

# SEXUAL ABUSE IN CANADIAN ABORIGINAL COMMUNITIES: A BROAD REVIEW OF CONFLICTING EVIDENCE

Delphine Collin-Vézina  
McGill University

Jacinthe Dion  
Université du Québec à Chicoutimi

Nico Trocmé  
McGill University

## ABSTRACT

Child sexual abuse (CSA), a prevalent problem across cultures and countries, threatens the well-being of victims, their families, and communities. Reports on the rates of CSA among Aboriginal people in Canada differ on the extent of this problem in the communities, with some studies reporting epidemic rates of sexual exploitation of Aboriginal children. Careful analysis and interpretation is required to more accurately capture the scope of CSA in Canadian Aboriginal communities. This broad review of evidence on CSA clearly shows the striking differences between adult reports of CSA experiences that occurred many years or decades ago and current cases of children and youth investigated for CSA. On one hand, after discarding misquoted research and studies conducted with at-risk populations, we find an estimate of 25–50% CSA prevalence rate in Aboriginal adults surveyed across Canada in the past 20 years. Based on the review of this literature, CSA seems to be a prevalent social problem in both Aboriginal and non-Aboriginal adults, although research indicates the former group is more

at risk than the latter. On the other hand, recent cases investigated by the Canadian child protection services show CSA is a less common problem for Aboriginal children and youth (0.53 by 1000) than for their non-Aboriginal counterparts (0.62 by 1000). Given that most CSA cases, across all cultures, never come to the attention of the authorities, the striking difference between current CSA rates among children and youth and adult reports of CSA experiences raises several critical questions. Are Aboriginal children experiencing significantly lower rates of sexual abuse than their parents, or is sexual abuse being dramatically underreported both for Aboriginal and non-Aboriginal children? Exploring both sides of this problem increases our understanding of CSA in Aboriginal communities and brings critical new light to this social problem. Future directions for research are proposed to generate sound statistical data that will provide the basis for developing appropriate policies, legislation, and services for victims.

**Keywords:** child sexual abuse; Canadian Aboriginal communities; review, prevalence and incidence studies

## INTRODUCTION

Child sexual abuse (CSA) provokes reactions of indignation and incomprehensibility across all cultures. Although CSA is recognized as a serious violation of human well-being and of the law, no community has yet developed mechanisms that ensure none of their youth will be sexually abused. CSA is, sadly, an international problem (Finkelhor, 1994). While data from the 1998 and 2003 *Canadian Incidence Studies of Reported Child Abuse and Neglect* point to a decline in the number of cases investigated for CSA in recent years (Trocmé et al., 2005a; 2001), Canadian youth are still vulnerable to sexual victimization — some are identified by child protection authorities or the police while many others remain undetected. Since only 3–5% of CSA victims ever disclose to authorities (Finkelhor and Hotaling, 1984), our ability to accurately estimate the full scope of CSA is limited. It is particularly difficult to assess the scope of CSA in Canadian Aboriginal communities. Some studies conducted with Aboriginal adults have reported shockingly high rates of CSA, while the number of sexual abuse cases reported to child protection authorities is fairly low. Inconsistent reports of CSA in Aboriginal communities require careful analysis and interpretation. This paper reports on the available data sources to more accurately evaluate the scope of this devastating social problem.

## WHAT IS CONSIDERED CHILD SEXUAL ABUSE?

CSA is defined as *any sexual activity* perpetrated against a minor by threat, force, intimidation, or manipulation. The array of sexual activities includes fondling, inviting a child to touch or be touched sexually, intercourse, rape, incest, sodomy, exhibitionism, or involving a child in prostitution or pornography (Department of Justice Canada, 2006).

CSA is a major risk factor for a host of negative consequences, including an increased likelihood of mental health disorders such as major depression and posttraumatic stress disorder, as well as adjustment problems including lack of self-confidence and distrust of others (Putnam, 2003). As Bopp and Bopp (1997) wisely point out in their manual for front-line care workers dealing with sexual abuse with First Nations communities, this type of violence is “like injecting a dangerous virus into someone’s body”; even if the effects are not visible from the outside, the person still carries the threat to his well-being. CSA affects the current lives of victims and their future. Substance misuse and abuse, suicide attempts, and social dysfunction may all mask the suffering of a person not healed from past CSA. Among Aboriginal communities, CSA is a strong predictor of utilization of mental health and substance abuse treatment services (Robin et al., 1997). Families and communities also suffer from knowing that an abusive relationship existed within their own people. Research has shown that Aboriginal victims of CSA present with as many — if not more — mental health problems than non-Aboriginal victims. Indeed, Suzanne Barker-Collo from Lakehead University (1999) showed that Native Canadian women reported significantly more overall symptoms, following sexual abuse, than non-Natives. The 60 Native women she surveyed also showed higher levels of somatic, sexual, and sleep-related symptoms than their 78 Caucasian women counterparts. These results may be explained, at least in part, by the cumulative negative life experiences that many Aboriginal women have to deal with, in addition to sexual abuse, including physical violence and neglect, poverty, and the substance abuse of family members (McEvoy and Daniluk, 1995).

## IS CHILD SEXUAL ABUSE A NEW PHENOMENON IN ABORIGINAL COMMUNITIES?

CSA is not specific to Aboriginal communities; it is a worldwide phenomenon of human (dysfunctional) relationships. Communal cultures, especially those who attribute prestige and great respect to women, are expected to have the lowest rates of sexual abuse (Hylton, 2002). Therefore, there are

many who believe that sexual abuse of children and women was relatively rare in many Aboriginal communities, especially matriarchal ones.

