

Placing Women's Voices in the Centre of a Strategy for the Prevention of Child Sexual Abuse: Speaking from Our Strengths

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Abstract

The premise for this paper is both basic and profound: survivors of child sexual abuse have the knowledge, experience, and perspective to lead in the efforts to stop it. It describes a draft strategy to prevent child sexual abuse, placing survivors at the core of the plan, that was generated at a two day gathering for female survivors of childhood sexual abuse.

Résumé

La prémisses pour cet article est à la fois fondamentale et profonde : les survivantes d'abus sexuel d'enfant ont la connaissance, l'expérience, et la perspective pour guider les efforts pour l'arrêter. L'article fait la description d' une ébauche de stratégie pour prévenir l'abus sexuel sur enfant en plaçant les survivantes au centre du plan, qui fût élaboré lors d'une rencontre de deux jours de femmes survivantes d'abus sexuel d'enfant.

In November 2005, a grassroots organization named Survivor Advocacy Group for Empowerment (SAGE) Inc. hosted a two-day gathering for survivors of childhood sexual abuse. The intent was to mobilize women survivors across the province of Prince Edward Island. They came to a weekend gathering to draft a child sexual abuse prevention strategy that could be further refined and ultimately enacted. The participating survivors came from all walks of life, different geographic and ethnic backgrounds, and different ability levels. The premise of this initiative was basic but profound: survivors have the knowledge, experience, and perspective to lead efforts to stop child sexual abuse.

For the past two decades, SAGE Inc., in its current form and formerly as Services for Adult Survivors (SAS), has focused on community development, advocacy for survivors of child sexual abuse, and on building a core of community empowerment. Currently, the membership of SAGE is exclusively women survivors. While the members are supportive of each other, SAGE is not a self-help or support forum. SAGE is an active self-advocacy group that values and seeks out the voices of survivors to address child sexual abuse and its prevention. The group contends that survivors can provide leadership for Canadians in understanding important information about child sexual abuse and offer strategic guidance on how to best proceed in prevention.

Child sexual abuse is a social problem in Canada and across the globe. The Public Health Agency of Canada defines child sexual abuse in this way:

Child sexual abuse occurs when a child is used for sexual purposes by an adult or adolescent.

It involves exposing a child to any sexual activity or behaviour. Sexual abuse most often involves fondling and may include inviting a child to touch or be touched sexually. Other forms of sexual abuse include sexual intercourse, juvenile prostitution, and sexual exploitation through child pornography. Sexual abuse is inherently emotionally abusive and is often accompanied by other forms of mistreatment. It is a betrayal of trust and an abuse of power over the child. (Canada 1997)

Despite decades of work by grassroots organizations, government agencies, and individuals, children and youths remain at risk. In the early 1980s, the Canadian government appointed a Committee on Sexual Offences Against Children and Youths to determine the prevalence of child sexual abuse and the exploitation of young persons for pornography and prostitution. Commonly known as the Badgley Report, the findings show 53% of women and 31% of men report they were sexually abused when they were children (Government of Canada 1984), although that percentage declines when only the most serious category of abuse is used so that approximately 18% of women and 8% of men reported unwanted touching of sexual areas or attempted or achieved intercourse before their 17th birthday (Badgley 1989). There is no evidence in the literature to suggest that child sexual abuse rates have declined since this comprehensive study was completed. Furthermore, other studies have found that children who experience increased vulnerability due to race and ability level are more likely to be sexually abused. One study found that girls with disabilities are sexually abused at a rate four times that of the national average (Razack 1994). The sexual abuse of Aboriginal children and youth is extremely high; some studies have estimated that as many 80% of Aboriginal children experience sexual abuse (McEnvoy & Daniluk 1994).

