings.⁴³ Because of the heightened potential for re-victimization after a child or youth has been sexually assaulted for the first time,⁸ the need to respond immediately to incidents of sexualized violence against children and youth is especially important. Families and communities also play an important role for children and youth who are victims of sexualized violence and need support to be able to do so. There may be a cascading impact of multiple abusers and patterning of children and youth being vulnerable to further abuse and exploitation having never received support for earlier victimization.

It is also important to make services more accessible and seamless so as to proactively increase engagement of children and youth with the needed services. Unfortunately, data show that the rate of participation in post-incident services by children and youth who have been subjected to sexualized

violence is only moderate. Some children and youth, based on the quality of previous services received, may have a negative view of health and social service professionals that influences their engagement with these services.⁵ It is therefore important to increase the accessibility and tailored nature of these services, employing strategies such as the use of child- and youth-friendly service locations, eliminating financial barriers to supports, increasing the provision of services in rural or remote areas, or ensuring that care is provided in a consistent manner with minimal change in service providers so that trusting relationships can be formed.⁴⁴ Services also need to be culturally appropriate. Other strategies, such as increasing the range of available services to include crisis services, outreach, family therapy, support groups or telephone helplines, or using flexible service models with frequent appointment reminders, may address low service participation rates on the part of children and youth.⁴³ Creating low-barrier and effective services may require championing by more powerful adults so that the abuse can be safely discussed.

Services that are coordinated between multiple agencies, are co-located in easily accessible settings, or follow the “wrap-around” model of service provision, may also increase participation in post-assault services. Child Advocacy Centres (CACs) appear to be particularly helpful at reducing the number of times that children or youth have to discuss the incident of sexualized violence, as they allow professionals from relevant fields (police, social services, mental health, physical health) to respond to the incident in a holistic, coordinated and collaborative manner.^{8, 45}

Responding – what does B.C. do?

The *CFCS Act* and MCFD’s child protection policies clearly state that sexual abuse is grounds for a child protection investigation when a child or youth lives with his or her family (e.g. parents, other relatives). Once a child comes into government care, either on a temporary or permanent basis, it becomes considerably less clear what actions social workers are required to take when they receive reports of sexualized violence against the children and youth in their care – this despite the fact that the government is now the child’s legal parent.

Child protection responses

Part 3, s. 13 of the *CFCS Act* details the circumstances under which a child or youth needs protection, including harm caused to the child or youth by sexual abuse or sexual exploitation. Specifically, a child or youth is considered to be in need of protection if they have been (or are likely to be) sexually abused or exploited by a parent, or sexually abused or exploited by a person other than a parent where the parent is unable to protect them. For the purpose of the *CFCS Act*, sexual exploitation involves encouragement or coercion to engage in sex work.

MCFD standards require that once a report of sexual abuse or sexualized violence is made about a child living in a family home, social workers initially screen the report and determine the priority of the response.⁴⁶ Social workers are advised that any reports of sexual abuse should be responded to within 24 hours if the child requires medical attention because of sexualized violence, and/or the alleged perpetrator will have access to the child or youth in the next five days. Otherwise, social workers can decide to respond within five days.⁴⁶ From there, the required safety assessments are conducted to assess the report. In addition, social workers must “*immediately inform the police if information is received that indicates that . . . the child/youth has been sexually abused or sexually exploited*” (p. 6).⁴⁶

PROMISING PRACTICES

Child Advocacy Centres

One of the promising practices to address child sexual abuse is the emergence in North America of Child Advocacy Centres (CAC). Conventional responses to child sexual abuse can be fragmented among multiple service providers, police, Crown and courts. CACs seek to reduce the potential for additional trauma that can occur when child victims and their families are required to tell their stories multiple times and in multiple settings. CACs bring together multidisciplinary teams of professionals in a coordinated and child-friendly manner to support the needs of young victims and their families. This collaborative method of providing services ensures that a child-focused, trauma-informed practice can begin as soon as possible.

One such centre is the Victoria CAC, a program of the Victoria Child Abuse Prevention and Counselling Centre, housed in the Victoria Community Response Centre. The Victoria CAC model is based on the principle that the needs of children and youth should come first when cases of child abuse are investigated and prosecuted. The Victoria CAC ensures that services are available through the Victim Assistance Program for child and youth victims of crime from the time of police interviews and throughout the justice process for those who are required to be a witness in court. The Victoria CAC has two rooms for police forensic interviews and a child- and youth-friendly waiting area for children, youth and their parents to meet with a victim assistance program worker. The goal is to reduce the number of interviews by criminal justice professionals and the risk of re-traumatization.

The Representative fully supports the development of a network of CACs around the province but cautions that programming and services will only be successful with appropriate, stable, multi-year funding. During the past decade, there have been major fluctuations in this funding and service disruption at times.

Turtle Talk Program

Turtle Talk was originally a three-year initiative between Victoria's Mary Manning Centre and the Tsawout First Nation's Health Centre that continues today at the Tsawout First Nation. Funded by the federal government, the program used the metaphor of a turtle to teach safety and prevention skills to children. Like the turtle, the children are taught that they always have a natural boundary around their body that is to be respected by all others, no matter what. The turtle is also an appropriate symbol for teaching the Turtle Talk program within Indigenous communities because turtles always travel with their clan and go back to their roots, just like the salmon.

The primary focus of Turtle Talk is on teaching children safety and prevention skills. The children learn concepts such as appropriate boundaries for themselves and others, the importance of honouring their feelings, being assertive about their boundaries, and that it is always important to seek help when they experience something that does not feel right to them. In addition, the Turtle Talk program focuses on bullying prevention work and integrating the virtues of respect, cooperation, compassion, honour, generosity and love into their choices and behaviours.

The Federal Department of Justice is the program's main funder.

Sexual Abuse Intervention Program (SAIP)

The SAIP program is a community-based program, funded by MCFD, that provides specialized assessment and treatment services to children and youth under age 19 who have been sexually abused, and to their families. See text box on page 27.

Although the *CFCS Act* includes detailed descriptions of the circumstances under which a child or youth can be taken into care, the Act is clear that the legislation only pertains to child protection responses when a child is not in government care. In other words, a child or youth is in need of protection if they have been (or are likely to be) sexually abused or exploited while in the care of a parent or other adult, and are not yet in the care of the ministry. In such a case, the child or youth would likely be removed from the unsafe situation (living with the parent) and MCFD or a DAA would assume guardianship.

Deeply concerning is the lack of a provision in the Act for a child or youth who may be in need of protection if they are sexually abused or exploited by another person while under the care of MCFD, even though this circumstance would require an equal (or greater) response on the part of the ministry in its role as the “prudent parent” of the child or youth.

It should also be noted that the ministry has a set of standards that apply to B.C.’s 23 DAAs. These standards are organized by delegation responsibility (voluntary, guardianship, child protection) and offer a more culturally-based approach to service. The *Aboriginal Operational and Practice Standards and Indicators* (AOPSI), similar to MCFD’s practice standards, do not provide social workers with any guidance on how to address sexualized violence, other than referring to s.3 of the *CFCS Act* as detailed above.⁴⁷

Screening of residential placements by MCFD

MCFD has standards that govern the screening of potential foster parents, as well as protocols for addressing how reports of sexual abuse against children or youth will be handled if they occur in a foster home setting.