If we look far enough back into the cultural past, most aboriginal communities had specific taboos and warnings, proverbs and prescribed protocols (i.e. rules of behavior), that told people how to behave, and what to avoid with respect to sexuality and gender relations. An example of this is found in rules that limited contact between in-laws in many nations. All cultures had boundaries for appropriate sexual behavior. Promiscuity as defined by the cultures was not tolerated from either sex and incest was strictly forbidden. Rape was very uncommon and regarded as a serious offense, for which there were heavy consequences. Sexual acts between adults and children were prohibited as well. (Bopp and Bopp, 1997, p. 8)

That being said, as in all cultures, some violations of rules and deviant behaviors were probably part of Aboriginal lives even in the past. There is evidence that violence against women occurred in Aboriginal communities before the European contact (LaRocque, 1993). While there is no evidence that the extent of this problem in any way resembled what is happening today, we cannot deny that violence within the family and sexual abuse were problems in Aboriginal communities (Hylton, 2002). Reference to child abuse and CSA can be found in Inuit legends and stories (Kublu, 1999). One legend says that sexual violence was the creation of the Moon and the Sun. This is the story of Siqiniq who, isolated in her *iglu* after giving birth, is sexually assaulted. To identify her abuser, she uses a trick and shockingly discovers that the person who assaulted her is her brother. In anger, she cuts off her breasts and gives them to him. He goes outside and runs around the *iglu*, chased by his sister. Since this time, Siqiniq (the sun) has chased Taqqiq (the moon) across the sky. The details of this legend vary from one source to another but all versions refer to sexual abuse as the starting point of the conflicting relationship between the two siblings, and all of them mention the emotional impact of sexual abuse, especially the victim's feelings of anger and betrayal. With more than 600 Aboriginal communities across Canada, as well as a wide diversity of Inuit; Innu; and Metis cultures, this story should be considered relevant to specific communities, rather than representative of all Aboriginal peoples in Canada.

### WHY IS CSA BELIEVED TO BE PREVALENT IN THE CURRENT LIVES OF ABORIGINALS?

Studies conducted among Indigenous communities in the US and Australia indicate a high risk of violence for Aboriginal women, including partner vio-

lence and sexual assaults (Wahab and Olsen, 2004). Violence in Aboriginal communities has its roots, at least in part, in historical trauma and in the social realities created by historical processes. Several traumas have disrupted the climate of harmony, respect, and mutual cooperation that bound Aboriginal families and communities in the past. These traumas include: successive epidemics of small pox and influenza that killed 90 % of entire Aboriginal populations; loss of traditional lands and livelihoods; loss of political and cultural autonomy; the destruction of traditional languages, religions, cultural foundations, and family life through economic and political colonization, forced religious conversion, and residential schools (Kirmayer, Brass, and Tait, 2000; Royal Commission on Aboriginal Peoples, 1996). Susan Abadian (1999) argues that the social and political violence inflicted on Aboriginal communities across Canada through the residential school system created patterns of violence still experienced in some communities, and introduced the family and community to behaviours impede collective recovery. The concept of unresolved historical grief acknowledges the impact of losses and traumas across generations, leading to the current social pathology among Aboriginal communities, including child abuse (Brave Heart and De Bruyn, 1998). The current difficulties faced by Aboriginal people may also be explained by traumatic memories passed down the generations, as Wesley-Esquimaux and Smolewski (2004) propose in their model of historic trauma transmission. Several mechanisms by which trauma could be transmitted from one generation to the next were included in their model:

biological (in hereditary predispositions to PTSD), cultural (through story-telling, culturally sanctioned behaviours), social (through inadequate parenting, lateral violence, acting out of abuse), and psychological (through memory processes) channels. (2004, p. 76)

Present generations also have to deal with losses of many family members, relatives, and friends through alcohol-related accidents, homicides, and suicide (Brave Heart and De Bruyn, 1998).

There is, however, a dearth of sound evidence on the scope of CSA in the lives of Aboriginal people in Canada. Some propose that open discussions on CSA have just begun in Aboriginal communities in Canada (Hylton, 2002). Surrounded by great taboo, the problem of CSA may resemble an iceberg: few victims come to the attention of the authorities; the majority remains hidden and silent. This paper presents the current evidence on CSA in Aboriginal children and youth, to deepen and clarify our understanding of the problem. We review the data from prevalence studies — where adults

are asked if they were sexually abused as children — and incidence investigations — where the current number of sexual abuse cases investigated by the authorities are recorded.

## PREVALENCE SURVEYS

Prevalence estimates are gathered by conducting population-based surveys on a specific topic. In the case of CSA, a common strategy is to ask adults if they were abused before the age of 18. The more diverse and representative the adult backgrounds are, the more we can apply the results to a whole population. Unfortunately, there are no Canada-wide prevalence studies of CSA in Aboriginal communities, only small sample clinical studies and regional inquiries, which may not accurately represent all Aboriginal communities. The present review of the literature **comprises 20 Canadian studies of CSA rates in Aboriginal communities from 1989–2007. The search strategy included reviewing published research** from scientific databases (e.g., PsycInfo, Social Work Abstract), the Internet, community organizations, and colleagues in the field. Research was included if it provided detailed rates of unwanted sexual experiences before the age of 18. The details of the studies reviewed are presented in Table 1. When possible, data was disaggregated to reflect the three major cultural groups of Aboriginal peoples in Canada (First Nations, Inuit, and Métis). However, most of the studies either merged data from various Aboriginal groups, or did not indicate the groups in which the participants categorized themselves. In some studies, participants were recruited within specific experiences (prostitution, jail sentences, detoxification treatment), which limits our ability to generalize the results to all Canadian Aboriginal men and women. Few studies mentioned whether the Aboriginal people surveyed were living on or off the reserve, which may have affected their results. Indeed, data on sexual offenses reported to the police in Canada, analyzed by Melanie Kowalski in 1996, show that sexual abuse occurs 2–3 times more often on Aboriginal reserves than in small urban or rural communities, although it is very difficult to obtain a clear picture of the situation for some Aboriginal groups. According to Emma LaRocque from the University of Manitoba:

Since it is considerably more difficult to get precise statistics on Métis people, it is virtually impossible to say with any exactness the extent of sexual violence in Métis families and communities. However, as more victims are beginning to report, there is every indication that violence, including sexual violence, is just as problematic, just as extensive as on reserves. (LaRocque, 1993, p. 72)

**Table 1: Prevalence Rates of CSA in Aboriginal Peoples in Canada across Different Studies**

<i>Authors</i>	<i>Year</i>	<i>Samples of participants</i>	<i>Rates of CSA</i>
<b>Aboriginal/Native (no further specified)</b>			
Callaghan et al.	2006	751 Aboriginal adults in detoxification treatment in British Columbia	30.8% Women 16.2% Males
Corrado et al.	2003	Case file reviews of 127 Aboriginal who are litigants against the federal government of Canada and churches for abuses they suffered while students at residential schools from 24 communities	100.0%
Embree and De Wit	1997	523 Native adults from one Canadian Aboriginal community	27.0%
Farley et al.	2007	52 Aboriginal women prostituting in Vancouver	96.0%
Gagnon et al.	2006	85 Aboriginal women from one community in the province of Quebec	38.0%
GRIPMA	2005	Interviews with 81 interveners from diverse communities in the province of Quebec	50.0-70.0%
Heath et al.	1999	57 gay Aboriginal men in Vancouver	47.0%
Hewitt and Auger	1995	961 Aboriginal students in grades 5 to 12 in 28 schools in Alberta	20.0% (exhibitionism) 17.0% (genital fondling) 14% (intercourse)
Kingsley and Mark	2000	150 commercially sexually exploited Aboriginal women from 22 Canadian communities	80.0%
La Prairie	1995	621 Aboriginal adults from different urban centers in Canada	49.0%
LeClair et al.	1996	596 files of federally incarcerated Aboriginal sex offenders	75.0%
Levan	1989	Interviews with 50 service agency workers, native elders, community leaders, sex offenders and victims of sexual abuse from 6 Western Arctic communities.	80.0%
Ontario Native Women's Association	1989	104 Aboriginal women on and out of reserve in Ontario	57.0%
First Nations Centre at the National Aboriginal Health Organization	1997	1088 adults selected from all Aboriginal communities in Ontario using stratification strategies by geographical regions, age, and sex	34.0%
Rojas and Gretton	2007	102 Male Aboriginal sex offenders in British Columbia	65.5%
Van der Woerd et al.	2006	939 Aboriginal youth in grades 7-12 from the province of British Columbia	28.0%
Young and Katz	1998	368 Aboriginal women attending a community health center in Winnipeg	44.8%
<b>Inuit</b>			
Lavoie et al.	2007	969 Inuit aged 15 and over in Nunavik	
Minde and Minde	1995	59 Cree girls aged 4-16 year-old	
<b>Métis</b>			
Métis National Council	1992	60 Métis people in and around Edmonton	23.0%

Although methodologically limited for the reasons mentioned above, these 20 studies reveal rates of CSA victims among Aboriginal adults ranging from moderate (16%) to extremely high (100%). Moderate rates (16–36%) were found in 8 studies, 6 of which were conducted among adult samples: 85 Aboriginal women from a community in the province of Quebec (Gagnon et al., 2007); 51 Aboriginal adults in detoxification treatment in British Columbia (Callaghan et al., 2006); 523 Native adults from one Canadian Aboriginal community (Embree and De Wit, 1997); 60 Métis people in and around Edmonton (Métis National Council, 1992); 969 Inuit people aged 15 and over (Lavoie et al., 2007); and 1088 adults selected from all Aboriginal communities in Ontario stratified by geographical region, age, and sex (First Nations Centre at the National Aboriginal Health Organization, 2004). One study (Callaghan et al., 2006) specified rates by gender and found women to have almost twice the risk for CSA as men (30.8% versus 16.2%). Another (Gagnon et al., 2007) specified that 22% of the reported sexual abuse events were committed in residential school settings. One study found that severe forms of CSA were more prevalent than less severe, noncontact, CSA among sexually abused First Nations victims: 25.6% reported some type of CSA with contact; 24.9% reported that someone had tried to have sex with them; 16.7% reported that someone had exposed themselves; and 15.3% reported that someone had threatened to have sex with them (First Nations Centre at the National Aboriginal Health Organization, 2004). Two of the studies reporting a moderate rate were conducted among samples of minors. The first one found a CSA prevalence rate of 28% among 939 Aboriginal youth in grades 7–12 from the province of British Columbia (Van der Woerd et al., 2006). The second study was conducted among 961 Aboriginal students in grades 5–12 in 28 schools in Alberta (Hewitt and Auger, 1995). The Alberta study did not report an overall CSA prevalence, but divided up the rates by CSA severity types: 20% of the sample reported that someone exposed themselves to them; 17% that someone touched their private parts; and 14% that something else not wanted happened, including oral sex, sexual intercourse, forced masturbation, and anal penetration. In this study, girls had about two times the risk as boys for all three types of CSA.

Seven studies reported high rates of CSA with about half of Aboriginal adults reporting an unwanted sexual experience in their childhood or teenage years (44–67%). These studies were conducted on diverse samples, including 52 gay Aboriginal men in Vancouver (Heath et al., 1999), 621 Aboriginal adults from various urban centres in Canada (La Prairie, 1995),



104 Aboriginal women on and off reserve in Ontario (Ontario Native Women's Association, 1989), 102 male Aboriginal sex offenders in British Columbia (Rojas and Gretton, 2007), 368 Aboriginal women attending a community health centre in Winnipeg (Young and Katz, 1998). One of these studies (Minde and Minde, 1995) was conducted among 59 Cree girls aged 4–16. One survey (Groupe de recherche et d'interventions psychosociales en milieu autochtone [GRIPMA], 2005), conducted in the province of Quebec among 81 workers in Aboriginal communities, showed that most respondents thought 50–70% of the women in the population they serve were sexually abused.