The exact prevalence of child sexual abuse is

almost impossible to discern. Sexual offences are among the least reported to police. In fact, Statistics Canada estimates that only 6% of sexual offences are ever reported to the police (Canada 1993). Often, cases of child sexual abuse do not proceed to court due to a lack of corroborating evidence and concerns around the reliability of children's testimony. Despite these difficulties and low reporting rates, there were just under 21,000 cases before the courts in Canada involving sexual offences against children between 1994 and 2003 (AuCoin 2005). A high number of reported sexual offences involve child victims. One national study of 122 police stations found that 61% of all reported sexual assaults are against children (AuCoin 2005).

Every community, regardless of ethnic background, religion, social or economic class has adolescents and adults who sexually abuse children. As with any social problem, there are varied theories as to why child sexual abuse occurs. Some theorists claim that this abuse is sustained through social practices (Hay 1997; Lewis 1999; Women's Research Centre 1989). Some feminist theorists argue that these social practices are based in gendered systems of power and that child sexual abuse is one facet of men abusing their position of power and privilege (Hiebert-Murphy & Burnside 2001). Other research has surmised that male socialization is implicated in violence against women and children (Lisak, Hopper, & Song 1996; Russell 1986). In fact, Kreklewetz (2001) found that sex offenders reported holding negative views of women and children. She recommends that prevention work address the sexual objectification of women and children and ideologies of masculinity. Others claim that sexual abuse is symptomatic of our community's collective and individual approach to children in particular and to relationships with people who have less power in general (Danica 1996; Lamb 1999). Kreklewetz (2001) also points to the sexualization of children and youth in the media and the increasing production of child pornography, which portrays child sexual abuse as acceptable.

Prevention work on child sexual abuse and

sexual exploitation has been sporadic in Canada. In 1986, in response to the Bagley Report, the Canadian government launched a five year initiative to address child sexual abuse. Most of the funds from the Family Violence Prevention Division across Canada were spent on professional development for therapists and counselors. In the past seven years, the federal government's National Crime Prevention Centre (NCPC) has provided grant money for crime prevention work, but very few organizations apply for funds to work on child sexual abuse prevention.

Presently the burden of the prevention of child sexual abuse in Canada rests on the shoulders of children, primarily through school based educational programs. In an article published in 1988 discussing the efficacy of different prevention approaches, Miller-Perrin & Wurtele concluded from Finklehor's theories that, "a key variable in predicting whether or not a child is abused is the child's capacity to avoid or resist abuse" (1988, 314). Children armed with information about appropriate and inappropriate touch are presumably at a lower risk of abuse. Some theorists have advocated addressing the root causes of child sexual abuse - including unequal power relations; however, most prevention efforts have focused on enhancing children's personal protection (Miller-Perrin & Wurtele 1988). While it is arguably easier and quicker to teach children about preventing abuse than addressing root causes, this approach is not an adequate prevention model and can be harmful to victims. Miller-Perrin & Wurtele (1988) point out a number of dangers associated with different child-focused approaches to prevention and conclude their article by clarifying that "efforts directed toward empowering children and changing social conditions associated with victimization will ultimately be needed to prevent child sexual abuse" (Miller-Perrin & Wurtele 1988, 326, emphasis in original).

Other problems with a child-focused prevention model include the complexities of child sexual abuse and the inability of the "good touch, bad touch" model to address the fact that in an abusive

situation, inappropriate touch can feel good or can feel good before it feels confusing. As well, some forms of sexual abuse do not involve touching at all (Krazier 1986). Further, researchers question whether children are actually able to use their knowledge to prevent sexual abuse (Carroll, Miltenberger & O'Neill 1992) and others express doubt regarding whether children have the power to deflect the advances of an offender (Melton 1992). One study involving offenders found that the child saying "no" was only effective if the child was with others, or during the first approach (Elliott, Browne, & Kilcoyne 1995). Rebecca Bolen writes: "It is my position that abuse is so pervasive, and the multiplicity of offenders, locations, and approaches so varied, that children cannot be given adequate skills to protect themselves" (2003, 177).

