



Child Sexual Abuse

National Clearinghouse on Family Violence

Child sexual abuse occurs when a child* is used for sexual purposes by an adult or youth.¹ Such an act is a betrayal of trust and an abuse of authority. It is often accompanied by other forms of maltreatment.²

Child sexual abuse takes many forms, ranging from exhibitionism to sexual intercourse. The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) has identified seven specific forms of sexual abuse: sexual activity completed, sexual activity attempted, touching/fondling of the genitals, adult exposure of genitals to child, sexual exploitation (involved in prostitution or pornography), sexual harassment and voyeurism.³

As well, the *Criminal Code of Canada* specifies a number of behaviours related to sexual interaction between an adult and a child which could result in criminal charges.⁴

Extent of the Crime

Victimization surveys have found that sexual offences are among the crimes least likely to be reported.⁵ In addition to this difficulty of under-reporting, several other factors affect the research capacity to collect and analyze data on child sexual abuse. Statistics on child abuse and neglect are collected and reported in very different ways. Confusion can easily arise because of variations in the way a particular statistic is calculated.⁶ As well, there is no consensus in the literature on the definition of sexual abuse, which can lead researchers to use the term in many different ways.

Given these obstacles, there is not yet a definitive or universally accepted estimate of the rate of child sexual abuse in Canadian society. Instead, insights into the extent of the problem must be derived from a variety of studies, each of which provides a window into a limited portion of the population or an estimate based on a very specific set of parameters.

The most extensive study of child sexual abuse in Canada was conducted by the Committee on Sexual Offences Against Children and Youth in 1984. The study used relatively broad definitions of child sexual abuse and, consequently, reported quite high rates. It found that:

- 54% of girls and 31% of boys under the age of 21 had experienced sexual abuse,⁷ and
- 8.2% of boys and 17.6% of girls had experienced severe sexual abuse.⁸

In British Columbia, the McCreary Centre Society has administered the province-wide Adolescent Health Survey (AHS) since 1992, with the third iteration (AHS III) having been carried out in 2003. The survey gathers responses from more than 30,000 students in grades 7 through 12. Using quite different parameters than those of the above mentioned 1984 study, the AHS has found that, among the non-Aboriginal members of the sample, 6% of girls and 1% of boys reported having been sexually abused.⁹

The CIS examined the incidence of child sexual abuse reported to a sample of 51 child welfare service areas across Canada in 1998. It found that:

- in 15,614 child welfare investigations, alleged sexual abuse was the primary or secondary reason for the investigation; of this number, 38% were substantiated, 23% remained suspected and 39% were unsubstantiated;¹⁰ and
- of the substantiated sexual abuse cases, 68% involved touching/fondling of the child's genitals, 35% involved sexual intercourse and 12% involved adults exposing their genitals to a child.¹¹

Analysis of data from the Uniform Crime Reporting Survey (UCR2) reveals that children and youth under the age of 18 were victims in 61% of all sexual offences reported to police. Rates were highest among girls aged 11 to 19; age 13 displayed the highest rate. For male victims, rates were highest in the 3 to 14 year age bracket.¹²

Analysis of the UCR2 data from 1998 to 2002 suggests that the rate of reported sexual offending against children and youth (ages 1 through 17) has steadily increased – from 185 to 207 per 100,000.¹³

Disclosures of Sexual Abuse

It is estimated that only 30% of child sexual abuse victims disclose the abuse during their childhood.¹⁴ Children may not reveal their sexual victimization until they become adults, especially when the abuser is a close family member.¹⁵

Research has revealed the following considerations concerning disclosure:

- Children may delay telling anyone of their abuse because they fear a negative parental reaction – such as not being believed, being rejected, or being punished – or they fear being harmed by their abuser.¹⁶
- Triggers for disclosure can include such events as another victim coming forward, being asked a direct question about the possibility of abuse, or simply experiencing a build-up of stress to an unmanageable level.¹⁷

- According to one study, when children did disclose sexual abuse to their mothers, 70% were supportive; however, more than half of the mothers experienced significant mood changes and difficulty coping with the disclosure and the aftermath.¹⁸