Five studies found extremely high rates of CSA, ranging from 75–100%. Three of these studies were conducted on specific high-risk subpopulations of Aboriginal people that are prostitutes (Farley et al., 2005; Kingsley and Mark, 2001) or litigants against the Canadian government and churches for abuses they suffered while they were students at residential schools (Corrado and Cohen, 2003). Results from the study conducted by LeClair and Associates (1996) have often been misquoted, in one case reporting that “75% of Aboriginal girls under the age of 18 have been sexually abused” (Jiwani et al., 1999; incorrectly citing McIvor and Nahanee, 1998). The original results are as follows: a review of 596 files of federally incarcerated Aboriginal sex offenders showed that 75% of their victims were Aboriginal females under the age of 18. This study therefore shows that 75% of Aboriginal offenders' victims were female Aboriginal children and youth, and not that 75% of the entire population of Aboriginal girls were sexually abused. The study (Levan, 1989) which found an extremely high CSA rate (80%) has been misquoted as well. In this study, interviews were conducted with 50 service agency workers, Native Elders, community leaders, sex offenders, and victims of sexual abuse from 6 communities of the western Arctic. From these interviews, the author deduced that up to 80% of the Aboriginal Arctic girls have been sexually abused. This rate was never alleged to be a true estimate of CSA prevalence, despite subsequent reports in other studies, for instance in the Royal Commission on Aboriginal Peoples (1996).

In brief, if we discard studies that were misquoted and those conducted among very high risk populations, it is realistic to believe that about 25–50% of Aboriginal adults were sexually abused before reaching the age of majority. We can speculate whether this 25–50% CSA rate parallels the rate found in Canadian non-Aboriginal communities. Some of the 18 studies allowed comparison among Aboriginal and non-Aboriginal people. Young and Katz

(1998) compared CSA rates of 368 Aboriginal women to 474 non-Aboriginal women, all attending a community health centre in Winnipeg. They found that the prevalence of CSA was significantly higher for Aboriginal than non-Aboriginal women (44.8% versus 30.1%,  $p < 0.001$ ). In a group of gay men from Vancouver, Heath et al. (1999) found that Aboriginal men ( $N=57$ ) were more likely to report a history of CSA ( $p < 0.04$ ) than non-Aboriginal men ( $N=624$ ). Among Vancouver prostitutes, Farley et al. (2005) found a significantly higher rate of CSA for Aboriginal ( $N=52$ ) than non-Aboriginal women ( $N=48$ ) involved in the sex trade (96% versus 82%,  $p < 0.02$ ). In light of these results, Aboriginal people are believed to be more likely to have been sexually abused in their lifetime than non-Aboriginal Canadians, although both groups report high rates of CSA. Based on nation-wide or provincial prevalence surveys, it seems that about one Canadian woman in four or five is a victim of CSA, which is slightly lower than the 25–50% estimate from the 20 studies reviewed of Aboriginal people. Indeed, the only nation-wide survey, known as the Badgley report and conducted by the Committee on Sexual Offences against Children and Youths in 1984, showed high rates of sexual abuse in the overall population, with about 25% of Canadian women and 15% of Canadian men reporting an experience of sexual abuse before the age of 16. Two more recent population-based studies were representative of only one province in Canada. The first studied the prevalence of child physical and sexual abuse in the province of Ontario (MacMillan et al., 1997). A random sample of 9953 men and women aged 15 and older participated in the Ontario Health Supplement survey. Lower prevalence rates of sexual abuse were gathered than in the Badgley report (4.3% for males and 12.8% for females). The more recent study was conducted as a telephone survey among a representative sample of more than 800 adults from the province of Quebec (Tourigny et al., 2006; Hébert et al., in press). Their analyses found CSA rates of 22.1% for women and 9.7% for men.

Some limitations of current prevalence research need to be highlighted. The high prevalence rate cannot be disputed, although it may not be representative of CSA experiences across all Aboriginal communities in Canada. There are hundreds of Aboriginal communities in Canada and most of them are not represented in the reviewed studies. In addition, these studies provide us with information about what happened 10, 20, or even 50 years ago, when these adults were children, and include experiences that occurred outside the communities, as in residential schools. Therefore, these numbers are not an accurate indication of what is currently happening to Aboriginal

children. Data from annual incidence studies are essential to obtain a more current picture of the scope of CSA.

## INCIDENCE STUDIES

Incidence studies indicate the number of cases presenting a certain condition during a fixed period of time. For child abuse and CSA, incidence studies document the number of cases disclosed to the authorities during a specific timeline. The number of incidents reported in the late 1990s to First Nations police forces was five times higher than the national average (Hylton, 2002). For 2004, police-reported data show on-reserve sexual assault rates 7 times higher than in the rest of Canada (Brzozowski et al., 2006). Rates of sexual offences were higher in the northern territories than in the provinces: 2–3 times higher in the Yukon, 3–6 in the Northwest Territories, and 7–14 times higher in Nunavut (Johnson, 2006). However, police reports include sexual assaults perpetrated on adults as well as on children and youth, which skews the results, obscuring the true picture of CSA. In fact, the high sexual assault rate could be explained by the high prevalence of spousal violence in Aboriginal communities, with some of this violence being sexual in nature (Brzozowski et al., 2006).