The burden on children to prevent child sexual abuse is similar to the one women have traditionally carried in terms of being solely responsible for the prevention of sexual assault. Emphasis in sexual violence prevention work has traditionally rested on what potential victims should or should not do; for example, women have long been advised to avoid walking alone at night. This emphasis has encouraged women to limit their movement, their freedom, their sexuality, and their general behaviour. Children, too, are taught to be vigilant and self-monitoring. They are taught to monitor who touches them, how they are touched, how a touch makes them feel, and further taught to take action if they are being abused. While it is important that children, as well as women, are taught about their rights and general ways to prevent victimization, these prevention measures ultimately have not stopped sexual violence.

In fact, it is counterintuitive and frankly irresponsible to place the onus of prevention on the potential victim, especially in the case of children, who are the least powerful actors among us. It is also dangerous when we consider common responses of children to sexual abuse. Summit (1983) writes that children are strongly reliant on adults for assigning

realities, and creating interpretations of their experiences as reality, which generally leaves the child with the idea that keeping it a secret will result in the best possible outcome. Children are less likely than adults to fight back, run away, or cry for help. Summit (1983) argues that it is much more likely that a child will play possum, pretend to be asleep, and other such avoidance behaviours. Children who have been sexually abused, according to Kelley (1986), exhibit learned helplessness, where the nature of the abuse and abuser leads the child to attribute the abuse to internal, stable, and global dimensions. That is, the child will blame her/himself for the abuse; she/he will expect that the abuse will be chronic; and that the abuse will continue to occur across different situations. This dynamic leads the child to discontinue resistance efforts (Kelley 1986). Another study found that children are unclear as to the motivations of a sex offender; the researchers surmised that this lack of understanding might contribute to the child's tendency to self blame (Pohl & Hazzard 1990).

To survive emotionally, mentally, and physically, the child will learn to accommodate to the sexual abuse and will often take responsibility for the abuse rather than have to face the idea that the parent / relative / friend / adult cannot be trusted (Summit 1983). Summit clearly states that "dependent children are helpless to resist or to complain" (7). In an article outlining ways to recognize and prevent child sexual abuse, Corwin (1989) claims: "Children are vulnerable to sexual abuse because they are smaller, weaker, and less knowledgeable than adolescents or adults. They are taught to obey adults and authority figures. By nature, children are curious, often eager to please and easy to deceive and intimidate. In short, children are easy prey for those who want to exploit them sexually" (93).

Summit (1983) delineates the power dynamics in abuse by explaining that while the adult is the initiator and perpetrator of abuse, the adult will tell the child that it is the child who has the power and responsibility for the outcome of the abuse. For example, in cases of father-initiated abuse, the child

may be told that if the secret is kept, the family will stay together, the mother will not be devastated/harmed, the father's sexual needs will be met, the siblings will be kept safe from similar abuse, and so on (Summit 1983). The immense pressure of the power dynamic perpetuates and compounds this abuse and secrecy. It is worth considering this question: when a community places the bulk of the responsibility of prevention on children, is this simply a different yet similar sort of abuse that ensures nothing changes and perpetuates feelings of self-blame and shame in survivors?

This is not an argument to end programs for children, but it is an argument to question the purpose these programs serve and appeal for balance in our approach to prevention. Some studies have shown moderate success attributed to prevention programs directed at children. One American study found that 8% of children who had participated in a prevention program were subsequently abused, as compared to 14% of those children who had not taken part in a program (Gibson & Leitenberg 2000). A more balanced approach that includes adults could arguably decrease rates of child sexual abuse even further.

