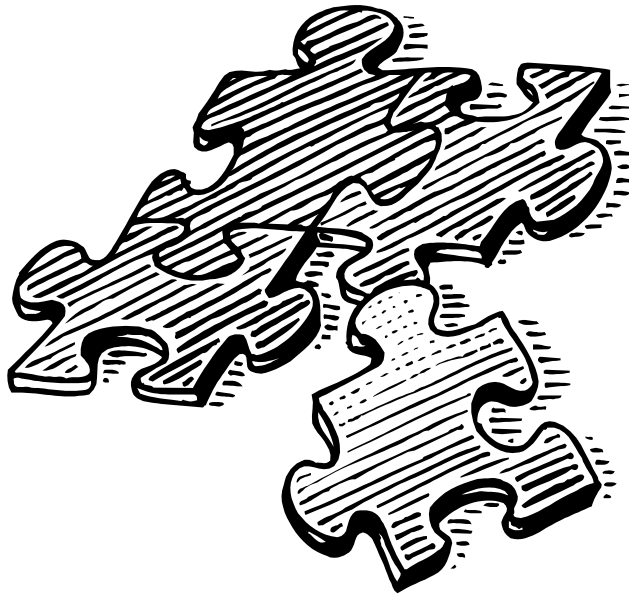


PARENTS AND CAREGIVERS INFORMATION HANDBOOK



**Child Abuse Prevention and Counselling Society of Greater Victoria
Mary Manning Centre
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www.marymanning.com**

Table of Contents

Indicators of Trauma.....	1
Behaviours and Feelings.....	4
Behavioural Changes.....	4
Physical Indicators.....	5
Behaviours Related to Sex and Sexuality in Pre-School Children.....	6
Behaviours Related Sex and Sexuality Young School-Age Children.....	7
Feelings.....	11
Identifying Triggers for Behaviours.....	12
Supporting a Child Who Has Been Sexually Abused.....	12
Setting Limits and Boundaries	14
Dealing with your Own Feelings	15
Information about the Criminal and Legal Process.....	16
Resources and Support Services	19
References.....	21

November 2002

INDICATORS OF TRAUMA

"Psychic trauma occurs when an individual is exposed to an overwhelming event resulting in helplessness in the face of intolerable danger, anxiety and instinctual arousal.

Eth & Pynoos (in Johnson, 1989)

Children's reactions to crisis are varied and complex. Because children do not have an established identity, and the ways in which they are able to cope are limited, they are at greater risk for traumatic reactions. In general, a child who is experiencing a traumatic reaction will show extremes of behaviour, either by under-responding or over-responding to a crisis situation. This psychological trauma can interrupt a child's normal developmental process.

It is important to note that since symptoms of trauma may be delayed (up to a year), they may not appear to be related to the crisis. Observation of the following symptoms reveals a child's distress and may indicate that a trauma has occurred in the child's life, either recently or in the past.

COGNITIVE:

IMMEDIATE RESPONSES

- confusion
- difficulty solving problems
- time distortions
- problems in setting priorities

DELAYED RESPONSE:

- confusion
- fear of going crazy
- preoccupation with the incident
- orientation toward the past
- denial of the importance of the event

Indicators of Trauma (continued)

PHYSICAL:

IMMEDIATE RESPONSES

- **pounding heart** θ **cramps**
- **other signs of shock** θ **headache**
- **nausea** θ **sweating**
- **muffled hearing**

DELAYED RESPONSES

- **fatigue**
- **increased illness**

EMOTIONAL

IMMEDIATE RESPONSES

- **irritability** θ **fear**
- **frustration** θ **anger**
- **anxiety**

DELAYED RESPONSES

- θ **fear of reoccurrence** θ **phobias**
- θ **oversensitivity** θ **depression**
- θ **grief** θ **guilt**
- θ **resentment** θ **worry about physical health**
- θ **self-destructive behaviours**

Indicators of Trauma (continued)

BEHAVIOURAL:

IMMEDIATE RESPONSES

- θ slowness
- θ aimless wandering
- θ out of control behaviour
- θ dejection
- θ memory problems
- θ hysteria
- θ hyperactivity