In the case of children and youth who were included in this review, they were already in the care of MCFD or a DAA when the sexualized violence was reported. Children and youth in care may live in one of a range of residential options, which include: foster homes, most of which are recruited, assessed and approved by MCFD staff; staffed residential care, which can include group homes and contracted family-based care models; and kinship care, which includes placements in “restricted foster care” where a child or youth who is in the ministry’s care is placed with extended family or other adults. It is also possible that children and youth who are not in the care of the ministry may be placed with family and other adults through either the Extended Family Program or court orders under the *CFCS Act*. Youth may also reside in a “tertiary care” facility such as a hospital designated under the *Mental Health Act*, youth custody centres and youth justice substance use treatment programs.³⁹

MCFD’s *Standards for Foster Homes* (1998) requires foster caregivers to be responsible for a child’s personal safety, although no guidelines are provided on how to respond to disclosures of sexual abuse.⁴⁸ Another MCFD document, *The Pre-Service Orientation – Family Care Home Program*, a publication aimed at potential foster parents, defines and discusses sexual abuse and provides information on possible indicators of sexual abuse.⁴⁹ This guide also advises foster parents on how to best respond if a child discloses sexual abuse. The guidelines emphasize staying calm, reassuring the child that they have not done anything wrong, talking with the child about what will happen next and reporting the disclosures to the child’s social worker. They underline the fact that foster parents have a duty to report abuse and neglect of the children and youth in their care to the children’s social worker, but do not specifically mention sexualized violence.⁴⁹

While a child or youth is in care

The document *Protocols for Foster Home Framework* (2002) covers how reports of abuse in foster homes will be handled.⁵⁰ The document states that “Protocol investigations are conducted following the requirements laid out in the Practice Standards for Child Protection and the Standards for Foster Homes.” A protocol investigation should be undertaken if “a child in care has been, or is likely to be, sexually abused or exploited by the child’s caregiver . . . sexually abused or sexually exploited by another person and if the child’s caregiver is unwilling or unable to protect the child.”⁵⁰ Depending upon the outcome of an investigation, a foster home can be deemed to be unsafe. A new residential placement is then sought for the child or youth and the new caregiver must be provided with information about the sexualized violence allegations, whether they were investigated, and the outcome if known.⁵⁰

While the ministry’s *Child and Family Development Service Standards* (2003) referred to previously in this report provide a mandatory framework for guardianship workers, these standards do not specifically outline what actions a worker should take and what supports should be provided to children and youth when an incident of sexualized violence occurs.³² Reports of sexualized violence will prompt a protocol investigation of a foster home, but it is unclear what is required of social workers in terms of connecting children and youth to services and supports.

Similarly, there is a lack of clarity in MCFD documents about how workers should respond if a child or youth is subjected to sexualized violence in a staffed resource operated by a contracted agency. The *Standards for Staffed Children’s Residential Services* (1998) require that staff members take action to prevent harmful situations but provide little in the way of guidance on mandatory requirements for how these same workers should respond to reports of sexualized violence.⁵¹ Nor are there clear policies and standards around how reports of sexualized violence should be addressed or investigated in staffed residential services. This lack of clarity in policy and standards is likely to result in differences in practice between social workers and thus differences in the supports provided to children and youth by workers. MCFD is currently developing a policy that will guide investigations of contracted resources.

Both child protection and guardianship workers lack specific guidelines on how to respond to and manage disclosures of sexualized violence, on to how to empower youth, on who the community experts on sexualized violence are, and on where to refer children and youth for specialized sexual assault supports. MCFD also lacks guidelines that can help workers understand the different power dynamics that distinguish sexualized violence by peers (e.g. boyfriends) from child and youth sexual abuse by adults in positions of power. Ideally, workers should be able to engage in an informed discussion with children and youth when they first come into care regarding the potential risks of violence, particularly sexualized violence. Children and youth in government care should be assured that if they are ever a victim of sexualized violence, they should feel comfortable coming forward, as they will be listened to and responded to appropriately.^{xiii}

^{xiii} Ending Violence Association of B.C. recently released *Responding to a Sexual Assault Disclosure: Practice tips for child protection workers*. Available at: http://endingviolence.org/wp-content/uploads/2016/05/EVA_PracticeTips_ChildProtection_vF.pdf

Services for children and youth

The province of B.C., through various ministries, provides a number of funded service options for children and youth who have been subjected to sexualized violence, including:

- **SAIP – Sexual Abuse Intervention program:** a community-based program, funded by MCFD, that provides specialized assessment and treatment services to children and youth under age 19 who have been sexually abused, and to their families.⁵²
- **Victim Services:** Two kinds of victim services are publicly funded in B.C. – police-based and community-based. Police-based victim services operate out of police departments and provide services to victims of all crimes. Community-based victim services usually operate out of community agencies and have a specialization in supporting survivors of sexual assault and domestic violence. Both police-based and community-based victim services are funded through the Ministry of Public Safety and Solicitor General. These services can help with any aspect of sexualized violence, from emotional support and accompaniment to hospitals and police stations, to advocacy with MCFD and helping to speak to caregivers.
- **Stopping the Violence Counselling:** These services provide more in-depth counselling for survivors of sexualized violence and relationship violence and, while mostly focused on adult women, all have provisions to provide services to youth who are “*living an adult lifestyle*.” Clients do not have to report incidents to the police in order to access these services.^{xiv}
- **Outreach and Multicultural Outreach:** Outreach programs have a large degree of flexibility to support survivors of violence. While they usually focus on relationship violence, they can provide practical assistance and advocacy, transportation and counselling.
- **Specialized emergency response teams:** Some hospitals in B.C. have specialized sexual assault teams that can provide a range of services including assessment and treatment of injuries, forensic sample collection, medical reports for police and referrals to health, legal and community-based supports.

Sexual Abuse Intervention Program

In 2010, the Representative released a report that reviewed implementation of recommendations contained in an independent contractor’s review of the provincial Sexual Abuse Intervention Program (SAIP). This program was established by government in the 1990s to provide a range of treatments and support services to children and youth who have been sexually abused, and to children under the age of 12 with sexual behaviour disorders. Dr. Kimberly McEwan reviewed SAIP in 2005, looking at the mandate, contracting processes and management, service capacity, quality control and how the program works with Child and Youth Mental Health services. RCY’s review of McEwan’s 15 recommendations five years later noted progress, highlighted ongoing issues and recommended five actions to ensure full implementation of the recommendations. As of 2014, RCY’s recommended actions – addressing consistency in data collection, staff training, the need to ensure evidence-based clinical and policy direction, funding for training and curriculum development and evaluation of program performance – have all been implemented.

^{xiv} See B.C. (2016). *Victim Services*. Available at: <http://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminal-justice-system/understanding-criminal-justice/key-parts/victim-services>

With the exception of specialized emergency response teams in hospitals, the services described above are offered through contracted agencies located throughout B.C. A recent analysis of working conditions for the anti-violence staff in these programs found that, while the complexity of the work has increased significantly in the last 20 years, B.C. government funding has not kept pace and in some cases has decreased.⁵³ Before 2000, B.C. was a leader in Canada in developing progressive and innovative approaches to addressing violence against children and women. But over the last 15 years, funding and program cuts, failure to keep up with increased demand and policy decisions have meant that B.C. has fallen behind in responding to sexualized violence. In 2004, for example, core funding for sexual assault centres in B.C. was cut.⁵³

Workers in the anti-violence fields have reported increased job pressures in terms of larger caseloads, longer wait lists and increasingly complex legal, policy and reporting requirements. They also share concerns that the child and youth focus is distinct and should not be included with adult services. In addition, workers are faced with addressing the needs of clients with increasingly complex issues, declining public resources for legal aid, low wages, limited to no benefits and low retention of trained and experienced workers. While these workers have specialized knowledge about how to prevent and respond to sexualized violence, they have little time to do the necessary community-level prevention work that could help prevent sexualized and other forms of violence.⁵³ The implications of these pressures for children, youth and families seeking services could be significant. Increasing wait times for services mean that children, youth and their families in the midst of a crisis may not be able to find and receive immediate services when they reach out for support.