Some organizations and researchers argue that the burden of prevention must shift to adults. Rebecca Bolen (2003) calls for a shift in focus from child sexual abuse prevention, which she acknowledges is important, to the promotion of healthy relationships which would target potential offenders (that is, boys and young men), and redefine the male role with more prosocial definitions of masculinity. An example of a current program focused on potential offenders is the campaign entitled, "Stop It Now!", which provides a hotline for potential abusers to get help before they harm a child (Philpot 2002). Another interesting prevention strategy took place in Israel. Community activists and service providers worked together to include many citizens in the prevention process. The process included individual, group, and community interventions to address child sexual abuse and incest in the community. The results of

the community intervention have been remarkable: they report no evidence of further child sexual abuse and increased community awareness (Itzhaky & York 2001). However, child sexual abuse may have been occurring, but gone unreported. While children should continue to be empowered with regard to their bodies and sexualities, shifting the onus of prevention from children to adults and communities could mean the realization of true prevention. Stopping child sexual abuse requires a long-term approach that builds the empowerment of individuals and communities into the envisioning of prevention and the actions to realize that vision.

SAGE contends that survivors must play a key role in the quest for prevention. SAGE mobilizes women survivors of child sexual abuse to work together to identify prevention approaches, priorities, and roles. The group believes that stopping child sexual abuse requires not only a constant and sustained effort over a long period of time, but also the empowerment of survivors of child sexual abuse as a cornerstone to the empowerment of our communities to stop the abuse. Collectively, survivors know how to lead the way to a different future because they have already created a present that builds from strengths in the past.

SAGE is one organization in a network of organizations on Prince Edward Island (PEI) involved in the goal of preventing all forms of family violence. During her tenure as Premier of PEI in 1995, the Honourable Senator Catherine Callbeck installed the Premier's Action Committee on Family Violence Prevention and the committee is still active. The City of Charlottetown, under the leadership of Mayor Clifford Lee, created a purple ribbon task force on addressing family violence. The province also has a Child Sexual Abuse Advisory Committee, fronted by Rona Brown, provincial family violence prevention consultant, which works on public education and prevention. The PEI Rape and Sexual Assault Crisis Centre continues to work on preventing sexual violence against youths in its school presentations and in an interagency project led by the PEI Liquor Control Commission to publish public

awareness posters on date rape and date rape drugs. The Red Cross visits schools with its C.A.R.E. program, which teaches children about their rights and personal safety skills. The Red Cross also provides prevention education directed at Aboriginal Canadians, teens, and others. In a recent summary compiled for the PEI Justice Options for Women Steering Committee, twenty-one initiatives that address the issue of family violence on Prince Edward Island were outlined. SAGE's focus on survivor-led prevention models lends it a unique status in PEI's family violence prevention network.

The SAGE initiative to invite survivors to strategize solutions for ending child sexual abuse contributes to the renegotiation of survivor status in the public discourse (Naples 2003). Rather than focusing on personal stories, recovery, or healing, the two-day gathering was based in drawing from experience and knowledge to construct prevention strategies. In doing so, the women avoided sinking into the pitfalls of therapeutic or confessional discourse and thus avoided reinforcing the dominant discourse of surviving. By avoiding confessional or therapeutic discourse, by remaining aware of race, class, and sexuality differences, and by problematizing the term "Survivor" as a stable identity, the women attempted to create an open space for discussion, with the hope of creating effective prevention strategies.

The women in the SAGE membership have largely moved away from the term "Survivor" and instead use "survivor" or more open phrases such as "someone who has experienced child sexual abuse." This rejection of the capital "S" comes from a recognition that "Survivor" has come to be a loaded term, denoting an all-encompassing and stable discursive identity (that is, the experience of sexual abuse becomes the main element of identity). While the women continue to use the word "survivor" or other descriptive phrases denoting someone who has experienced child sexual abuse, they attempt to remain respectful of the fact that their experiences were not homogenous, unified, or stable. Recognizing Scott's argument that using

experience as a form of expertise ignores "the ways in which identity is a contested terrain, the site of multiple and conflicting claims" (1992, p. 31), further work is needed to explore the discursive identity of survivor and how that identity subsequently shapes, for better or for worse, the prevention strategies.