DELAYED RESPONSES:

- θ sleep problems
- θ relationship or family problems
- θ substance abuse
- θ flash backs
- θ social withdrawal
- θ avoidance of incident
- θ need to talk about event compulsively

Sources: *The Healing power of Play*
Trauma in the Lives of Children

BEHAVIOURS AND FEELINGS

Sexual abuse is a psychic trauma. It is thought that the impact of sexual abuse on children is dependent on a number of factors, including:

- Age and developmental level of the child**
- Emotional health prior to the abuse**
- Frequency and nature of the abuse**
- How the child perceived the action**
- The nature of the relationship between the child and the abuser**
- The type and amount of support received**
- The strength of the family system**

Some or all of these factors can modify the impact of the abuse, making it either more or less traumatic.

BEHAVIOURAL CHANGES WHICH MAY BE EXHIBITED BY A CHILD WHO HAS BEEN SEXUALLY ABUSED

Your child may show none, some, or all of these typical changes in behaviour:

- Fear of being left alone with an adult**
- Unusual fear of certain places, rooms or situations**
- Extreme anxiety about things in general**
- Withdrawn, uncommunicative or depressed**
- Nightmares or sleep disturbances**
- May be shy, afraid of speaking up, afraid of being singled out in a group, might daydream or be a loner**
- May find it difficult to assert themselves, becoming overly compliant, have difficulty knowing when and how to say "no"**
- Lack of spontaneity and playfulness**
- May neglect personal appearance and grooming in an attempt to look unattractive to avoid being abused**
- Either afraid of physical contact or clings and demands a great amount of physical contact**

Behavioural Changes Which May Be Exhibited By a Child Who Has Been Sexually Abused (continued)

- ❑ Psychosomatic complaints, e.g. frequent headaches, stomach aches or other bodily aches and pains, many of which may be focused in the vagina or anal area
- ❑ Regression to behaviour which the child had previously outgrown, e.g. thumb sucking, bed-wetting, whining, clinging, crying, nightmares
- ❑ Outbursts of temper and aggressive, abusive behaviour towards parents, teachers, siblings, peers, pets, property and themselves
- ❑ Involving themselves in risky, self-destructive or suicidal behaviour.
- ❑ Sexual behaviour problems, acting out in a sexual manner with other children, and “seductive” behaviour with adults. May masturbate in public, may masturbate excessively.

(Note: See the following charts which indicate the normal range of behaviours relating to sex and sexuality in pre-school and young school-aged children, as well as behaviours which signal concern and indicate that professional help should be sought.)

PHYSICAL INDICATORS WHICH MAY BE EXHIBITED BY A CHILD WHO HAS BEEN SEXUALLY ABUSED

- ❑ Difficulty walking or sitting
- ❑ Pain, swelling or itching in the genital area
- ❑ Bruises, bleeding or lacerations of the external genitalia, vagina or anal areas
- ❑ Pregnancy, especially in early teen years
- ❑ Pain during urination
- ❑ Vaginal/penile discharge
- ❑ Sexually transmitted diseases (STDs), especially in pre-adolescents
- ❑ Recurrent vaginal infection in a child under 12 years of age

Source: People Helping People: Canadian Mental Health Association, Manitoba Division