The genuine affection that the child may have for an abuser, especially one who promotes the “special relationship” and who has spent a great deal of time in the *grooming* phase (described below), often prevents children from disclosing the abuse.¹⁹ When the abuser is a family member, he or she may enforce the isolation of others in the family so as to maintain control over them and preserve secrecy. Abusers often jealously watch the social contacts of their victims and profoundly curtail their activity.²⁰

Children sometimes recant truthful allegations of abuse for a variety of reasons – such as pressure to deny their story by disbelieving or hostile parents, a desire to protect other family members, or a desire to bring to an end the painful process that was placed in motion after the disclosure was made.²¹

Risk Factors

Gender and Age

- The CIS data indicate that in substantiated cases of sexual abuse, 69% of victims were girls and 31% were boys.²²
- In 2003, Statistics Canada confirmed that while rates between boys and girls are close in the first year of life,

female children and youth are more likely to be sexually assaulted than are male children and youth.²³

- CIS data revealed that girls aged 4 to 7 and 12 to 15 were victims in about twice as many substantiated cases of sexual abuse as girls in other age groups.²⁴
- Trocmé and Wolfe (2001) also revealed that boys aged 4 to 7 accounted for about three times more substantiated cases of sexual abuse than any other age group of boys.²⁵

Disability

Many studies have found that children with disabilities are more likely to be sexually abused than children without disabilities.²⁶

Parental History

The children of incest survivor mothers are at high risk for sexual abuse (though mothers are rarely perpetrators themselves).²⁷

Cultural Background

- It has been estimated that up to 75% of Aboriginal girls under the age of 18 have experienced sexual abuse (50% under the age of 14, and almost 25% younger than 7).²⁸
- The isolation imposed on immigrant and refugee children who are victims of sexual abuse may be increased by barriers that are cultural, linguistic and/or legal (e.g., having no legal immigrant status, having a sponsor who is the abuser).²⁹

The Abuser

Abusers are found among all age groups, ethno-cultural communities and social and economic backgrounds.³⁰ CIS findings indicate that, in substantiated cases, “family members or other persons related to the child constituted the vast majority (93%) of alleged perpetrators.”³¹ According to the UCR2, the accused was a family member in 51% of cases of sexual abuse involving girls under the age of 12 and 46% of sexual abuse cases involving boys under that age.³²

Abusers use many tactics to gain access to children and to ensure their silence. These tactics include physical and psychological coercion, such as threats, physical force and bribery.³³ Other tactics used to *groom* or desensitize their intended victims include gradual exposure to pornographic material, disguising behaviours as educational, presenting the sexual interaction as an acceptable form of punishment or reward, or representing the activity as an appropriate way to repay favours, in order to normalize the activities.³⁴ It has been found that some perpetrators abused more than 70 children before anyone listened and/or recognized the signs and symptoms of abuse.³⁵

While not all victims of sexual abuse go on to become offenders, some researchers believe the likelihood of becoming a perpetrator of child sexual abuse is related to behaviour learned in childhood and/or to having been a child victim of sexual abuse. One Canadian study revealed that more than 40% of convicted child abusers were sexually abused as children. Additionally, they tended to choose victims close to the age at which they themselves were first victimized.³⁶

Possible Symptoms of Child Sexual Abuse

In her book “When Children are Abused: An Educator’s Guide to Intervention,” Cynthia Crosson–Tower identifies the following variety of symptoms:

- Frequent urinary tract infections
- Difficulty in walking or sitting
- Torn, stained or bloody underwear
- Genital/anal itching, rashes, pain, swelling, or burning
- Genital/anal bruising or bleeding
- Frequent yeast infections
- Pain in urination
- Excessive bathing
- Frequent vomiting
- Excessive sore throats (may be indicative of gonorrhea)
- Excessive masturbation
- Other symptoms of venereal disease such as vaginal or penile pain or discharge, genital or oral sores and genital warts
- Early pregnancy
- Frequent psychosomatic illnesses³⁷

In terms of behavioural symptoms, Crosson–Tower goes on to identify the following:

- Exceptional secrecy
- More sexual knowledge than is appropriate for the child’s age (especially in younger children)
- In-depth sexual play with peers (in younger children, different from the normal “playing doctor” form of exploration)
- Over-compliance or withdrawal

- Over-aggressiveness or acting out
- Inordinate fear of males (or females)
- Extreme seductiveness
- A drop in school performance or sudden nonparticipation in school activities
- Reported sleep problems or nightmares
- Crying without provocation
- Sudden onset of enuresis (wetting pants or bed) or soiling
- Sudden phobic behaviour
- Feelings of little self-worth, talk of being damaged
- Appearing much older and more worldly than peers
- Suicide attempts or ideas of wanting to kill self
- Running away from home excessively
- Extreme cruelty to animals (especially those that would normally be pets)
- Fire setting
- Eating disorders
- Self-mutilation (cutting, scratching to draw blood)³⁸

Other researchers have confirmed the relevance of these symptoms and suggested additional ones, as well as longer-term consequences that may manifest themselves later in life. They include the following:

- Post-Traumatic Stress Disorder (PTSD), depression and anxiety disorders, such as panic attacks, social phobia and agoraphobia³⁹
- Truancy: Victims often lose interest in school and related activities.⁴⁰

- Hyperactivity: One study found physically and sexually abused children to be 10% more hyperactive than non-abused children.⁴¹
- Unhealthy behaviours, such as substance abuse and risky sexual behaviour,⁴² as well as chronic health problems, including obesity^{43, 44}
- Unwanted pregnancy and suicide⁴⁵
- Early sexual intercourse: Women abused as children were more likely to have had sexual intercourse for the first time before the age of 12.⁴⁶
- Running away from home and, in some cases, turning to prostitution.⁴⁷
- Male children who experience sexual abuse at the hand of a male perpetrator may struggle with their sexual identity as adults.⁴⁸

Reporting Child Sexual Abuse

A person who suspects that a child is being sexually abused or is at risk of such abuse is required by law to report such concerns promptly to the relevant child protection agency, provincial or territorial social services department or police department.

When reports of child sexual abuse are received by a child protection agency or a police department, both organizations follow established protocols. Reports are screened by child welfare authorities, often using an assessment tool, to determine the level of risk to the child and whether an investigation is required.⁴⁹

In all cases, the person reporting is protected from any kind of legal action, provided the report is not falsely made.

Intervention

The community has a responsibility to respond to incidents of child sexual abuse in a sensitive, culturally appropriate and non-biased manner. Inter-agency protocols among police, child welfare agencies, hospitals and other community services are in place to facilitate collaboration.⁵⁰ Intervention entails a sequence of reporting, investigating, validating, charging and convicting, while assessing the child's trauma and developing and implementing a treatment plan.

Child victims who receive professional or maternal support prior to giving testimony in court are more likely to give clear statements that accurately reflect the details of the abuse. The experience of giving testimony is also less stressful for a child who has received such support.⁵¹

The goal of treatment for victims of child sexual abuse is to restore the child's sense of trust and safety and to teach the child about healthy relationships. Appropriate responses to children's disclosure of sexual abuse should indicate that they are believed and that they will receive help. The following messages should be conveyed to a child who discloses sexual abuse:

- "It is good that you told me."
- "I believe you."
- "It is not your fault."
- "I will do my best to help you."

Prevention

Initiatives to help prevent child sexual abuse can include:

- supporting public education and child abuse prevention programs in the community,
- teaching children how to recognize and say "no" to abusive behaviour,
- promoting parent education, support, relief and treatment services and
- reporting suspicions of abuse to local authorities.

Parents can also reduce their children's risk of sexual abuse by:

- teaching them the difference between good touching and sexually abusive touching,⁵²
- teaching them when to say "no" to an adult,
- learning how to identify risk situations, paying attention to warning signs and knowing how to respond to a disclosure and
- fostering an attitude of self-respect and appropriate assertiveness in their children.⁵³

Where to Go for Help

Suspected sexual abuse of a child, or any other form of child maltreatment, must be reported to one of the following:

- child protection agency
- police department
- hospital
- mental health centre
- distress centre

- community service organization that provides counselling to children and families.