There is also a lack of culturally appropriate, community-level services, particularly in rural and remote communities. Where services are available in urban areas, they tend to be fragmented among various providers and across ministry responsibilities. Services for Aboriginal people are further jeopardized by a complex and multijurisdictional funding environment that lacks collaboration between federal, provincial and local governments.⁵⁴ Given that a large number of the victims of sexualized violence identified in this report are Aboriginal, the lack of culturally based services in many areas of the province is of deep concern.

Services to the children and youth in this review

The aggregate data included in this review suggests that post-sexual assault services were offered to the child and youth victims in almost three-quarters of the cases, usually in the form of counselling, although specific sexualized violence services were rarely offered. In half of the 33 cases in which post-assault services were not offered, the child or youth was already receiving some type of service (usually mental health counselling, drug or alcohol counselling, or working with a psychologist or youth worker), and the social worker did not see further referrals as necessary. In 13 of the 145 cases, there was no mention of any supports being offered by social workers or healthcare workers after a report of sexualized violence had been made.

Where services were offered to the child or youth post-sexual assault, only about half of the children or youth participated. Often a child or youth declined the services that were offered because they did not want to further discuss details of the incident. In other cases, the child or youth preferred to continue with the workers they were already engaged with rather than developing new relationships with other service providers. Unfortunately, there is little consistent information on whether or not children and youth were offered culturally appropriate services.

In many cases, guardianship social workers expressed frustration with their inability to respond adequately to a child or youth's complex needs. One worker described the feeling of helplessly *"watching a train wreck"* as vulnerable youth were continually exposed to high-risk situations and refused services or were not adequately supported to engage with services that were offered. Some caregivers, social workers and other professionals involved with these youth were at a loss as to how to help, beyond managing the current crisis, although early intervention services were suggested as a possible tool to support children and youth who have been traumatized by adverse childhood experiences, including sexualized violence. Often, children and youth who are in care have been let down by adults in the past. Their resistance to services may be the result of a well-founded mistrust of systems and a history of experiencing ineffective social responses that did not address their needs.

More than one worker noted that office-based appointments were highly unlikely to be successful for difficult-to-engage youth and stressed the need for more outreach services rather than expecting youth to come to appointments during regular business hours. However, office-based appointments were often the only therapeutic service available for these youth, and sometimes entailed lengthy wait times. For the few youth who had access to other services, outreach mental health was noted to be somewhat more successful. However, workers were also concerned that services were inadequate, wait-listed or not sufficiently specialized. As one worker said:

"There's a lack of culturally appropriate counselling, lack of funding, lack of qualified staff, and the wait list for treatment for substance use is long."

AMBER'S STORY

Amber, an Aboriginal female youth with special needs, was sexually assaulted by another youth she knew from school. An MCFD social worker and the RCMP were notified of the youth's disclosure. The RCMP officer interviewed Amber alone, in a small padded room between two jail cells. This small room in the local RCMP detachment is normally used to interrogate people who have been accused of crimes. The RCMP officer had no training in interviewing young people who have experienced sexualized violence, let alone a youth with special needs (FASD).

Best practices would have been for the investigation to be completed jointly with the RCMP officer and social worker, with ongoing collaboration and communication as it progressed. The interview should have been conducted in a "soft" interview room – a quiet, comfortable room designed to ease the investigative interview process for victims of sexualized violence. A "soft" room is usually soundproof, has comfortable and inviting décor and digital cameras. The digital cameras and microphone usually connect to an adjacent room where a social worker can view and hear the interview to avoid having to conduct two interviews – which can be re-traumatizing to the child.

Interaction with Justice and Health Care Systems – the Children and Youth in this Review

As this review has noted, sexualized violence against children and youth is a crime and perpetrators are subject to penalties set out in Canada's *Criminal Code*. However, the justice system's response to sexualized violence against children and youth remains an area of concern. Successful prosecution of offenders is dependent on a variety of factors, not all of them connected to the strength of the evidence.

Child-Friendly Justice System

Child-friendly processes recognize that disclosing sexualized violence, being interviewed by police and court proceedings can be uniquely stressful for children and youth. Adult survivors of sexualized violence often find court proceedings to be stressful, painful and re-traumatizing; this can be even more so for children who are disclosing and/or testifying against adults who may have been in positions of trust in these children's lives. Some ways that the justice system can be made friendlier for children include:

- Conducting initial interviews with specially trained social workers and police in a neutral place that takes into consideration the child's needs and best interests (e.g. where does the child feel safe, availability of qualified interpreters if needed) and using recording equipment so that children do not have to tell their story multiple times.
- Assigning Crown attorneys who know how to work with children to build rapport and be sensitive to their needs.
- Improving access to court resources that protect child witnesses. Provisions in the *Criminal Code of Canada* recognize that special provisions must be made for children when they provide evidence in court to make testifying less stressful (e.g. use of closed circuit television allowing a child to testify outside the courtroom; a screen that blocks a child's view of the accused to avoid seeing the offender; excluding the public from the courtroom during the proceedings; a ban on publication of the child's name; allowing a support person to sit with or stand next to the child in the witness box). However, the availability of these techniques can be dependent on court resources. Circuit courts, for example, which make use of local community facilities for court proceedings, may lack the technology required to support child witnesses.^{55, 56}

Most MCFD and DAA guardianship workers and After Hours^{xv} staff made attempts to preserve evidence, initiate reports to police as soon as possible, and respond to the child or youth's needs for support. However, these actions were not consistently applied. In some cases, the social worker was either unaware of, or did not record the full extent of, treatment and services received at the hospital, the details of the incident, or the result of the police report.

In most files examined in this review, few details exist regarding whether crisis-response services were offered at the hospital where the child or youth was examined. Information was also missing regarding whether all victims were interviewed in a child-friendly, trauma-informed manner – for example, by conducting interviews with police and social workers at the same time so as to minimize the trauma of making multiple statements, using child-friendly language, or offering support services immediately after the child or youth's disclosure.

^{xv} Social workers respond to after-hours calls involving child protection, services to children in care, services to youth and families, Community Living BC and other MCFD programs.

However, in 27 of the 145 incidents of sexualized violence, social workers did indicate that child-friendly interview methods had been used.

Of the children and youth included in this review, 12 did not want to report their experiences of sexualized violence to police. There is no indication that social workers in these cases made reports on the child or youth's behalf.

There were also significant delays in reporting. While three-quarters of the 121 children and youth in this review reported an incident of sexualized violence within one month of it happening, 17 children and youth waited between one and six months to make a report, and 11 children or youth did not report the assault until more than six months had passed. In the most extreme case, eight years passed between the sexualized violence and the disclosure, which was not made to a social worker until six months after the victim revealed the assault to a family member.

In addition to the 12 cases in which no police report was filed, a further 14 cases resulted in a report being filed with police but the child or youth declining to provide physical or written evidence to corroborate the sexualized violence. Reasons for this reluctance to disclose to police included not wanting to repeat details of the incident and being fearful of repercussions resulting from an official investigation. In one case, a youth was willing to make a report to a particular police officer, but that person was not immediately available. By the time the officer became available to hear the youth's statement, the youth no longer wished to discuss the assault.

Of the 133 incidents of sexualized violence that were reported to the police, more than half (71) resulted in no charges being recommended to the Crown. In many cases, there was not enough evidence for a charge, often because the child or youth was reluctant to disclose the identity of the perpetrator or discuss the sexualized violence in detail.