Behaviours Related to Sex and Sexuality in Pre-School Children

Normal Range	Of Concern	Seek Professional Help
Touches/rubs own genitals when diapers are being changed, when going to sleep, when tense, excited or afraid	Continues to touch/rub genitals in public, after being told many times not to do so	Touches/rubs self in public and in private to the exclusion of normal childhood activities
Explores differences between males and females, boys and girls	Continuous questions about genital differences after all questions have been answered	Plays male or female roles in an angry, sad, or aggressive manner. Hates own/other sex
Touches genitals, breasts of familiar adults and children	Touches genitals, breasts of adults not in the family. Asks to be touched himself/herself	Sneakily touches adults. Makes others allow touching, demands touching of self
Takes advantage of opportunity to look at a nude person	Stares at nude people even after seeing many people nude	Asks people to take off their clothes. Tries forcibly to undress people
Asks about genitals, breasts, intercourse and babies	Keeps asking even after parent has answered questions at age-appropriate level	Asks strangers after parent has answered. Sexual knowledge too great for age
Erections	Continuous erections	Painful erections
Likes to be nude. May show others his/her genitals	Wants to be nude in public after parents say "no"	Refuses to put on clothes. Secretly shows self in public after being scolded many times
Interested in watching people doing bathroom functions	Interest in watching bathroom functions does not wane in days/weeks	Refuses to leave people alone in bathroom. Forces way into bathroom
Interested in having or birthing a baby	Boy's interest does not wane after several days/weeks of play about babies	Displays fear or anger about babies, birthing or intercourse
Uses "dirty" words for bathroom and sexual functions	Continues to use "dirty" words at home after parent says "no"	Uses "dirty" words in public and at home after being scolded many times
Interested in own feces	Smears feces on walls or floors more than one time	Repeatedly plays with or smears feces, even after scolding
Plays doctor inspecting other bodies	Frequently plays doctor after being told "no"	Forces other child to play doctor, to take clothes off
Puts something in the genitals or rectum of self or others due to curiosity or exploration	Puts something in genitals or rectum of self or other child after being told "no"	Any coercion or force in putting something in genitals or rectum of other child
Plays house, acting and/or ruling as mommy and daddy	Humping other children with clothes on	Simulated or real intercourse without clothes, oral sex

Source: Johnson, T.C. *Behaviours Related to Sex and Sexuality in Kindergarten through Fourth Grade Children*

Behaviours Related to Sex and Sexuality in Young School-Aged Children

Normal Range	Of Concern	Seek Professional Help
Asks about the genitals, breasts, intercourse, and babies	Shows fear or anxiety about sexual topics	Endless questions about sex. Sexual knowledge too great for age
Interested in watching/peeking at people doing bathroom functions	Keeps getting caught watching and/or peeking at others doing bathroom functions	Refuses to leave people alone in the bathroom
Uses “dirty” words for bathroom functions, genitals, and sex	Continues to use “dirty” words with adults after parents say “no” and discipline	Continues to use “dirty” words even after exclusion from school and activities
Plays doctor inspecting others bodies	Frequently plays doctor and gets caught after being told “no”	Forces child to play doctor, to take off clothes
Boys and girls are interested in having/birthing a baby	Boy keeps make-believing he is having a baby after month(s)	Displays fear or anger about babies or intercourse
Shows others their genitals	Wants to be nude in public after parents say “no” and discipline the child	Refuses to put on clothes. Exposes self in public after being scolded many times
Interested in urination and defecation	Plays with feces. Purposely urinates on the floor	Repeatedly plays with or smears feces. Urinates on furniture on purpose
Touches/rubs own genitals when going to sleep, when tense, excited or afraid	Continues to touch/rub genitals in public after being told “no”. Masturbates on furniture or with objects	Touches/rubs self in public or in private to the exclusion of normal childhood activities. Masturbates on people
Plays house: may simulate all roles of mommy and daddy	Humps other children with clothes on. Imitates sexual behaviour with dolls/stuffed toys	Humping naked. Intercourse with another child. Forcing sex on other children
Thinks other-sex children are “gross” or have “cooties”. Chases them	Uses “dirty” language even when other children really complain	Uses bad language against other children’s families. Hurts other-sex children
Talks about sex with friends. Talks about having a boy/girl friend	Sex talk gets child in trouble. Gets upset with public displays of affection	Talks about sex and sexual acts a lot. Repeatedly in trouble in regard to sexual behaviour
Wants privacy when in bathroom or changing clothes	Becomes very upset when seen changing clothes	Aggressive or tearful in demand of privacy
Likes to hear and tell “dirty” jokes	Always getting caught telling “dirty” jokes. Makes sexual sounds, e.g. moans	Still tells “dirty” jokes even after exclusion from school activities
Looks at nude pictures	Continuous fascination with nude pictures	Wants to masturbate to nude pictures or display them
Plays games with same-aged children related to sex and sexuality	Wants to play games with much younger children related to sex and sexuality	Forces others to play games related to sex and sexuality. Group forces child(ren) to play