To shed light on the current trends in CSA rates, cases reported to child protection authorities can also be surveyed. The 1998 and 2003 Canadian Incidence Studies on Reported Child Abuse and Neglect (Trocmé et al., 2005a; Trocmé et al., 2001) documented very low rates of CSA cases investigated by Canadian child protection authorities, both in Aboriginal and non-Aboriginal communities. That is not surprising since most sexual abuse incidents are not reported to child protection authorities. It takes time for victims to disclose, and most never do (London et al., 2005). Estimates based on official records are always underestimations, representing only those children who come to the attention of professionals (Leventhal, 2001). CSA, underreported in all cultures, is believed to be less reported to authorities than any other crime category (Hylton, 2002). It is estimated that only 5% of victims disclose the abuse to the authorities (Finkelhor and Hotaling, 1984). Fear of legal consequences, threats and manipulation from abusers, social stigma, shame, and hopelessness — just to name a few, all make victims hesitant about disclosing to the authorities. More surprising is that the incidence studies documented *lower rates* of sexual abuse cases investigated for Aboriginal children than for non-Aboriginal youth. In the latest study, conducted in 2003, 0.53 out of 1000 Aboriginal children were investigated

because of sexual abuse allegations compared to 0.62 out of 1000 for non-Aboriginal youth (Trocmé et al., 2005b). Aboriginal children were also less likely to be investigated for physical abuse, emotional maltreatment, and exposure to domestic violence. In sharp contrast, Aboriginal children were much more likely to be investigated by Youth Protection services for neglect situations than non-Aboriginal children. Based on these numbers, only one type of maltreatment, which is neglect, was more prevalent in Aboriginal populations; all the others (including CSA) did not involve Child Protection Services as often.

The incidence studies mentioned previously also have limitations. Although the samples comprised a relatively high number of Aboriginal children, the results are based on a small number of Aboriginal communities. Therefore, data from the 1998 and 2003 CIS inquiries do not provide an accurate picture of the reality faced by every Aboriginal community of Canada. The upcoming 2008 dataset from the CIS will address this limitation by counting a much broader sampling of Canadian areas, including more First Nations agencies.

## DISCUSSION

This broad review of research on CSA in Canadian Aboriginal communities has shown striking differences between current incidence rates of cases investigated for sexual abuse and adult reports of histories of CSA. After discarding misquoted research and studies conducted with at-risk populations, we found an estimated 25–50% CSA prevalence rate in Aboriginal adults surveyed in several communities across Canada in the past 20 years. Comparisons between Aboriginal and non-Aboriginal people indicate a higher rate of victimization for Aboriginals, although CSA remains a prevalent social problem in both groups. In contrast, recent cases investigated for CSA allegations by the Canadian child protection authorities are less common for Aboriginal children and youth than for their non-Aboriginal counterparts. These contradictory results raise several critical questions. Are Aboriginal children experiencing significantly lower rates of sexual abuse than their parents, or is sexual abuse being even more dramatically under-reported to the authorities than for non-Aboriginal victims? More evidence needs to be gathered before drawing firm conclusions in this regard. In the meantime, arguments for both views need to be explored.

## IS CSA SERIOUSLY UNDERREPORTED TO THE AUTHORITIES?

There are some valid concerns about whether current incidence rates really reflect the reality of most Aboriginal Canadians who have experienced CSA. Some aspects of Aboriginal culture may influence whether victims withhold a disclosure, including a strong sense of loyalty to the community, a reluctance to interfere in other peoples' lives, and a belief in the influence of bad spirits in explaining peoples' misconduct (Morin and Joncas, 2004). In the context of intergenerational unresolved grief, some barriers may keep Aboriginal victims from disclosing CSA to the authorities, which would account for the low incidence rates of CSA cases investigated by Youth Protection Services in Canada. Major barriers to disclosure include suspicion about the justice system, lack of resources, and issues of power. In the US, some evidence shows that most Native Americans, up to 70%, do not report sexual trauma (Greenfeld and Smith, 1999; Gonzales, 1999). Factors affecting the low rates of reporting include mistrust of White agencies and helpers, fear of being ostracized by families, shame and guilt, concerns with confidentiality, and jurisdictional confusion.

Traditionally, in Aboriginal cultures, sexual abuse was viewed as an illness requiring community participation and healing of both abuser and victim to restore community balance and harmony (Bopp and Bopp, 1997). The dominant culture's way of dealing with CSA is through the legal justice system, which separates the abuser from the victim and isolates the abuser in prison for a period of time. Suspicion about the justice system may discourage Aboriginal people from seeing it as an option (Green, 1996). The legal system of the dominant society may be perceived as not addressing the root causes of the imbalances that allowed CSA to occur in the first place.

Aboriginal communities may not have yet developed effective policies, models, and procedures for dealing with abuse in their communities. As well, community-based programs in Aboriginal communities may not have adequate resources to deal with the magnitude of the problem. As a result, many victims, abusers, family members, and other individuals who are affected by the problem do not get the help they need. External factors affecting Aboriginal communities with a direct impact on the way sexual abuse is handled include a lack of culturally appropriate programs and service.

In some instances, sexual abusers may be important and respected members of the community such as Elders, medicine people (healers),

community leaders, service providers, religious authorities, teachers, or law enforcement officers (Green, 1996). Living on a reserve may place victims in situations of powerlessness and fearfulness, producing a strong fear of speaking up. They may be afraid of the consequences for themselves and their families (e.g., limited access to services and programs).

### ARE RATES OF CSA DECREASING?

High rates of investigated child welfare cases for neglectful parenting, combined with low rates of investigated cases for all other types of maltreatment, including CSA, may indicate that Aboriginal communities are successful in limiting the scope of maltreatment among their children, but that neglect situations continue to be a problem because of extreme poverty, poor housing, and parental substance misuse issues (Trocmé et al., 2005b)

What strengths have Aboriginal communities recently reconnected with to reduce the risk of current generations of children suffering sexual abuse? A strengthening of spirituality, native identity, and healing is emerging in many Aboriginal communities across Canada. The recent acknowledgment of the roots of social problems — including CSA — faced by Aboriginal communities has empowered individuals, families, and communities to address the issue (Green, 1996).