Details on 58 of the sexualized violence incidents were forwarded from police to the Crown for consideration of charges. In 21 of these cases, the Crown did not proceed with prosecution, and in eight cases, trials remain pending as of June 2016. However, in 22 cases, the perpetrators were successfully prosecuted. Six cases did not result in conviction and one case followed a restorative justice process.^{xvi}

Prosecution of an Offence

Before a perpetrator can be successfully prosecuted for a sexual offence, the crime must be reported to the police. It is not required that the offence be reported by the victim, as police detachments accept "third-party reports" (reports from family members or service providers). Once the police have a report of a criminal offence, a file is opened and an investigation commences. The investigation involves gathering all available evidence of the alleged crime. Once complete, the police will determine whether there is sufficient evidence for a report to Crown Counsel to be filed.

If there is sufficient evidence, the file is forwarded to Crown Counsel for consideration of whether the evidence is sufficient for a successful prosecution. This generally requires that the evidence demonstrates a substantial likelihood that the alleged perpetrator's guilt can be proven beyond a reasonable doubt. Crown Counsel must also determine whether it is in the public interest to proceed with a prosecution. If there is a decision to prosecute, and a finding of guilt is made, a judge will then determine a suitable sentence.

^{xvi} Restorative justice is a process to repair the harm caused by crime. It emphasizes accountability, making amends, and can facilitate meetings between victims, offenders and others.

Some of the guardianship social workers who were interviewed for this review expressed concern that police, and occasionally hospitals, did not respond appropriately to reports of sexualized violence. Some workers reported that children or youth were not believed when divulging their stories, or were deemed to be lacking in credibility because of mental health concerns or disabilities. One social worker commented:

“Communication between RCMP and Crown Counsel needs to improve. A lot of times, RCMP and the Crown don’t take sexual assault seriously, saying it’s consent issues.”

A number of social workers also expressed concern about the perceived lack of willingness on the part of the Crown to lay charges against offenders and pursue convictions. Some social workers recommended that incidents of sexualized violence should be investigated by specialized teams in order to promote collaboration between agencies and hold perpetrators to account for their actions.

A further concern raised in interviews was the failure by police to inform social workers about the outcome of criminal investigations. At times, workers were able to acquire this information by initiating contact with the police themselves. Occasionally, however, workers reported that police refused to provide any information to them despite their status as the child or youth’s legal guardian.

A number of social workers expressed a desire for more comprehensive training on how to respond to incidents of sexualized violence to better support children and youth on their caseload. One worker commented that, *“The unit needs to have proper protocols, proper training and supervision.”* Although specialized teams were proposed as one option, social workers also suggested that all staff receive more training on how the criminal justice system works and how to best work with the police and Crown on sexualized violence cases.

Discrimination against Aboriginal children and youth

While there are many disturbing discoveries in this review, one of the most egregious is that several of the Aboriginal children and youth included in this aggregate review were identified by their MCFD or DAA social workers as facing barriers consistent with discrimination from justice and health care professionals. One worker noted that a youth on her caseload who was both Aboriginal and female, and who was also frequently away from her placement and involved with the youth justice system, was treated differently by police and by service providers. The worker noted that, *“There is almost an assumption in the community that [this youth] will be sexually victimized and that it is only a question of when.”* Despite frequently being the victim of physical and sexualized violence, this youth was *“described in such a way that one would believe these incidents are her fault.”* By treating this youth differently and describing her as if she were a participant in the violence rather than a victim, police and service providers minimized the violent intent of potential perpetrators and, instead, blamed the youth for her situation. Not surprisingly, this social worker was concerned that such discrimination would cause further emotional harm to the youth. “Normalizing” sexualized violence against Aboriginal girls can lead to professional indifference on the part of some service providers who expect it to occur.

Results from research studies and consultations with Aboriginal people in Canada have found that the low trust Aboriginal people have in systems including justice, education and child welfare is due to systemic racism (see for example:^{17, 24}). Additionally, numerous reports have highlighted the fact that sexualized violence directed at Aboriginal women and girls is common.^{xvii} Many of these reports support culturally based responses that value the traditions and world views of Aboriginal children, youth and families. These reports highlight the importance of ensuring that Aboriginal communities play a role in defining their own service needs and designing appropriate services for Aboriginal children and youth. Many of these same works point to the need for social service and criminal justice professionals to work toward lessening the distrust that has become normal for many Aboriginal children and youth, by strengthening relationships between service providers and victims and their communities, and by addressing systemic racism within the justice system itself.^{17, 57, 58}

A DAA PERSPECTIVE

“The need to support victims of sexual violence who are in care is a major concern to me. In our community, I’ve seen some very difficult situations in which young victims struggle with overwhelming shame and a trauma that makes disclosure and recovery very challenging. Our agency has no support to address this, yet we face it every week. So much change is needed and safety for our kids must include building on our cultural practices of supporting those who come forward instead of isolating them and simply moving them through this difficult time. Healing is a meaningless word if we don’t have our culture and resources to blanket our children and youth. We need to wrap them in love and care and walk with them to see that the violence is exposed and that it stops.”

– Leader of a B.C. delegated Aboriginal Agency

Other studies confirm that there is a lack of culturally appropriate, community-level services, particularly in rural and remote communities. Where services are available in urban areas, they tend to be fragmented among various providers and across ministry responsibilities. Services for Aboriginal people are further jeopardized by a complex and multijurisdictional funding environment that lacks collaboration between federal, provincial and local governments.⁵⁴ Given that a large number of victims of sexualized violence identified in this report are Aboriginal children and youth, the lack of culturally appropriate services in many areas of the province is of concern to the Representative.

^{xvii} There are many reports and studies that document the issue of sexual, physical violence and trafficking of Indigenous women in Canada. Summary reports of these studies include: Native Women’s Association of Canada, 2014; Byrne et al., 2011; EVA-BC, 2005.

Government “Vision” without Sustained Action

In terms of both preventive action and responses to sexualized violence against children and youth, B.C. falls well short. The promising results of social-ecological approaches to preventing sexualized violence described earlier in this report suggest that efforts to prevent sexualized violence against children and youth in care must reach beyond MCFD and other service systems to address the broader social issues, such as sexism and racism, that increase the risk of sexualized violence. Similarly, child- and youth-centred responses to victims of sexualized violence need to take place within a well-designed and appropriately resourced system of services.

In 2015, the B.C. government released a framework entitled *A Vision for a Violence Free BC: Addressing violence against women in British Columbia*.⁵⁹ This framework promises a set of actions to reduce violence against women that focus on prevention and enhanced responses, along with addressing violence against Aboriginal women. The framework acknowledges that young women (ages 15 to 24) are at greater risk of being subjected to violence than older women, but does not provide any context for violence against girls.⁵⁹

The framework focuses mainly on domestic violence and suggests a number of actions that build on already existing programs to prevent violence, including school-based prevention programs that decrease social aggression in young children, programs to address bullying, programs to work with perpetrators and efforts to challenge attitudes and behaviours that perpetuate violence.⁵⁹ It promises to enhance school-based programs “*as funding becomes available*” (p. 11) and to continue to support mostly already existing prevention initiatives.⁵⁹

An additional response to violence includes existing violence response and counselling programs noted in the previous section of this review.⁵⁹ The 2015 framework promises a provincial sexual assault policy, which to-date has not been released by government, leaving B.C. without direction to guide a comprehensive and coordinated response to sexualized violence across a number of ministries and service providers. This framework also commits government to “*target new investments, as funding becomes available, to support enhancement and development of responses to address sexual assault.*” While these investments are crucial for an effective response to sexualized violence, the framework does not make it clear what the scope and scale of these investments will be and when they will occur, and nor does the framework commit government to specific actions in this regard for children and youth.