Normal Range	Of Concern	Seek Professional Help
Draws genitals on human figure	Draws genitals on one figure and not another. Genitals in disproportionate size to body	Genitals stand out as prominent feature. Drawings of intercourse, group sex
Explores differences between males and females, boys and girls	Confused about male/female differences after all questions have been answered	Plays male or female roles in a sad, angry or aggressive manner. Hates own/other sex
Takes advantage of opportunity to look at nude person	Stares/sneaks to stare at nude persons even after seeing many people nude	Asks people to take off their clothes. Tries forcibly to undress people
Pretends to be opposite sex	Wants to be opposite sex	Hates being own sex. Hates own genitals
Wants to compare genitals with peer-aged friend	Wants to compare genitals with much older or much younger children or adults	Demands to see the genitals, breasts, buttocks of children or adults
Wants to touch genitals, breasts, and buttocks of other same-aged child or have them touch him/her	Continuously wants to touch genitals with much older or much younger children or adults	Manipulates or forces other child to allow touching of genitals, breasts, buttocks. Forced mutual oral, anal or vaginal sex
Kissing familiar adults and children. Allowing kissing by familiar children or adults	French kissing. Talks in sexualized manner with others. Fearful of hugs and kisses by adults. Gets upset with public displays of affection	Overly familiar with strangers. Talks in a sexualized manner with unknown adults
Looks at the genitals, buttock, breasts of adults	Touches/stares at the genitals, breasts, buttocks of adults. Asks adults to touch them on genitals	Sneakily or forcibly touches genitals, breasts, buttocks of adults. Tries to manipulate adults into touching them
Erections	Continuous erections	Painful erections
Puts something in own genitals/rectum	Puts something in own genitals or rectum when it feels uncomfortable. Puts something in the genitals/rectum of other children	Any coercion or force in putting something in genitals or rectum of other child. Anal, vaginal intercourse. Causing harm to own genitals, rectum
Interest in breeding behaviour of animals	Touching genitals of animals	Sexual behaviours with animals

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FEELINGS WHICH MAY BE EXPERIENCED BY A CHILD WHO HAS BEEN SEXUALLY ABUSED

- **Fear:** stemming from threats the abuser used to keep the child from telling; of being blamed for the abuse; of disrupting family life; of being seen as weird or different; of having been damaged physically.
- **Anger:** stemming from not understanding why someone they trusted would hurt them; may think that other adults did not protect them.
- **Feeling Different:** that they are the “only ones”; believe that if others know, they would be labelled weird or different.
- **Guilt and Shame:** children may think they are to blame for the abuse, leading to feelings of low self-esteem, guilt, shame; may feel they must have done something to deserve the abuse; shame might come from good body feelings they had from sexual abuse acts; may also feel guilt, because they feel responsible for family disruption or for getting the abuser into trouble.
- **Feeling inadequate, worthless, and unloved.**
- **Confusion:** It is common for a child to have two or more conflicting feelings. A child might also be confused about touching, in terms of what is affectionate and what is abusive.

A child who seems “worse” can actually be doing better. It may be that they are hiding less inside and are finding ways to express their feelings to you. A child who seems to be “over it”, who then falls back into some of these behaviours, may be trying to understand and deal with what is happening.

Healing takes time and it is important to allow children to be able to take their own time.. It is very likely that the child will be processing the abuse at each new developmental stage.

**Sources: *Good Things Can Still Happen (video)*
Helping Your Child Recover from Sexual Abuse
*Spiders and Flies***

IDENTIFYING TRIGGERS FOR BEHAVIOURS

Recovering from sexual abuse is not smooth and even. Sometimes angry outbursts, nightmares or other behaviours can be triggered by seeing the abuser again, by having to go to court, by seeing something on TV, by other auditory, visual, or sensory stimuli, or by changes in the home which remind the child of the abuse.

Being aware of the triggers for your child will help you to gain perspective on the underlying reasons for your child's behaviour, and allow you to offer the type of safeguards and support that your child needs.

SUPPORTING A CHILD WHO HAS BEEN SEXUALLY ABUSED

Be patient. As mentioned, recovery may take time.