During the 1960s, many people were politically and culturally reawakened in both the United States and Canada. This was marked under the Canadian law by Indians being recognized as people. The birth of the National Indian Brotherhood in Canada marked the visible and more public beginning of a new era in Aboriginal healing. Many communities have reconnected with old ceremonies, practices, and teachings such as smudging, sweat lodges, the use of the sacred pipe, fasting, vision quests, naming ceremonies, healing, reconciliation, and personal or collective commitment (Quinn, 2007). Reconnection to spiritual and cultural foundations, and development and connection to a vision of possibility can influence communities to accomplish the shifts that are so urgently needed. Relegitimizing traditional spiritual and cultural teachings has already contributed a great deal to the community healing and development process (Quinn, 2007). For instance, participation in traditional practices and spirituality have been identified, in a research conducted among more than 700 Aboriginal people in the US, as factors contributing to alcohol cessation (Torres Stone et al., 2006).

Recently, the Prime Minister of Canada made a statement of apology in the name of the Canadian population to all former students of the residen-

tial schools, acknowledging the harm and injustices caused to them by these schools, which were developed to assimilate Aboriginal children (Truth and Reconciliation Commission, 2008). Many Aboriginal children sent to the residential schools system suffered from maltreatment. Approximately 20% of Aboriginal people went to residential schools, of which 32.6% reported sexual abuse (Regional Health Survey National Team, 2007). The recognition and acknowledgement of residential school legacy and other traumas have contributed to the healing and reconciliation process among Aboriginal people across Canada (Aboriginal Healing Foundation, 2002). As many contributors of Castellano et al.'s recent book (2008) have noted, this complex process has only just surfaced; many challenges remain.

Lately, Aboriginal programs in the areas of health, social services, and economic development have been developed. Bill C-41 created opportunities for Aboriginal communities to work with the police and the courts to reshape justice programs to include community-based justice committees, sentencing circles, diversion programs, alternative measures programs, culturally based healing programs within correctional institutions, a network of healing lodges that serve as reintegration (early release) facilities for Aboriginal inmates and community police forces (Lane et al., 2002). Some programs were developed from recommendations for Aboriginal community healing of sexual abuse interventions, which have helped the adult survivors heal from the abuse they suffered, breaking the cycle of violence being passed on from one generation to another (Waldram, 2008). Canadian intervention programs include the Minwaashin Lodge in Ottawa, Ontario; the CHCH Program (Hollow Water); Changing Seasons and Warriors Against Violence, Vancouver and Squamish Nation; and The Mi'kMaw Family and Community Support Services (Eskanoi Reserve, Nova Scotia). Community justice initiatives developed and implemented in Manitoba have also been thoroughly described by Pintarics and Sveinunggaard (2005).

## CONCLUSION

This study provided a broad review of the available data regarding CSA rates in Canadian Aboriginal communities. However, divergent results and explanations raise even more questions. If under-reporting is leaving most victims unprotected, what kinds of services need to be developed to reach out to these children more effectively? If rates of sexual abuse have significantly decreased for the current generation of Aboriginal children, what can we learn about this change to help Aboriginal communities develop effective

strategies for other social problems, such as neglect? If Aboriginal peoples have lower rates of CSA, then what can they teach non-Aboriginal peoples about reducing their rates? The need for more data on CSA is an ethical issue; sound statistical data would provide a basis for developing appropriate policies, legislations, and services for victims. It is our hope that upcoming nation-wide surveys, such as the First Nations Regional Longitudinal Health Survey, will collect data on CSA experiences, along with other past and current events affecting people's well-being, among First Nations communities across Canada. Robust incidence and prevalence studies including representative samples of Canadian Aboriginal and non-Aboriginal communities are needed to provide an accurate picture of the current trends of CSA among the diverse cultural groups that make up Canada. Data collected among more Canadian Aboriginal groups will allow an assessment of whether communities are all affected by CSA to the same extent. We know from the ground-breaking work of Canadian researchers Chandler and Lalonde (1998) that some communities present alarming rates of suicide (800% of the national rate) while, in others, suicide is virtually unknown. They suggested several factors to explain this wide range of experiences regarding suicide, including a sense of cultural continuity. The studies of CSA rates have so far failed to capture the local reality of communities. Canadian researchers, Aboriginal and non-Aboriginal, should devote time, energy, and conviction to resolve these issues because they are crucial to the well-being of future generations of children.

We must remember that, regardless of whether there are fewer or more victims of CSA, those who are sexually victimized continue to need our help. Sexual abuse prevention, intervention, and treatment activities need to be part of an overall community wellness plan (Bopp and Bopp, 1997). Sexual abuse cannot really be dealt with unless a community begins to take responsibility for creating health in all aspects of individual, family, and community life.

## REFERENCES

- Abadian, S. (1999). *From Wasteland to Homeland: Trauma and the Renewal of Indigenous Peoples and Their Communities*. Unpublished Ph.D. Dissertation. Harvard University, Cambridge, MA.
- Aboriginal Healing Foundation (2002). *The Healing Has Begun: An Operational Update from the Aboriginal Healing Foundation*. Ottawa, ON: Aboriginal Healing Foundation.