The province has also made one-time-only grant funding available through its criminal and civil forfeiture program that is then directed toward initiatives under the Violence Free B.C. framework mentioned earlier in this review. Some of the projects funded by this grant money focus on coordinated sexual assault responses for girls and young women, initiatives for at-risk youth and culturally based sexualized violence programs.^{xviii} However, there are significant limitations to funding provided on a time-limited, project-by-project basis or through crime source forfeiture when these revenues are not stable. There is no guarantee that these initiatives will receive on-going funding, making it difficult for anti-violence workers and organizations to plan future staffing and programs.

^{xviii} See: B.C. Government. (2016). *News Release: Over \$7 million to combat gangs, youth crime and violence against women*. March 23, 2016. <https://news.gov.bc.ca/releases/2016PSSG0075-000446>. See also: *Civil Forfeiture & Criminal Forfeiture Grants, 2015-16*. Available at: <http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/crime-prevention/community-crime-prevention/grants/cfo-2015-16-grant-recipients.pdf>

In general, the B.C. government’s framework focuses on existing initiatives and promises little in the way of new resources to prevent and respond to sexualized violence, especially violence directed toward children and youth. When considered together with cuts to anti-violence programs such as sexual assault centres mentioned earlier, it is clear that B.C., despite a laudable pledge to be “violence-free,” is laggard rather than a leader in preventing and responding to sexualized violence.

Given the high level of sexualized violence directed at children and youth in care, and the knowledge that much of this violence goes unreported, it is disappointing to see that government has not made a sustained effort to include this in its anti-violence framework. This must change if it is to adequately prevent and respond to violence against children and youth, particularly those in its own care.

Analysis and Findings

An analysis of the aggregate data included in this review shows that sexualized violence is not a rare occurrence for children and youth in government care, and that children and youth are more vulnerable to sexualized violence if they are female, Aboriginal, or have complex needs such as mental health concerns, problematic substance use issues or disabilities. For younger children in RCY's sample, sexualized violence was most likely to occur in a placement setting. For older youth, public places and private residences were the most high-risk settings for sexualized violence, especially when perpetrators were casual acquaintances. Almost all of the identified perpetrators in this review were male and were known in some way to the children and youth they victimized.

Finding: A disproportionate number of children and youth who are subjected to sexualized violence while in government care are Aboriginal girls.

Seventy-four of the 121 children and youth in this review were both Aboriginal and female – a number that clearly demands further attention. Aboriginal girls in RCY's review were four times more likely than non-Aboriginal girls to be the victims of sexualized violence if they were under the age of 12.

When asking why this is the case, the findings of Canada's Truth and Reconciliation Commission demonstrate that violence against Aboriginal children and youth must be understood not simply as individual incidents, but as one of the many negative remnants of Canada's historical and current discriminatory policies and practices.²⁴

In addition, there is an urgent need to acknowledge and address the racism that prevents Aboriginal victims from asking for and receiving support.⁵⁸ Consistent cultural planning was absent for children and youth in this review, with some social workers noting that funding for cultural programming was inadequate. It is important that the supports and services that are offered to Aboriginal children and youth who have been subjected to sexualized violence focus on their cultural identities and use values and norms from their Indigenous cultures for healthy boundaries and personal safety. Although some Aboriginal children and youth in this review did receive traditional supports alongside more mainstream counselling services, the lack of consistency in the cultural planning portion of their formal plan, and the restricted funding of cultural support opportunities, resulted in some Aboriginal children and youth missing out on significant post-assault services.

Finding: There is a lower standard for MCFD investigations of alleged sexualized violence when children and youth are in care than when they are not in care, and no policies or guidelines exist for guardianship social workers specifically for preventing and responding to sexualized violence once children and youth are in government care.

While child protection processes are clear regarding alleged abuse of children and youth who are not in care, the policy guiding protocol investigations of foster homes lacks specifics, and MCFD does not yet have a policy to guide investigations for contracted residential resources. This lower standard exists despite the fact that the government of B.C. has legal and moral responsibility for children in care, many of whom have vulnerabilities that place them at higher risk of sexualized violence.

A review of policies and standards at MCFD and DAAs finds an adequate level of screening for foster parents, but little in the way of specialized training to prevent and respond to sexualized violence against

children and youth in their care. Training of caregivers and foster parents is therefore important to ensure that caregivers know how children and youth might respond to sexualized violence, can recognize behaviours that indicate a child or youth is struggling with post-incident trauma, and will avoid blaming the child or youth if sexualized violence occurs. Group homes and staffed residential resources that are run by contracted agencies lack clear lines of responsibility regarding how to report an incident of sexualized violence against a child or youth in their care to MCFD or DAA staff or to justice agencies. This lack of guidance can result in inconsistent responses to sexualized violence that vary depending on the resource itself, the staff employed there, and the relationships between contracted staff and MCFD/DAA social workers. The idea that a child or youth who is subjected to sexualized violence while in care may receive an inadequate service response from caregivers based simply on where the ministry has placed them is alarming.

Although MCFD and DAA policies stipulate that social workers must report any incident of child or youth sexual abuse to the police when it pertains to a child protection matter, there is no corresponding policy or guideline when the child or youth is already in government care. Some social workers in this review did not provide a third-party report of incidents of sexualized violence to police, meaning that some incidents were never investigated beyond the critical injury report stage. However, a number of guardianship social workers expressed their desire for more specific policies that would clearly spell out their responsibilities for responding to sexualized violence. These policies should lay out the steps to take when children or youth in care disclose an incident of sexualized violence to social workers, and would encourage standardized responses across all offices and regions. Supplementing these policies with more information about the appropriate services and supports available to child and youth victims of sexualized violence would also assist guardianship social workers in responding to incidents when they occur.

Finding: The child welfare and justice systems most often fail to respond to children and youth who are victims of sexualized violence while in care in a direct or sustained way to support these young people and to address the root causes with appropriate partners in the system.

Delays in reporting sexualized violence are common and may be related to a number of factors, including: fear of reprisals; fear of not being believed; lack of understanding around the issue of consent; believing that the sexualized violence is “normal,” or not wishing to get the perpetrator in trouble with authorities. However, children and youth in government care may have a number of added reasons for delayed disclosure of abuse. For children and youth who are already involved with the child welfare and/or criminal justice systems, the fear of not being believed is likely high, especially when alcohol or drugs have been consumed or when the child or youth is absent from their placement without permission.

Some children and youth may have negative views of child welfare and criminal justice professionals, based on past experiences with workers in these systems. These views can influence their decision to tell someone about being a victim of sexualized violence or their cooperation with criminal investigations once disclosure has occurred. A number of social workers interviewed for this review raised concerns about the high number of children and youth in care who were discriminated against when they reported an incident of sexualized violence to the police. These concerns were amplified by the reported lack of tailored support services that are available to help children and youth who disclose sexualized violence.

While the majority of child welfare social workers expressed concern that police and the courts did not take child and youth sexualized violence seriously, it was shocking that some workers seem to blame the youth for this violence. One worker said that it was “*hard to keep this youth safe as she puts herself in dangerous situations.*” This lack of support on the part of responsible adults can lead to poor outcomes for children and youth in care who have been affected by sexualized violence. Clearly, there is a need to address myths about sexualized violence among professionals in the criminal justice and social services systems to ensure that children and youth feel safe to come forward and tell their stories. One of these myths is that children can keep themselves safe in an unsafe environment where known exploitation is prevalent.