Recognize your child's needs: to be loved, accepted, believed, and to feel safe. Your child needs to rebuild feelings of self-worth. Tell your child you care, and show them affection, reassuring in words or actions they are safe and loved.

Create an open atmosphere to talk with your child and help them identify, express, and work through feelings about the abuse and what has happened since. Answer questions calmly and honestly.

Realize that because your child may want to protect you or not upset you, they may keep their feelings inside. Your child needs to know that you can handle whatever they have to say.

Try to understand if your child feels angry towards you; they may feel that you should have protected them. (For your part, know that a parent does not always know about the abuse.)

Explain to your child that they are not responsible for your reactions. You may need to get help in dealing with your feelings. If you are not in a position to provide emotional support for your child, ask someone else to do so.

It is important to help your child grieve: withdrawal, anxiety, anger, aggressiveness, despair, and sadness may all be signs of grieving.

Give your child an opportunity to express their feelings in appropriate ways that are not abusive to themselves or others. Allowing your child to draw the incident or play with toys/dolls about the incident allows them to resolve their anger, instead of expressing it in aggressive or sexual play with friends.

Recognize that some aspects of the abuse (affection, physical contact, and attention) may have been pleasurable for your child. Your belief that the abuse was a terrible experience may make your child feel guilty.

Tell your child that sexual feelings are not bad or wrong, but it is unfair for someone in a position of power to sexually abuse them. Help them to understand their bodies have automatic responses to sexual stimuli and that these responses are normal.

Children who are concerned about being “damaged” inside should be examined by an understanding doctor and reassured.

Don't let the child think that they caused pain or misery in the family because they told what happened.

Be careful which family members and friends you tell about the abuse, as your child may care who knows, and not everyone will be supportive.

Don't make promises you cannot keep, e.g. “I won't let it happen again.” Tell the child you will try to make sure it doesn't happen again.

Don't make any promises about what might happen to the offender.

Help your child understand why other people (doctor, police, social workers, counsellors) are involved, and why you need to tell them some things.

Protect your child from any further abuse by preventing contact with the offender and by reducing the number of strangers the child is exposed to.

Return to a regular routine as soon as possible and try to be consistent and predictable in your behaviour and in your routine.

Provide encouragement, support and lots of time to prepare if there is going to be a change or you want them to do something new and different.

Provide clear boundaries and protection mechanisms.

Give them positive feedback about themselves (appearance, small achievements, creativity, etc.)

Make the child feel safe: supervise activities, don't leave them with people they don't know or trust.

Change the environment of a room they are afraid of and help them build a sense of safety.

Work through traumatic nightmares.

Talk about normal kid things, not just things that have to do with the abuse.

Encourage physical and social activities.

Avoid overprotection for older children (i.e. 10+).

Talk to children about personal rights, about different types of touches, and let them know it is their right not to be subjected to bad touches.

Children who have been sexually abused are struggling to regain control over their environment. Some ways in which a child gains control are being able to

listen to her/himself, feeling strong rather than helpless, being able to make some choices and trusting feelings.

You can look forward to your child stabilizing, especially if they are getting help from a professional who is knowledgeable about sexual abuse. Stabilized means your child has returned to kid activities and has resolved as much as he/she can about the abuse at this stage.

Sources: *Helping your Child Recover from Sexual Abuse*
Helping Your Sexually Abused Child
Dealing with Your Own Feelings

SETTING LIMITS AND BOUNDARIES

Setting boundaries, providing clear guidelines and being consistent about setting limits on your child's behaviour when they lose control can show your child that they still have a parent who will keep their world secure.

If your child insists on activities that you consider seductive, dangerous, improper or risky, you may be unsure about setting limits for fear of inhibiting your child or conveying shame. The question to ask is: "How would I handle this if the abuse had not take place?" You may not know the answer, but asking the question can lead to constructive problem solving. Children do best when they are treated as if they are sturdy and capable of repair, and so long as you are careful to provide nurturing care, there is no reason to handle problems as if your child is fragile.

Be very clear about what behaviour is and is not okay or safe. It is important to help your child recognize appropriate ways of asking, showing and receiving affection, gaining comfort and pleasure. Absorb and allow a child's anger, while setting limits on it when it becomes abusive and hurtful to themselves or others.