Arguably, by focusing on strength, knowledge, and strategizing for change, SAGE and the weekend participants created a space of resistance. Alcott and Gray argue that since "each discourse has its own set of rules for the formation of objects and concepts, new and anomalous objects and concepts will implicitly challenge existing positivities. A change in statements alone or the emergence of new statements that do not cohere with the whole will have a disruptive effect on discursive formation rules" (1993, 267). In these initiatives and in corresponding interactions with the community, SAGE and its members seek to engage, contribute, and strategize from a position of strength, wisdom, and equality. Discarding traditional identities of victim and Survivor, the members of SAGE and the participants of the weekend came together to strategize and act.

Indeed, theorists argue that a survivor movement should work from a position of strength and knowledge. Naples writes, "...I believe that any collective forum offers the potential for survivors to recognize each other and move beyond personal sharing that must, by necessity, form the basis for movement toward an oppositional stance" (2003, 1177). Gilfus calls for "a survivor-centered epistemology that is oriented toward recognizing strengths as well as injuries, is culturally inclusive...and builds on the wisdom of victimization and survival that is part of women's lives" (1999, 1239). SAGE consulted with the wider community of survivors in a focus group with survivors in the initial planning stages. The results of the focus group entrenched the point that the weekend focus had to be on building from strengths with a focus on moving to prevention. SAGE built from that focus group part of the membership for a project advisory committee. The

advisory committee for the project was comprised of survivors and community allies. The gathering attempted to create a space of resistance centred on survivors' strengths.

The title of the gathering, "Speaking from Our Wisdom - Planning to Stop Child Sexual Abuse," proved instrumental in encouraging women to come forward to participate. By reframing the experience of child sexual abuse from the dominant understanding of it as a debilitating trauma to a source of wisdom for protecting children and taking political action, SAGE anticipated that women would come forward eager to make a difference and work for change. Despite this reframing, there were significant challenges to finding survivors to come forward. Most survivors are isolated from each other and silenced by the culture of denial that prevails in PEI, as elsewhere. SAGE tried to reach out to survivors through therapists, mental health counselors and family violence staff. Some professionals shared information about the project with their clients. Others did not. Concerns were expressed about the safety and confidentiality of survivors, especially given that many women live in small communities with their offenders. SAGE developed a safety plan to address these concerns. The plan, entitled "Creating Safety While Breaking the Code of Silence" was sent to women's groups, counselors and others working in the anti-violence movement. The plan acknowledged the risks for survivors, their families and communities of publicly addressing child sexual abuse. SAGE did not want the project to cause additional distress for survivors. Recognizing that many women would not feel safe enough to attend the gathering, women who could not come were invited to present their ideas for prevention by telephone.

As outlined in the safety plan, SAGE carried out a number of activities at and following the gathering to ensure that women felt safe and respected:

- ▶ In honour of diversity, participants helped create a sacred space based on personal items that they valued and that helped them to stay

grounded. Participants who were part of the Mi'kmaq community shared their smudging tradition to assist in creating a sacred space at the opening of the gathering. Participants talked about the ethics of confidentiality and promoted a collective commitment to protect each other's privacy through the lighting of candles.

- ▶ Prior to the gathering, a number of participants who had experience with a peer support model were identified. At the gathering, peer support for participants who wanted someone to talk to during the gathering was created by asking women who were willing to be peer support people to wear a purple ribbon.
- ▶ In the first exercise of the gathering, participants identified individual and collective assets, skills and strengths so that survivors felt in touch with their power and ability to stay grounded.
- ▶ As one of the items on the agenda for the gathering, women discussed and strategized ways to stay connected through a network or web of support that began as soon as the gathering was over.
- ▶ At the end of the gathering, participants who wanted to could "buddy up" with someone before they left in the event that the gathering itself raised emotions.
- ▶ As part of the strategic planning, participants focused on positive approaches and solutions, concentrating on how to inspire, mobilize, and build support for child sexual abuse prevention in an encouraging rather than a shaming way.
- ▶ SAGE had staff in the office to answer the telephone and be available for the full week following the gathering.
- ▶ SAGE made available a list of resources for women who wanted to make contact with

professionals or others.