MCFD reports that there is information for new employees in its child welfare training on completing joint investigations with police, including joint interviews. The ministry also offers a four-day course on investigative interviewing. However, there are no guidelines or provincial protocols that would assist social workers to work with police and courts when sexualized violence occurs, as there are with other services in B.C. Nor is there guidance for social workers around how to work with communities as a whole, and local resources in particular, in order to ensure that standardized services are offered.

Finding: Service options for children and youth in care who have been subjected to sexualized violence, especially those with complex needs, are not low-barrier, youth-friendly, culturally appropriate or widely accessible.

Coordinated and cooperative services are essential to support vulnerable children and youth, especially when they are reluctant to engage in services. However, similar to other reports released by the Representative (e.g. *Still Waiting: First-hand Experiences with Youth Mental Health Services in B.C.*, 2013),⁶⁰ collaboration among service providers continues to be challenging. Other RCY reports have also demonstrated that, similar to some of the children and youth in this review, many other children and youth experience well-founded resistance to accessing services due to negative experiences in their past. Youth who have been subjected to sexualized violence are particularly likely to avoid services if they perceive them to be unhelpful or judgmental. For this reason, services must be child- and youth-friendly, available and easy to access and financially viable.⁴⁴

Too many children and youth in this review experienced multiple placement changes, often necessitating changes in community, school, friends and professional supports. Child welfare workers also reported that there were too few emergency and long-term placements available with skilled and well-supported caregivers. Several highlighted the lack of group homes for high-needs children and youth, noting that these children and youth were either frequently discharged from placements or that placement staff failed to intervene to prevent them from being subjected to high-risk situations. Some workers also noted that there were few placements that could provide a holistic response to mental health, trauma or substance-related problems.

In addition, social workers stressed the need for prevention and response initiatives that would support children and youth with complex needs, including multiple mental health and neurodevelopmental disability concerns – a cohort of children and youth that is known to be more vulnerable to sexualized violence than young people who do not experience such issues. Children and youth who are already dealing with mental health concerns may find that these issues are compounded by an experience of sexualized violence.

Almost 15 per cent of the child and youth victims in this review had been subjected to sexualized violence on more than one occasion, with one youth being subjected to four separate incidents of sexualized violence over the course of a two-year period, each involving a different perpetrator and high-risk setting. Being subjected to sexualized violence as a child or youth is itself a risk factor for later re-victimization,² therefore it is imperative that specialized services are provided to all child and youth victims of sexualized violence immediately after an incident is disclosed.

This review found that specialized services appropriate to sexualized violence are often not available in a timely manner, if at all, for children and youth in B.C. Although CACs are a proven model for coordinated, child-friendly responses to the sexual abuse of children, B.C. has only a few such centres and they are not fully resourced and able to provide an integrated, long-term service model. These centres were sparked by federal government “seed” money and need more stable funding to function with the proper scope and scale of services. While B.C. needs more and better services for younger children, teenagers who are victims of sexualized violence in B.C. face a particularly dire gap in age-appropriate supports available to them. This service gap must be remedied immediately, which will require new funding and an about-face of the austerity of the past 15 years that has seriously limited the capacity of anti-violence services. These changes are urgently needed to meet the needs of all children and youth in B.C., including children and youth in care, who are victims of sexualized violence. B.C. has a limited network of only six functioning CACs, none of which currently has secure on-going funding.

Finding: Sexualized violence of children and youth in government care occurs across multiple settings.

This review has shown that sexualized violence of children and youth in care is not isolated to one particular setting or type of perpetrator. Perpetrators can be peers, family members and other adults. The findings of this report show that the majority of reported assaults that involved younger victims occurred in a care placement (75 per cent), while the majority of reported incidents involving older victims occurred in residences other than their care placement (46 per cent) and unfamiliar or public locations (38 per cent). This finding suggests that, while age matters in terms of where sexualized violence is most likely to occur, it also occurs across a range of sites and locations.

Recommendations

Recommendation 1

That the Ministry of Children and Family Development create and implement a broad strategy with adequate policy, standards, resources and training to address sexualized violence against children and youth in care, with a particular focus on sexualized violence against Aboriginal girls. Strategies directed at Aboriginal children and youth should be developed in consultation with delegated Aboriginal Agencies and First Nations organizations.

Details:

This strategy should address the following:

- Prevention of sexualized violence against children and youth in care, and mandated short and long-term responses to all allegations of sexualized violence.
- Child protection standards for children and youth in the care of the government, including responses to allegations of sexualized violence, must be equal to or greater than those provided for children and youth not in government care.
- Children and youth who are the victims of sexualized violence must receive appropriate therapeutic supports.
- The provision of a B.C.-wide education and training program for social workers, educators, police-based community and victim service workers, police and others on how to detect the signs of sexualized violence, its potential impacts on children and youth and the importance of communication and coordination across service types when a child or youth in care is a victim of sexualized violence.
- Sufficient and appropriate residential placements should be available so that children and youth are not kept in situations where they are at risk of sexualized violence or their vulnerability to sexualized violence is increased.
- Creation of policy to mandate protocol investigations whenever there is an allegation of sexualized violence connected to a child or youth's residential placement.
- This strategy must address the workload issues that prevent social workers from having the time with the children and youth in their care that is needed to assess and support their well-being in general, and to respond appropriately when children and/or youth in their care are victims of sexualized violence.
- Annual reporting on rates of sexualized violence against children and youth in care in B.C. and the actions taken to prevent and respond to sexualized violence against children and youth in care.
- This strategy should be developed in parallel with the strategy described in Recommendation 2, but must not be delayed due to this coordination.

MCFD to provide a draft of this strategy to the Representative by Feb. 1, 2017.

Recommendation 2

That the Ministry of Public Safety and Solicitor General (PSSG) lead the development and implementation of a network of Child and Youth Advocacy Centres (CYACs) in B.C. This should be done in consultation with MCFD, DAAs, the Ministry of Justice, Aboriginal organizations and anti-violence organizations. This network of community-based services should be phased in, with the first phase establishing at least five culturally based CYACs serving Aboriginal children and youth and their communities. Subsequent phases should strengthen and expand existing CYACs and establish additional community-based CYAC services that meet the needs of all child and youth victims of sexualized violence in B.C., with particular attention to the needs of Aboriginal children and youth.

Details:

This strategy should include:

- CYAC services must be supported with adequate, long-term funding.
- CYAC services must include evidence-based prevention of sexualized violence against children and youth, and integrated, child- and youth-centred therapeutic and justice supports for victims of sexualized violence.
- Services must address sexual abuse perpetrated by adults and peer-to-peer sexualized violence, and respond to the distinct needs of children and youth, and girls and boys. Particular attention must be given to closing the gap in services for teenage girls, especially Aboriginal girls, who are victims of sexualized violence.

PSSG to provide a draft development and implementation plan to the Representative by Feb. 1, 2017.

Recommendation 3

That the Premier of B.C. identify a lead minister responsible for creating and implementing a five-year strategy for preventing and responding to sexualized violence against children and youth in B.C. This strategy should be created in partnership with relevant ministries, Aboriginal organizations and anti-violence organizations, must be evidence-based and should include a strong culturally based Aboriginal focus from inception.

Details:

This strategy should include:

- The network of CYACs described in Recommendation 2.
- Meaningful action to address systemic racism and sexism that make Aboriginal girls more vulnerable to sexualized violence.
- Support for police and Crown Counsel in the investigation and prosecution of perpetrators of sexualized violence against children and youth province-wide.
- Support for victim services and consideration of legal counsel for victims to assure them strong protection from cross-examination that could be abusive and re-traumatizing.