Limits are needed whether the activities are a result of sexual abuse or normal experimentation. Because you want to allow children healthy sexuality and protect them from shame, you may not be certain what behaviour should be stopped. Some guidelines of appropriate/inappropriate sexual behaviour are as follows: sexual exploration between siblings, e.g. playing doctor, is normal. You may suggest some rules around this play. If either child appears to be sexually aggressive or is using an object, that is not normal exploration and signals a need for help. Children sometimes act out on other children what happened to them. Do not leave your child unsupervised if you know that they have initiated sexual activity. Be honest with your child about why you are curtailing activities.

Give children clear rules and standards about sexual behaviour, encouraging them to talk openly with someone they trust. It is important to allow normal

sexual curiosity and sexual play to occur while at the same time preventing abusive encounters

*Sources: Helping Your Child Recover From Sexual Abuse
Helping Your Sexually Abused Child.*

DEALING WITH YOUR OWN FEELINGS

➤ SOME FEELINGS YOU MAY BE EXPERIENCING

Realize it is normal to be in crisis after your child has been sexually abused. Catastrophes make us go numb and so you may only be able to do what you need to get through and not much else. It is likely to be sapping enormous energy, as you do what you can to “keep it together.” At times it may seem that if you show your feelings, you will fall apart (not be able to stop crying) and not be there for your child at all.

For parents, sexual abuse of a child is an incredible loss and you may be going through a grief process. Pain and grief come in waves. Loss also triggers grieving you didn’t do when you suffered earlier losses in your life. You may experience feelings similar to those of a person who has lost a loved one through death. Your child is going through the same process.

➤ SOME FEELINGS THAT MIGHT BE SURFACING

- Sense of failure as a spouse or parent (remember that parents cannot be expected to know all, see all and never make mistakes.)
- Loss of confidence in your ability to parent.
- Enormous and overwhelming guilt.
- Sorrow at your child’s loss of “innocence”.
- Betrayed by your child or spouse.
- Conflicting emotions: anger, rage, revenge, depression, confusion, shame, helplessness, feelings of isolation, powerlessness.
- Not being able to foresee a time when you will feel normal again.

These feelings may be expressed in a variety of ways including: difficulty sleeping, moodiness, difficulty concentrating, a knot, pain or ache in the stomach, or other physical reactions. If you are experiencing any of these feelings or symptoms, let someone know so that you can get support and so your child will not be without support.

➤ **CARING FOR YOURSELF AND GETTING SUPPORT**

Parents of sexually abused are asked to put their feelings aside and concentrate on being a support to their children. That is not easy if you do not have support yourself.

- ❑ **Surround yourself with friends and family who are not critical, join a support group, or see a counsellor.**
- ❑ **Choose the people you confide in with care. Some will be comforting and provide support, others might deny the abuse took place and accuse your child of making it up, or either blame the child for the abuse, or for failing to protect the child.**
- ❑ **If the sexual abuse was incest, it is even more important to get support for yourself, because many people may be critical of you.**
- ❑ **If you were sexually abused when you were young, it may be difficult to support your child unless you have dealt with the feelings surrounding your own abuse.**

In addition to the above, the following are some further suggestions on self care:

- ❑ **Recognize that you have your own needs and realize that you need time for yourself.**
- ❑ **Find time to cry or express your feelings.**
- ❑ **Try not to dwell on what you should have done.**
- ❑ **Schedule a time to grieve; clear space for it.**
- ❑ **Don't lose your usual stress outlets – exercise, reading, hot baths, gardening, watching TV, etc.**

Sources: *A Guide For The Parents of Sexually Abused Children*
Helping Your Child Recover From Sexual Abuse.

INFORMATION ABOUT THE CRIMINAL AND LEGAL PROCESS

COMPLAINT AND POLICE INVESTIGATION

- ❑ **The role of the police is to investigate reported incidents of crime and recommend to the Crown Counsel (prosecutor) what charges should be made.**

- ❑ The investigation often includes interviews with the victim, witnesses and suspect, and collection of physical evidence.