The safety plan may have helped women's organizations feel confident that SAGE was respectful of the risks facing women who have experienced sexual abuse and then come forward. However, with just a few weeks remaining before the event, it was still clear that more publicity was necessary to encourage women to register for the gathering.

Two women volunteered to do extensive interviews with television, radio and newspaper reporters as a way to get information out to survivors. This action was effective. Forty survivors signed up for the gathering after hearing the voices of survivors speaking from their strengths to the issue of prevention.

Participants traveled from across the province to come to the gathering and they ranged in age from 25 to 85. The participating survivors came from all walks of life, different geographic and ethnic backgrounds, and different ability levels. Collectively they had experienced 480 years of sexual abuse, an average of twelve years per woman. Women talked about why they came to the gathering and what it took for them to get there. Aside from SAGE's attention to removing barriers such as travel, child/elder care, and accommodation costs, women said they felt like they were going to something that was important and that they were valued for their expertise. One participant said, "The only reason I came was I thought that this was worth putting myself on the line for. If you'd asked me to come wallow in my pain, I'd have said 'forget it!' but you asked me to come DO something about the problem." Survivors spoke passionately about wanting to be part of the solution, about wanting to stop child sexual abuse and wanting to end their isolation. Each one said she knew that no one cared more about stopping child sexual abuse than she did and that was why she came, because finally she saw an opportunity to use her knowledge to be part of a movement for prevention.

SAGE planned to both build upon the

collective strengths of the women at the gathering and to inspire through the leadership of two survivor leaders. Elly Danica, author of *Don't and Beyond Don't: Dreaming Past the Dark*, and Dr. Tanya Lewis, author of *Living Beside: Performing Normal After Incest Memories Return*, worked with the group over the weekend.

On the first day of the gathering, Elly Danica talked about the backlash in the last decade by the False Memory Syndrome movement and she expressed her opinions about the "pharmaceutical takeover of children," that is, the increased prescription of drugs to address children's struggles without seeking out the root causes. She reminded participants that child sexual abuse is essential to maintaining power relations within our culture and that the solutions would be as complex as the problem. Participants worked through the implications of the knowledge that child sexual abuse is part of the fabric of how we socialize our generations of children.

Dr. Tanya Lewis encouraged the gathering to rethink the survivor identity and to problematize the term "survivor." By refusing to be defined by cultural discourses around victim status and normality, women who had been sexually abused as children understood their experiences as coming from a deeper level of wisdom that moved past "normal" to a more complex and embodied experience of living. Dr. Lewis facilitated an exercise identifying the strengths in the symptoms of child sexual abuse. The group understood how re-framing symptoms outside normative discourses could reveal the value in that experience. For example, understanding hyper-vigilance as helpful in reading a room full of people recontextualizes the experience to a strength that can be drawn upon. In working through a list of symptoms, the gathering made a compendium of alternative understandings that worked to empower the group in recognizing the complexity of identities. Women came to embrace the value of their experiences and envisioned alternative labels for their strengths and roles.

On the second day of the gathering,

participants envisioned a goal that with concerted effort the incidence of child sexual abuse might be significantly reduced in PEI in 25 years. Women worked on the first five years of the strategy. This strategy is multilayered and is represented by Figure 1.

The core of the strategy holds women survivors and their allies at the centre of the prevention initiative through an empowerment philosophy. Participants developed goals under the rubric of "Practising Being Brave" that included leadership development for survivors in the area of public speaking, performing, community development and research. To engage personal and organizational allies, plans were developed to consult with them about their strengths and needs to ensure they have the support and skills to be effective allies in the movement for prevention. Participants recognized that male survivors need to be included in the model and plans were made to work with men to hold a similar forum for them to contribute to the development of the prevention strategy.