- Barker-Collo, S.L. (1999). Reported symptomatology of Native Canadian and Caucasian females sexually abused in childhood: A comparison. *Journal of Interpersonal Violence, 14*, 747-760.
- Bopp, J. and Bopp, M. (1997). *At the Time of Disclosure: A Manual for Front-Line Community Workers Dealing with Sexual Abuse Disclosures in Aboriginal Communities*. Ottawa, ON: Solicitor General Canada.
- Brave Heart, M.Y.H., and De Bruyn, L. (1998). The American holocaust: Historical unresolved grief among native American Indians. *National Center for American Indian and Alaska Native Mental Health Research Journal, 8*, 56-78.
- Brzozowski, J.-A., Taylor-Butts, A., and Johnson, S. (2006). Victimization and offending among the Aboriginal population in Canada. *Juristat: Canadian Centre for Justice Statistics, 26*, 1-30.
- Callaghan, R.C., Cull, R., Vettese, L.C., and Taylor, L. (2006). A gendered analysis of Canadian Aboriginal individuals admitted to inpatient substance abuse detoxification: A three-year medical chart review. *The American Journal on Addictions, 15*, 380-386.
- Castellano, M.B., Archibald, L., and De Gagné, M. (2008). *From Truth to Reconciliation: Transforming the Legacy of Residential Schools*. Ottawa, ON: Aboriginal Healing Foundation.
- Chandler, M.J. and Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry, 35*, 191.
- Committee on Sexual Offences Against Children and Youths. (1984). *Sexual Offences against Children : Report of the Committee on Sexual Offences against Children and Youths*. Ottawa: Supply and Services Canada.
- Corrado, R.R. and Cohen, I.M. (2003). *Mental Health Profiles for a Sample of British Columbia's Aboriginal Survivors of the Canadian Residential School System*. Ottawa, ON: Aboriginal Healing Foundation.
- Department of Justice Canada. (2006). Sexual Abuse and Exploitation of Children and Youth: A Fact Sheet from the Department of Justice Canada. Retrieved September 15, 2008, from <http://canada.justice.gc.ca/en/ps/fm>
- Embree, B.G. and De Wit, M.L. (1997). Family background characteristics and relationship satisfaction in a Native community in Canada. *Social Biology, 44*, 42-54.
- Farley, M., Lynne, J., and Cotton, A.J. (2005). Prostitution in Vancouver: Violence and the colonization of First Nations women. *Transcultural Psychiatry, 42*, 242-271.

- Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse & Neglect*, 18, 409–417.
- Finkelhor, D. and Hotaling, G.T. (1984). Sexual abuse in the national incidence study of child abuse and neglect: An appraisal. *Child Abuse & Neglect*, 8, 23–32.
- First Nations Centre at the National Aboriginal Health Organization. (2004). *First Nations and Inuit Regional Health Surveys, 1997: A Synthesis Report of the National and Regional Reports*. Ottawa, ON: First Nations Information Governance Committee.
- Gagnon, S., Tremblay, J., Bossum, S., Fortin, I., Fortin, E., and Leclerc, L. (2007). Projet “Tshimeshkanakan”: Portrait des femmes autochtones de Mashteuiatsh victimes d’agressions à caractère sexuel. *Centre d’aide et de lutte contre les agressions à caractère sexuel. Entre Elles*.
- Gonzales, J. (1999). *Native American survivors*. In California Coalition Against Sexual Assault, (ed.), *Support for Survivors: Training for Sexual Assault Counselors* (pp. 257–259). Sacramento, CA: California Coalition Against Sexual Assault.
- Green, K. (1996). *Family Violence in Aboriginal Communities: An Aboriginal Perspective*. Ottawa, ON: National Clearinghouse on Family Violence.
- Greenfeld, L.A. and Smith, S.K. (1999). *American Indians and Crime* (NCJ 173386). Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- Groupe de recherche et d’interventions psychosociales en milieu autochtone (GRIPMA) (2005). *Étude sur l’abus sexuel chez les Premières Nations du Québec*. Wendake, QC: GRIPMA.
- Heath, K.V., Cornelisse, P.G., Strathdee, S.A., Palepu, A., Miller, M.L., Schechter, M. T., O’Shaughnessy, M.V., and Hogg, R.S. (1999). HIV-associated risk factors among young Canadian Aboriginal and non-Aboriginal men who have sex with men. *International Journal of STD & AIDS*, 10, 582–587.
- Hébert, M., Tourigny, M., Cyr, M., McDuff, P., and Joly, J. (In press). Prevalence of childhood sexual abuse and timing of disclosure in a representative sample of adults from the province of Quebec. *Canadian Journal of Psychiatry*.
- Hewitt, D. and Auger, D. (1995). *Firewatch on Aboriginal Adolescent Gambling*. Edmonton, AB: Nechi Training, Research, and Health Promotions Institute.
- Hylton, J. H. (2002). *Aboriginal Sexual Offending in Canada*. Ottawa, ON: Aboriginal Healing Foundation.
- Jiwani, Y., Gorkoff, K., Berman, H., Taylor, G., Vardy-Dell, G., and Normandeau, S. (1999). *Violence Prevention and the Girl Child: Phase One Report*. Vancouver, BC: The Alliance of Five Research Centres on Violence.

- Johnson, H. (2006). *Measuring Violence Against Women: Statistical Trends 2006*. Ottawa, ON: Statistics Canada.
- Kingsley, C. and Mark, M. (2001). *Sacred Lives*. Vancouver, BC: Save the Children Canada.
- Kirmayer, L.J., Brass, G.M., and Tait, C.L. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *Canadian Journal of Psychiatry, 45*, 607–616.
- Kowalski, M. (1996). *Police Reported First Nations Crime Statistics, 1996*. Ottawa, ON: Canadian Centre for Justice Statistics.
- Kublu, A. (1999). Stories. In J. Oosten and F. Laugrand (eds.), *Interviewing Inuit Elders* (Vol. 1: *Introduction*). Iqaluit: Nunavut Arctic College.
- Lane, P.J., Bopp, M., Bopp, J., and Norris, J. (2002). *Mapping the Healing Journey: The Final Report of a First Nation Research Project on Healing in Canadian Aboriginal Communities*. Ottawa, ON: Solicitor General Canada.
- La Prairie, C. (1995). *Seen but not Heard: Native People in the Inner City*. Ottawa, ON: Minister of Public Works and Government Services.
- LaRocque, E. (1993). Violence in Aboriginal communities. In National Round Table on Aboriginal Health and Social Issues (ed.), *The Path to Healing*. Ottawa, ON: Royal Commission on Aboriginal Peoples.
- Lavoie, F., Fraser, S., Boucher, O., and Muckle, G. (2007). *Prevalence and Nature of Sexual Violence in Nunavik*. Québec, QC: Institut National de Santé Publique du Québec.
- LeClair, M. and Associates. (1996). *Profile of Aboriginal Sex Offenders*. Ottawa, ON: Correctional Service Canada.
- Levan, M.B. (1989). Report on child sexual abuse needs assessment. Paper presented at the Communities' Voice on Child Sexual Abuse. Yellowknife, NWT.
- Leventhal, J.J. (2001). A decline in the substantiated cases of child sexual abuse in the United States: Good news or false hope? *Child Abuse & Neglect, 25*, 1137–1138.
- London, K., Bruck, M., Ceci, S.J., and Shuman, D.W. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy and Law, 11*, 194–226.
- MacMillan, H.L., Fleming, J.E., Trocmé, N., Boyle, M.H., Wong, M., Racine, Y.A., Beardslee, W.R., and Offord, D.R. (1997). Prevalence of child physical and sex-