Draft strategy to be presented to the Representative by April 1, 2017.

Conclusion

This review highlights a disturbingly high level of sexualized violence directed toward children and youth in government care. While a recently developed government policy framework acknowledges that sexualized violence is a problem, neither MCFD nor the provincial government as a whole acknowledges the prevalence of this violence. Without this acknowledgment, it is challenging to develop and implement a framework for prevention and response that would meet the needs of these children and youth.

Where programs and services do exist, there is evidence that caseloads are high and wait lists are long. The Province has committed funding to some sexual assault initiatives through its civil and criminal forfeiture program, but these are still time-limited, one-time-only grants without continued funding.

The elimination of sexualized violence will require sustained and concentrated efforts that must span multiple years, service providers and regions. For children and youth in government care, this means that a focused effort is needed to address the social, economic, community, family and individual causes of sexualized violence. In addition, the government must ensure that services and supports are available, not only to these children and youth, but to families, caregivers and the child welfare workers and anti-violence workers who are charged with their safety and security.

Special attention must be paid to Aboriginal children and youth, who were found in this review to be at increased vulnerability to sexualized violence in comparison to their peers. A network of Child and Youth Advocacy Centres serving Aboriginal children and youth and their communities will go a long way to closing the gap in services for Aboriginal teenage girls who are victims of sexualized violence.

Much as was found with the Representative's reviews of youth mental health services in B.C. (*Still Waiting: First-hand Experiences with Youth Mental Health Services in B.C.*, April 2013) and youth substance use services (*A Review of Youth Substance Use Services in B.C.*, May 2016), our society is often not good at serving youth. It can be difficult to engage them in services, taking time and effort. This review found that guardianship social workers do not feel well trained to respond appropriately when a child or youth in their care has been subjected to sexualized violence. The response from adults to the sexualized violence against a child or youth can either be supportive and beneficial, or it can result in greater struggles and greater needs for support in the long run. Social workers need training on prevention and treatment, and the ministry needs policies and standards that address sexualized violence and guide its workers on the job.

When it comes to preventing and responding to the sexualized violence of children and youth, this province will benefit from the creation and implementation of a province-wide strategy that is evidence-based and includes a strong culturally based Aboriginal focus. With the participation of Aboriginal and anti-violence organizations, this strategy must focus on coordinating sexualized violence programs and services, including those specifically focused on prevention.

Immediate steps can be taken to change this significant unmet need for consistent safety and support in order for children and youth to be free from the sexualized violence that has become normed by poor response. If anything is to change for past and future child and youth victims of sexualized violence, leadership is necessary to address the inadequacies identified in this review. While it is important to continue to talk about these issues, it is time to take collaborative action to prevent and respond to sexualized violence against children and youth in B.C. The full extent of sexual victimization is likely much more than this aggregate of cases would suggest. With more than 20 per cent of critical injuries categorized as sexualized violence, clearly a far more focussed and sustained effort is going to be required to stop sexualized violence against children and youth in the care of government.

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Appendix 1 – Glossary

Aboriginal: A broad term that, according to the *Constitution Act of 1982*, includes the Indian, Inuit and Métis people of Canada. However, the term “Aboriginal” is generally more broadly interpreted as including people who identify as First Nations, Inuit or Métis.

Caregiver: A family member or paid helper who regularly looks after a child or youth; may include the legal guardian of a child or youth or their social worker.

Child in care: Any child under 19 years of age living under the custody, care or guardianship of a Director under the *Child, Family and Community Service Act*.

Child protection services: Services delivered under the *Child, Family and Community Service Act* (CFCSA) in response to reports of child abuse or neglect. Child protection services can include investigation, providing or arranging for support services to families, supervising the care of children in their homes, and protecting children through removal from their families and placement with relatives, foster families or specialized residential resources.

Critical Injury: As defined in section 1 of the *Representative for Children and Youth Act*, any injury to a child that may:

- a) Result in the child’s death, or
- b) Cause serious or long-term impairment of the child’s health

Delegated Aboriginal Agency: through delegation agreements, the First Nations Director (the Director) gives authority to Aboriginal Agencies, and their employees, to undertake administration of all or parts of the CFCSA. The amount of responsibility undertaken by each agency is the result of negotiations between the ministry and the Aboriginal community served by the agency and the level of delegation provided by the Director.

Fetal Alcohol Spectrum Disorder (FASD): a range of disabilities that result from exposure to alcohol during pregnancy. The medical diagnoses of FASD include: Fetal Alcohol Syndrome, Partial FASD and Alcohol-Related Neurodevelopmental Disorder. Individual effects include alcohol-related birth defects that vary from mild to severe and may include a range of physical, brain and central nervous system disabilities, as well as cognitive, behavioural and emotional issues.

Foster Home: a home with a family or persons approved by and funded by the Director, to care for children who are in the care, custody and guardianship of the Director. Family care services are provided from private homes lived in and maintained by the foster parents. Foster care includes Restricted, Regular, Level 1, Level 2, and Level 3 Family Care Homes. Persons who provide family care services are referred to as family care parents, foster parents or as a foster family.

Group Home: A private residence for children and/or young people who are in government care, usually not housing more than six children or youth, and where trained caregivers or house parents are available 24/7. Children and youth often reside in group homes while waiting for foster families to be found.

Guardianship Social Worker: services provided by MCFD or delegated Aboriginal Agency Social Workers to children and youth who are in long-term or continuing care as a result of a child custody order granted under the *Child, Family and Community Service Act*, or an order under the *Family Relations Act* when a child has no parent or guardian. Guardianship Social Workers have parental duties and responsibilities towards children and youth and are responsible for their care, custody and guardianship.

Hughes Review (*BC Children and Youth Review*): the 2006 independent review of British Columbia's child protection system by the Hon. Ted Hughes, QC. This review recommended the appointment of an independent Representative for Children and Youth.

Neurodevelopmental Disability: A disability that is considered to impair the growth or development of the brain or central nervous system; affecting emotion, learning, self-control or memory. This impairment may be minor or may have significant implications for the disabled individuals and their families.

Parent: a parent is the mother of a child, the father of a child, a person to whom custody of a child has been granted by a court or by an agreement, or a person with whom a child resides and who stands in the place of a child's parent. This includes a child's guardian, but does not include a social worker working with a child in care through a voluntary agreement or court order.

Restorative Justice: Restorative justice is an approach to justice that focuses on the needs of the victims and the offenders, as well as the process, while offenders are encouraged to take responsibility for their actions.

Reviewable service: any of the following designated services:

- (a) Services or programs under the *Child, Family and Community Service Act* and the *Youth Justice Act*;
- (b) Mental health services for children;
- (c) Addiction services for children;
- (d) Additional designated services that are prescribed under s. 29(2)(b)

Trauma: The emotional impact of adverse experiences which can have a detrimental impact on future behaviour and coping ability. The effect of early childhood experiences has been studied extensively and is recognized as a primary contributor to adolescent maladjustment, negative health outcomes and difficulties with social relationships. These adverse experiences include, but are not limited to, physical and sexual abuse, extreme neglect, exposure to violence and traumatic separations.

Trauma-Informed: Approaches which ready a system or service for any individual or group with trauma experience by increasing awareness of the effects of trauma and integrating this knowledge into policies, practices and procedures.

Youth justice services: services for youth who have been accused or found guilty of a criminal offence and were aged 12 to 17 at the time of the offence. A youth may be subject to community-based services (such as probation), youth custody or a combination of both.

