



Child Sexual Abuse

Information from...

The National Clearinghouse on Family Violence

What Is Child Sexual Abuse?

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.

Child sexual abuse is a criminal offence in Canada. The *Criminal Code* clearly identifies those behaviours that are against the law. The *Canada Evidence Act* defines the forms of evidence that may be admitted in court. In recent years, both the

Criminal Code and the *Canada Evidence Act* have been changed to provide better protection to children.¹

How Widespread Is the Problem?

Child sexual abuse is largely a hidden crime, so it is difficult to estimate the number of people who are sexually abused at some time during their childhood (the *prevalence* of child sexual abuse). Both adults and children may be reluctant to report sexual abuse for many reasons. Their reluctance may be related to the historical norm of keeping such behaviour secret because of the sense of shame associated with it. If the abuser is someone close to them in terms of kinship or other bonds, they may be deterred by the likelihood that criminal charges and penalties may be imposed. Finally, the fact that the victims are young and dependent tends to be a major obstacle to disclosure.

Research consistently reveals that, for reasons such as these, most child victims do not disclose their abuse. Even when they do, additional barriers may be encountered. For many of the same reasons that children do not report the abuse, their families may, in turn, not seek help. If the family does want help, they may still encounter difficulties finding the appropriate services.

There are few national statistics on child sexual abuse in Canada. A 1994 report, *Child Welfare in Canada: The Role of Provincial and Territorial Authorities in Cases of Child Abuse*, describes the provincial laws, definitions and child welfare systems that deal with child sexual abuse.² A 1996 report, *Child and Family Services Annual Report 1992-93 to 1994-95*, presents statistical data on child welfare services in Canada.³ The available data cannot be directly or easily compared among the provinces because the information is collected according to different definitions and parameters in each province. For example, in some provinces, data on suspected cases are combined with those on confirmed cases. In other jurisdictions, sexual abuse is not distinguished from physical abuse.

Nonetheless, the following information provides some insight into the incidence of child sexual abuse.

- It is estimated that there were nearly 12 000 investigations of child sexual abuse in Ontario in 1993.⁴ Sexual abuse was substantiated in 29 percent of these

cases and suspected in another 27 percent.

- In British Columbia, more than 500 complaints of sexual abuse were received in March 1992.⁵
- The most extensive study of child sexual abuse in Canada was conducted by the Committee on Sexual Offences Against Children and Youths. Its report indicates that, among adult Canadians, 53 percent of women and 31 percent of men were sexually abused when they were children.⁶

Facts to Consider

The Victim

- Victims of child sexual abuse are found in all classes and ethnocultural communities. Children who have physical or mental disabilities are especially vulnerable to sexual abuse.⁷
- Children are not able to give informed consent to sexual activity because they cannot fully understand adult-child sexual contact or predict the consequences, and because the adult is abusing a position of authority over the child.
- Children who are isolated from others are at greater risk of being sexually abused. These children have little contact with friends, brothers and sisters or adults whom they can trust. Some abusers are able to take advantage of a child who is already isolated. Other abusers manage to isolate the child by manipulating people and situations. As a

result of sexual abuse, some children may further isolate themselves because they feel different or afraid of what others will think.

- There is a greater possibility of serious distress to the child if the abuser is a family member, or if the child does not receive support from his or her non-abusive parent.⁸ The long-term consequences are also worse if force or the threat of force was used in the commission of the abuse, or if there were many incidents of abuse over a long period.⁹
- As mentioned above, children find it difficult to break the silence. In a child's world, adults control most of the resources and seem to know all the answers. If the abuser threatens the child or someone the child loves, the child may not question the adult's power to carry out the threat.
- Children always want to tell about their abuse so that it can be stopped, but they are often afraid that they will not be believed or protected, or they are afraid of what might happen if they do tell.¹⁰ It is normal for children to delay telling about their abuse for a year or more after it occurs. They may talk about the abuse more readily if another victim discloses abuse by the same offender or if they are asked direct questions about the possibility of abuse.
- Especially in cases of incest, when the abuser is a close family member, children may not reveal their sexual victimization until they become adults. Many never tell even then. The abusers

enforce secrecy and create in the child a fear of destroying the privacy and otherwise intact sense of security provided by the family.