- ual abuse in the community: Results from the Ontario health supplement. *Journal of the American Medical Association*, 278, 131–135.
- McEvoy, M. and Daniluk, J. (1995). Wounds to the soul: The experiences of Aboriginal women survivors of sexual abuse. *Canadian Psychology*, 36, 221–235.
- McIvor, S.D., and Nahanee, T.A. (1998). Aboriginal women: Invisible victims of violence. In K. Bonnycastler and G.S. Rigakos (eds.), *Unsettling Truths: Battered Women, Policy, Politics, and Contemporary Research in Canada* (pp. 63–70). Vancouver, BC: Collective Press.
- Métis National Council. (1992). *Family Violence Study Design*. Ottawa, ON: Métis National Council.
- Minde, R. and Minde, K. (1995). Socio-cultural determinants of psychiatric symptomatology in James Bay Cree children and adolescents. *Canadian Journal of Psychiatry*, 40, 304–312.
- Morin, A.J.S. and Joncas, J. (2004). L'intervention thérapeutique auprès d'enfants amérindiens victimes d'agression sexuelle. *Canadian Psychology*, 45, 42–58.
- Ontario Native Women's Association. (1989). *Breaking Free: A Proposal for Change to Aboriginal Family Violence*. Thunder Bay, ON: Ontario Native Women's Association.
- Pintarics and Sveinungaard (2005). Meenoostahtan Minisiwin: First Nations family justice "Pathways to peace." *The First Peoples Child & Family Review*, 2, 67–88.
- Putnam, F.W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42, 269–278.
- Quinn, A. (2007). Reflections on intergenerational trauma: Healing as a critical intervention. *First Peoples Child & Family Review*, 3, 72–82.
- RHS National Team (ed.). (2007). *First Nations Regional Longitudinal Health Survey (RHS) 2002/03: Results for Adults, Youth and Children living in First Nations Communities*. Ottawa, ON: First Nations Information Governance Committee.
- Robin, R.W., Chester, B., Rasmussen, J.K, Jaranson, J.M., and Goldman, D. (1997). Factors influencing utilization of mental health and substance abuse services by American Indian men and women. *Psychiatric Services*, 48, 826–832.
- Rojas, E.Y., and Gretton, H.M. (2007). Background, offence characteristics, and criminal outcomes of Aboriginal youth who sexually offend: A closer look at Aboriginal youth intervention needs. *Sex Abuse*, 19, 257–283.

- Royal Commission on Aboriginal Peoples. (1996). *Report of the Royal Commission on Aboriginal Peoples*. Ottawa, ON: Canada Communication Group.
- Torres Stone, R.A., Whitbeck, L.B., Chen, X., Johnson, K., and Olson, D.M. (2006). Traditional practices, traditional spirituality, and alcohol cessation among American Indians. *Journal of the Study of Alcohol*, 67, 234–244.
- Tourigny, M., Gagné, M.-H., Joly, J., and Chartrand, M.-È. (2006). Prévalence et cooccurrence de la violence envers les enfants dans la population québécoise. *Canadian Journal of Public Health*, 97, 109–113.
- Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., and Cloutier, R. (2005a). *Canadian Incidence Study of Reported Child Abuse and Neglect — 2003: Major Findings*. Ottawa, ON: Minister of Public Works and Government Services Canada.
- Trocmé, N., MacLaurin, B., Fallon, B., Knoke, D., Pitman, L., and McCromack, M. (2005b). *Understanding the Overrepresentation of First Nations Children in Canada's Child Welfare System: An Analysis of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003)*. Toronto, ON: Centre of Excellence for Child Welfare.
- Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., Mayer, M., Wright, J., Barter, K., Burford, G., Hornick, J., Sullivan, R., and McKenzie, B. (2001). *Canadian Incidence Study of Reported Child Abuse and Neglect — 1998: Final Report*. Ottawa, ON: Minister of Public Works and Government Services Canada.
- Truth and Reconciliation Commission (2008). Indians residential schools. Retrieved January 15, 2009, from <http://www.trc-cvr.ca/>
- Van der Woerd, K.A., Cox, D.N., and McDiarmid, T. (2006). A preliminary look at aggressive and violent behaviour in aboriginal adolescent girls. *Pimatisiwin*, 4(1), 119–134.
- Wahab, S. and Olson, L. (2004). Intimate partner violence and sexual assault in Native American communities. *Trauma, Violence, and Abuse*, 5, 353–366.
- Waldram, J.B. (2008). *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice*. Ottawa, ON: Aboriginal Healing Foundation.
- Wesley-Esquimaux, C.C. and Smolewski, M. (2004). *Historic Trauma and Aboriginal Healing*. Ottawa, ON: Aboriginal Healing Foundation.
- Young, T.K. and Katz, A. (1998). Survivors of sexual abuse: Clinical, lifestyle and reproductive consequences.[erratum appears in *CMAJ* 1998 Sept. 22;159(6):650]. *Canadian Medical Association Journal*, 159, 329–334.