Appendix 2 – Criminal Justice outcomes flowchart

Before an offender can be successfully prosecuted for a sexual offence, the crime must be reported to the police. It is not required that the offence be reported by the victim as police detachments accept what are called third-party reports (reports from family members or service providers).

Of 145 reports of sexualized violence against children and youth in care received by the RCY, 133 were reported to the police.



Once the police have a report of a criminal offence, a file is opened and an investigation commences. The investigation involves gathering all available evidence of the alleged crime. Once complete, the police will determine whether there is sufficient evidence for a charge to be laid. If there is sufficient evidence, the file is forwarded to Crown Counsel for prosecution.

Of 133 reports received by police, 58 were forwarded to Crown Counsel and 2 were still under investigation by police at the time of data collection.



Crown Counsel will then make its own determination of whether the evidence is sufficient for a successful prosecution. This requires that the evidence demonstrate the alleged offender's guilt beyond a reasonable doubt.

Of 58 files received by Crown Counsel, 37 were prosecuted.



If Crown Counsel chooses to prosecute the alleged offender, a conviction occurs if the alleged offender pleads guilty or a court finds the offender guilty after a trial. Once a finding of guilt is made, a judge will determine the sentence.

Of 37 prosecuted files, 22 led to conviction, six resulted in no conviction, one file resulted in a Restorative Justice process and eight trials were pending at the time of this review.

Appendix 3 – Canadian Criminal Code sexual offences against children and youth

In the following definitions, sexual offences against children and youth include any sexual offence where the victim is between 0 and 17 years of age.

Sexual interference (section 151) criminalizes touching a person under the age of 16 years for a sexual purpose. The maximum penalties are 14 years' imprisonment if prosecuted by indictment and two years less a day if prosecuted by summary conviction. Mandatory minimum penalties of one year apply if prosecuted by indictment and 90 days if prosecuted by summary conviction.

Invitation to sexual touching (section 152) criminalizes inviting, counseling or inciting a person under the age of 16 to touch the body of any person for a sexual purpose. The maximum penalties are 14 years' imprisonment if prosecuted by indictment and two years less a day if prosecuted by summary conviction. Mandatory minimum penalties of one year apply if prosecuted by indictment and 90 days if prosecuted by summary conviction.

Sexual exploitation (section 153) criminalizes touching a person who is 16 or 17 years old for a sexual purpose or inviting, counseling or inciting that person to touch the body of any person for a sexual purpose, if the person who commits the offence is in a position of trust or authority toward the young person or if the young person is in an exploitative relationship or in a relationship of dependency with the person who commits the offence. The maximum penalties are 14 years' imprisonment if prosecuted by indictment and two years less a day if prosecuted by summary conviction. Mandatory minimum penalties of one year apply if prosecuted by indictment and 90 days if prosecuted by summary conviction.

Incest (section 155) is an indictable offence that criminalizes engaging in sexual intercourse with a blood relation, including parents, children, siblings and grandparents. A mandatory minimum penalty of five years applies where the victim is under 16 years of age.

Bestiality in the Presence of or by a Child (subsection 160(3)) criminalizes committing bestiality in the presence of a person under the age of 16 years and inciting a person under the age of 16 years to commit bestiality. The maximum penalties are 14 years' imprisonment if prosecuted by indictment and two years less a day if prosecuted summarily. Mandatory minimum penalties of one year apply if prosecuted by indictment and six months if prosecuted by summary conviction.

Voyeurism (section 162) is an offence that criminalizes surreptitiously observing or making a visual recording of a person in circumstances that give rise to a reasonable expectation of privacy. Printing, copying, publishing, distributing, circulating, selling, advertising or making available such a visual recording also constitute an offence. The maximum penalty is five years' imprisonment.

Publication of an intimate image without consent (section 162.1) includes knowingly publishing, distributing, transmitting, selling, making available or advertising an intimate image of a person, knowing that the person depicted in the image did not give their consent to that conduct, or being reckless as to whether or not that person gave their consent to that conduct. The maximum penalty is five years' imprisonment.

Child pornography (section 163.1) creates four offences that criminalize making, distributing, possessing and accessing child pornography. The maximum penalty for making or distributing child pornography is 14 years if prosecuted by indictment and two years less a day if prosecuted by summary conviction. Mandatory minimum penalties of one year apply if prosecuted by indictment and six months if prosecuted by summary conviction. The penalties for possessing or accessing child pornography are the same with the exception of the maximum sentence when prosecuted by indictment, which is ten years.

Parent or guardian procuring sexual activity (section 170) is an indictable offence that criminalizes parents and guardians of persons under the age of 18 years who procure that young person for the purposes of engaging in illegal sexual activity. The maximum penalty is 14 years' imprisonment and the mandatory minimum penalty is one year.

Householder permitting sexual activity (section 171) is an indictable offence that criminalizes owners, occupiers or managers of premises who permit a person under the age of 18 years to be on their premises for the purposes of engaging in illegal sexual activity. The maximum penalty is 14 years' imprisonment and the mandatory minimum penalty is one year.

Making sexually explicit material available to children (section 171.1) is an offence that criminalizes transmitting, making available, distributing or selling sexually explicit material to a child to facilitate the commission of a sexual offence against a child. The maximum penalties are 14 years' imprisonment if prosecuted by indictment and two years less a day if prosecuted by summary conviction. Mandatory minimum penalties of six months apply if prosecuted by indictment and 90 days if prosecuted by summary conviction.

Corrupting children (section 172) is an indictable offence which can result in a maximum of two years of imprisonment in cases where an individual under 18 is endangered or living in an unfit home due to the actions or behaviour of an adult. Charges may be laid under this section of the Criminal Code only if instituted by a recognized society for the protection of children or an officer of a juvenile court.

Luring a child via a computer (section 172.1) and **Agreement or arrangement – sexual offence against child (section 172.2)**. Luring a child via a computer is an offence that criminalizes communicating with a child by any means of telecommunication to facilitate the commission of a sexual offence against the child. Agreement or arrangement is a hybrid offence that criminalizes agreeing or making an arrangement with a person by means of telecommunication to commit a sexual offence against a child. For each of these offences, the maximum penalty is 14 years' imprisonment if prosecuted by indictment and two years less a day if prosecuted by summary conviction. Mandatory minimum penalties of one year apply if prosecuted by indictment and six months if prosecuted by summary conviction.

Exposure (section 173.2) involves exposure of the genital organs to a person who is under the age of 16 years, in any place, for a sexual purpose. Mandatory minimum penalties of 90 days apply if prosecuted by indictment and 30 days if prosecuted by summary conviction; maximum penalties are two years for indictable offences and six months for summary offences.

Sexual assault (level 1) (section 271) criminalizes assault of a sexual nature that involves a violation of the sexual integrity of the complainant. If the victim is under the age of 16 years, the maximum penalties are 14 years' imprisonment if prosecuted by indictment and two years less a day if prosecuted by summary conviction. Mandatory minimum penalties of one year apply if prosecuted by indictment and six months if prosecuted by summary conviction.

Sexual assault with a weapon or causing bodily harm (level 2) (section 272) is an indictable offence that criminalizes sexual assault involving a weapon, bodily harm or threats to cause bodily harm to a third party. The maximum penalty is life imprisonment where the victim is under 16 years of age; the mandatory minimum penalty is five years.

Aggravated sexual assault (level 3) (section 273) is an indictable offence that criminalizes sexual assault involving wounding, maiming, disfiguring or endangering the life of the complainant. The maximum penalty is life imprisonment where the victim is under 16 years of age; the mandatory minimum penalty is five years.

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