- There is little evidence that many children deliberately make false allegations or misinterpret appropriate adult-child contact as sexual abuse. In the few recorded cases in which children appear to have made false allegations, it has usually been the result of manipulation by an adult.
- False denials of sexual abuse (saying it did not happen when it did) and recanting a disclosure of abuse (denying that it happened after having told someone about being abused) are much more common than false reports.
- Children sometimes recant truthful allegations of abuse. This is not surprising because the child naturally fears the impact that a disclosure will have on the family, or fears that he or she will not be believed. As well, the child may recant in fearful recognition of the fact that the offending adult has so much more power.¹¹
- When child victims receive professional support prior to giving testimony in court, their statements are more likely to be clear and accurately reflect the time and details of the event. The experience is also less stressful for the child who has received such support.¹²
- Children vary in their responses to sexual abuse. The manner in which the adults react to the child's disclosure is an important factor in influencing how the

child comes to view the abuse and his or her own role in it. Being believed and having family support can help the child to cope and adjust and can decrease some of the traumatic effects of sexual abuse.¹³

- Adult women sexually molested as children are more likely than non-victims to suffer from both physical and psychological problems. Abusive and manipulative men may target these women as victims in adult relationships because of their vulnerability. Sexual abuse victims who were also physically or emotionally abused as children are the most likely to suffer from health problems and further abuse as adults.¹⁴
- Men who were sexually abused as children may also suffer from depression, anxiety and suicidal thoughts and behaviour, especially if they were abused more than once. Those who experienced both emotional abuse and multiple acts of sexual abuse are the most likely to have poor mental health and to report sexual interest in, or sexual contact with, children.¹⁵

The Abuser

- Most offenders are not strangers to their victims. In most cases, they are well known to their victims. Approximately 25 percent of offenders are adolescents.¹⁶
- Most of the reported abusers are male.¹⁷
- It is the offender who initiates the sexual activity. The offender is responsible for the abuse no matter what the child does.
- A recent Canadian study revealed that

more than 40 percent of convicted child molesters were sexually abused as children. They tended to choose victims close to the age at which they were first victimized.¹⁸

- Offenders use a number of tactics to gain access to children and to ensure their victim's silence. These tactics include the use of threats, physical force, bribery, and other forms of physical and psychological coercion.
- Some offenders have abused more than 70 children before any of the victims disclosed the abuse.¹⁹ In cases in which one offender has abused a large number of victims, the abused children are more likely to be male.²⁰
- Incest offenders reflect the same range of education, religion, occupation, intelligence and mental health status as can be found in a representative cross-section of the general population. Abusers are found among all ages, ethnocultural communities and social classes.
- Most sexual abuse takes place in the context of an ongoing relationship between the abuser and the child. This long-term relationship gives the offender opportunity to exploit the child's desires and fears. An incestuous father, for example, may give his child special privileges or gifts to obtain his or her cooperation and silence.

Reporting Child Sexual Abuse

If you believe you have reasonable

grounds to suspect that a child is being sexually exploited or abused, **promptly report** your concerns to the child welfare agency, provincial or territorial social services department or police force in your community. In all cases, the person reporting is protected from any kind of legal action, provided the report is not falsely made and motivated by malice.

Where to Go for Support Services

Contact your local

- child welfare agency,
- police department,
- social service agency,
- hospital,
- mental health centre,
- sexual assault centre,
- transition home,
- distress centre, or
- other community service organization that provides counselling to children and families.

Many of these organizations are listed among the emergency telephone numbers on or near the first page of your local telephone directory.

Children who want help can also call the Kids' Help phone at 1-800-668-6868.

What Can Be Done to Prevent Child Sexual Abuse?

- Lawyers, judges, psychologists, doctors, social workers, police and other professionals who provide assistance to victims of child sexual abuse should

receive specialized training.

- Children can best be protected by giving them the knowledge and skills necessary for their safety and well-being, and by creating in our families and communities an atmosphere in which they feel safe enough to come forward if they are being mistreated or abused.
- Children who are well informed about inappropriate touching, who are taught to trust their feelings about situations and people, and who know where to get help if they require it are less likely to be victims of any type of assault.
- Prevention education is particularly important for children who have been sexually abused, as they are at higher risk of revictimization than children who have not been sexually assaulted.

Suggested Reading

Carla van Dam. *A Safety and First Aid Manual for the Prevention and Treatment of Child Sexual Abuse*. Port Coquitlam, B.C.: M.D. Angus, 1987.

National Clearinghouse on Family Violence, Fact Sheets on Child Abuse and Neglect, Wife Abuse, Dating Violence, Abuse of Seniors, etc. Ottawa: Health Canada.

Cheryl Ritlbauer, *Street Proofing: Safety Training for Families*. Winnipeg: Winnipeg South Child and Family Services Agency, 1987.

Sexual Abuse of Children, *The Future of*

Children, Centre for the Future of Children, The David and Lucile Packard Foundation, 300 Second St., Suite 102, Los Altos, California, 94022., Vol. 4(2), 1994, 248 p.

Miriam Ticoll, *No More Victims: A Manual to Guide Families and Friends in Preventing the Sexual Abuse of People with a Mental Handicap*, North York, Ontario: Roeher Institute, 1992.