The third ring of the strategy represented by figure 1 shows the components of the strategy that were specific to child sexual abuse which included: 1) engaging boys and men in promoting empathy and respect for women and children; 2) engaging community organizations and the public in learning about child sexual abuse; 3) engaging the Aboriginal community in addressing child sexual abuse using the medicine wheel; and 4) engaging community leaders in supporting the movement to prevent child sexual abuse.

In engaging boys and men in promoting empathy and respect for women and children, women talked about how boys are "born perfect" (as are girls). Participants believe that it is the socialization process that makes some of them offenders, a well-argued point in the literature (Bolen 2003). Participants plan to engage progressive men and boys in identifying practices to promote respect for women and children in male youths. A participatory action model would be used where young men could be trained to undertake this

consultation and be supported through the prevention strategy to develop performance pieces that promote discussion about gender socialization. The information gained through the process could be synthesized and captured in resource material that could then be disseminated by the young men.

For engaging community organizations and the public in learning about child sexual abuse, many survivors noted that the PEI culture seems to lack knowledge of the basic facts about child sexual abuse. People seem unaware of common risk factors or of the differences between the sexual abuse of girls and boys. SAGE plans to consult with community organizations and the public on what training and resources are needed. In the subsequent years, survivors will develop and evaluate the training and resource packages.

The aboriginal community is represented in the third ring of the strategy so as to reflect the commonalities women share from their experiences of child sexual abuse, which are at the core of the strategy. The third ring is meant to portray various layers in the community that can be focused upon for preventing child sexual abuse. The Mi'kmaq women at the gathering worked together to develop a plan to engage their communities in preventing child sexual abuse using the Medicine Wheel. They talked about spirituality being at the core of their initiative, the need for community consultation, engaging men in the process, and the value of children in Aboriginal culture. Women from the Mi'kmaq community will be doing their own prevention work in solidarity with the women at the gathering, but separately, according to their own community needs. The value of authentically engaging with the diversity of our communities in addressing the issue of child sexual abuse was underscored by the women from the Mi'kmaq community asserted their need to work separately during the gathering. Their strategy was reflective of their community strengths and values.

Participants also acknowledged the importance of having community leaders support a survivor-led

strategy for the prevention of child sexual abuse. As part of the strategy, SAGE plans to apply for project funding to undertake policy scans, analyze gaps, and set goals to influence government, voluntary, and private sector policies.

The outer ring of Figure 1 is meant to portray a common vision or goal to spark community engagement. This outer circle is designed to help communities grow beyond the denial that keeps the silence on child sexual abuse. This part of the strategy is called an appreciative inquiry which is a community development process that engages people in identifying and using a community's strengths to solve community problems. Encircling the child sexual abuse strategy components is a campaign to engage the general public in identifying and promoting "Our Sacred Responsibility" in a new social contract with children. In subsequent years, this information will be synthesized and used in communication about prevention.

The weekend gathering with survivors reclaimed a space of resistance and was a call to voice for women who were sexually abused as children and who believe there is a role for survivor-led prevention strategies. In many ways the weekend became praxis for



survivor-led prevention models as women recognized in each other and in themselves the wisdom to make a difference.

Acknowledgements

This paper would not have been possible without the "Speaking from Our Wisdom: Planning to Stop Child Sexual Abuse" project and the people who contributed to that vision. Our thanks go to SAGE Inc. board members Gladys Kenny, Grace Vos, and Joan MacDonald whose commitment and work with survivors continues; to Lisa Tremblay for coordinating the project; to Elly Danica and Dr. Tanya Lewis for their insight and guidance over the gathering; and, most of all, to the women who attended the survivor gathering and whose wisdom added to our collective vision to create a strategy that contributes to stopping child sexual abuse. We also wish to thank the many community allies who helped to make this project a success. Costs for the project were shared by the National Crime Prevention Centre.

Figure 1

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