DECISION TO PROSECUTE

The information from the investigation is given to the Crown Counsel, who decides whether to approve charges and proceed with the prosecution. If the Crown decides to proceed, the case is prepared for trial and the Crown interviews and prepares witnesses to testify at a trial.

RIGHT TO COUNSEL

- ❑ At any stage in the legal proceedings, the accused has the right to consult legal counsel (called the defence counsel).
- ❑ Defence counsel might persuade the Crown to withdraw or reduce the charges.

COURT APPEARANCE AND ENTERING A PLEA

- ❑ The accused appears in court to answer to the charges and enter a plea. The accused is always entitled to ask for an adjournment in order to obtain legal counsel.
- ❑ If the accused enters a “guilty” plea, there is no need for a trial, and sentencing may occur immediately or a date for sentencing is set.
- ❑ If the accused enters a “not guilty” plea, the case is set for trial, usually scheduled for a time several months away.
- ❑ The accused might either be released or detained in custody to await trial (a decision that the court makes).

TRIAL

(Note: it can take up to a year or more before a case goes to trial)

- ❑ The evidence of the Crown is presented. The victim usually testifies as a witness for the Crown.
- ❑ The evidence of the defence is also presented. The accused may or may not testify at the trial.
- ❑ Very strict rules of evidence are in place to ensure that an accused person is only convicted if there is evidence to establish guilt “beyond a reasonable doubt.”

CONVICTION AND SENTENCING, OR ACQUITTAL

- ❑ If the accused is found guilty, they are then sentenced or a date is set for sentencing.

- ❑ Sentencing might include a fine, probation, prison term or a combination.
- ❑ A conviction results in a criminal record.
- ❑ If the accused is acquitted, they are released immediately.

APPEAL PROCESS

An appeal against a conviction or sentence must be filed by the Crown or defence counsel within 30 days, unless this period is extended by Appeal Court due to extenuating circumstances.

*Sources: A Legal Handbook for the Helping Professional
Child Witness Preparation Manual
Victoria Police-Volunteer Training Handout*

RESOURCES AND SUPPORT SERVICES

BC Society for Male Survivors of Sexual Abuse

#302 – 531 Yates Street
Victoria, BC V8W 1K7
(250) 381-0493
www.vcn.bc.ca/bcsmssa1/

Children Who Witness Abuse Counselling Program

(250) 592-2927, ext. 11

Child Abuse Prevention and Counselling Society of Greater Victoria

Mary Manning Centre
730 Quadra Street
Victoria, BC V8V 4Z5
(250) 385-6111
admin@marymanning.com
www.marymanning.com

Dallas Society

(alcohol, drug and gambling prevention and treatment services)
#304 – 1095 McKenzie Avenue
Victoria, BC V8P 2L5
(250) 727-3544
www.dallassociety.com

Kids Help Phone

1-800-668-6868
www.kidshelp.sympatico.ca

Law Centre (legal advice and assistance)

1221 Broad Street
Victoria, B.C.V8W2A4
(250) 385-1221
www.thelawcentre.ca

Ministry for Children and Family Development

To report abuse/neglect concerns
310-1234 (Province wide, toll free, no area code needed)

Need Crisis & Information Line (24hr)

P.O. Box 5112, Station B
Victoria, BC V8R 6N3
(250) 386-6323

Parents Support Services
941 Kings Road
Victoria, BC V8T 1W7
(250) 384-8042

Parents Together
(help and support for parents experiencing difficulties with their teenagers,
operated through Boys and Girls club)
(250) 474-6468

Separation and Divorce Resource Centre
730 Quadra Street
Victoria, BC V8V 4Z5
(250) 386-4331
sdrc@intertrek.com

Single Parent Resource Centre
602 Gorge Road East
Victoria, BC V8T 2W6
(250) 385-1114

Victoria Women's Transition House (24hr shelter & crisis line)
P.O. Box 5986, Station B
Victoria, BC V8R 6S8
(250) 385-6611
www.transitionhouse.net

Women's Sexual Assault Centre
2nd Floor, 754 Broughton Street
Victoria, BC V8W 1E1
(250) 383-3232 (24hr support & information)
vwsac@vwsac.com
www.vwsac.com

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