Audiovisual:

The Family Violence Prevention Division, through the National Clearinghouse on Family Violence of Health Canada, has compiled a collection of more than 90 films and videos on family violence prevention, including child abuse prevention. These can be borrowed from the partner libraries of the National Film Board of Canada.

References and Notes

1. Department of Justice Canada, Research Section, *A Review of the Implementation of Child Sexual Abuse Legislation in Selected Sites*, Joseph P. Hornick and Floyd Bolitho (Editors) Ottawa: Department of Justice Canada, 1992.
2. Federal-Provincial Working Group on Child and Family Services Information, *Child Welfare in Canada: The Role of Provincial and Territorial Authorities in Cases of Child Abuse*, Ottawa: Minister of Supply and Services Canada, 1994.
3. Federal-Provincial Working Group on Child and Family Services Information, *Child and Family Services Annual Statistical Report 1992-93 to 1994-95*, Ottawa: Secretariat to the Working Group on Child and Family Services Information, 1996.
4. N. Trocme, D. McPhee, K.K. Tam and T. Hay, *Ontario Incidence Study of Reported Child Abuse & Neglect*, Toronto: The Institute for the Prevention of Child Abuse, Toronto, Ontario, 1994.
5. Federal-Provincial Working Group on Child and Family Services Information, *supra* note 2, p. 152.
6. C. Bagley, *Child Sexual Abuse in Canada: Further Analysis of the 1983 National Survey*, Ottawa: Health and Welfare Canada, 1988.
7. D. Sobsey and C. Varnhagen, "Sexual abuse, assault and exploitation of individuals with disabilities," in C. Bagley and R.J. Thomlinson (editors), *Child Sexual Abuse: Critical Perspectives on Prevention, Intervention and Treatment*, Toronto: Wall and Emerson, 1991, p. 203-216. L. Graham, *Sexual Abuse and Young People with Disabilities Project: Results and Recommendations*, Vancouver: McCreary Centre Society, 1993, 218 p.
8. L.D. Sas, P. Hurley, A. Hatch, S. Malla and T. Dick, *Three Years After the Verdict: A Longitudinal Study of the Social and Psychological Adjustment of Child Witnesses Referred to the Child Witness Project*, London, Ontario: Child Witness Project, London Family Court Clinic Inc., 1993.
9. J.H. Beitchman, K.J. Zucker, J.E. Hood, G.A. DaCosta, D. Akman and E. Cassavia. "A review of the long-term effects of child sexual abuse," *Child Abuse and Neglect*, 16(1) 1992, pp. 101-118.
10. Sas et al., *supra* note 8.
11. M. Reiser, "Recantation in child sexual abuse cases," *Child Welfare* 70(6) 1991, pp. 611-621.
12. L.D. Sas, P. Hurley, G. Austin and D. Wolfe, *Reducing the System-induced Trauma for Child Sexual Abuse Victims through Court Preparation Assessment and Follow-up*, London,

- Ontario: London Family Court Clinic, 1991.
13. J. Everill and G. Waller, "Disclosure of sexual abuse and psychological adjustment in female undergraduates," *Child Abuse and Neglect* 19(1) 1995, p. 93-100.
 14. T.P. Moeller and G.A. Bachmann, "The combined effects of physical, sexual and emotional abuse during childhood: Long-term health consequences for women," *Child Abuse and Neglect* 17(5) 1993, p. 623-640.
 15. C. Bagley, M. Wood and L. Young, "Victim to abuser: Mental health and behavioral sequels of child sexual abuse in a community survey of young adult males," *Child Abuse and Neglect* 18(8), 1994, p. 683-697.
 16. Frederick Mathews, *Adolescent Sex Offenders: A Needs Study*, Toronto: Central Toronto Youth Services, 1987, p. 1; Child and Youth Mental Health Services, British Columbia Ministry of Health, *Multiple Victim Child Sexual Abuse: The Impact on Communities and Implications for Intervention Planning*, Ottawa: Health Canada, Supply and Services Canada, 1994, p. 6.
 17. Child and Youth Mental Health Services, Ibid; p. 6.; L.M. McCarty, "Mother-child incest: Characteristics of the offender," *Child Welfare* 65(5), 1992, pp. 447-458; J. Wasserman and S. Kappel, *Adolescent Sex Offenders in Vermont*, Burlington, Vermont: Vermont Department of Health, 1985; Trocme, op. cit.
 18. D.M. Greenberg, J.M. Bradford and S. Curry, "A comparison of sexual victimization in the childhoods of pedophiles and hebephiles," *Journal of Forensic Sciences* 38(2) 1993, pp. 423-436.
 19. Child and Youth Mental Health Services, Ibid.
 20. Child and Youth Mental Health Services, Ibid.

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