Contact information for many of these organizations is listed near the front of local telephone books.

Relevant Organizations and Resources

Canadian Red Cross Contact Centre

100-1305, 11th Avenue South West
 Calgary, AB T3C 3P6
 Toll-free: 1-888-307-7997
 Toll-free fax: 1-800-811-8877
 E-mail: wz-contactcentre@redcross.ca
 Website: <http://www.redcross.ca>

The C.A.R.E (Challenge Abuse through Respect Education) KIT is a personal safety program for children aged 5 to 9, with a focus on child sexual abuse prevention. Key messages are taught through a combination of story telling, educational resources and experimental activities. The program includes lessons and interactive activities dealing with appropriate and inappropriate touching.

Canadian Society for the Investigation of Child Abuse

P.O. Box 42066
 Acadia Postal Outlet
 Calgary, AB T2J 7A6
 Tel: (403) 289-8385
 E-mail: info@csicainfo.com
 Website: <http://www.csicainfo.com>

FOR THE KIDS - INVESTIGATING CHILD SEXUAL ABUSE is a comprehensive training program for police, child protection workers and other involved professionals.

Centre of Excellence for Child Welfare

Faculty of Social Work
 University of Toronto
 246 Bloor Street West
 Toronto, ON M5S 1A1
 Fax: (416) 946-8846
 E-mail: info@cecw-cepb.ca
 Website: <http://www.cecw-cepb.ca>

This organization provides information on incidence studies and a database of published reports on child maltreatment research.

Children's Aid Society of London and Middlesex

1680 Oxford Street East
 P.O. Box 7010
 London, ON N5Y 5R8
 Tel: (519) 455-9000
 Fax: (519) 455-4355
 E-mail: info@caslondon.on.ca
 Website: <http://www.caslondon.on.ca>

The POSITIVE PARENTING PACKAGE contains information for professionals on issues relating to child abuse and neglect and their prevention, as well as information on community responsibility and section 43 of the *Criminal Code of Canada* (addressing corporal punishment). Guidelines are also available for parents on a variety of subjects, such as child discipline, encouraging good behaviour, talking and listening to children and teenagers and preventing child abuse and abduction.

Community Child Abuse Council of Canada

75 MacNab Street South
Suite 203
Hamilton, ON L8P 3C1
Toll free: 1-800-470-2111
Tel: (905) 523-1020
Fax: (905) 523-1877
E-mail: info@childabusecouncil.on.ca
Website: <http://www.childabusecouncil.on.ca>

TOUCHING is a child abuse prevention program developed for use in elementary school classrooms ranging from Junior Kindergarten to Grade 8. It is a complete step-by-step program which includes a video and a teacher's kit designed to address child abuse in a non-threatening way.

Kids Help Phone

300 - 439 University Avenue
Toronto, ON M5G 1Y8
Toll free: 1-800-668-6868
Tel: (416) 586-5437
Fax: (416) 586-0651
Website: www.kidshelpline.ca

The KIDS HELP PHONE operates Canada's only toll-free, national telephone counselling, referral and Internet services for children and youth. An online resource centre for parents is also available at <http://www.parenthelpline.ca>.

National Clearinghouse on Family Violence

Public Health Agency of Canada
9th Floor, Jeanne Mance Building
200 Eglantine Driveway
Tunney's Pasture 1909D1
Ottawa, ON K1A 1B4
Toll-free: 1-800-267-1291
Local: (613) 957-2938
Toll-free TTY: 1-800-561-5643
Local TTY: (613) 952-6396
Fax: (613) 941-8930
E-mail: ncfv-cnivf@phac-aspc.gc.ca
Website: <http://www.phac-aspc.gc.ca/nc-cn/>

The National Clearinghouse on Family Violence (NCFV) is Canada's resource centre for information on violence within relationships of kinship, intimacy, dependency or trust. The NCFV includes resources for children and youth, such as a series of ten child sexual abuse information booklets produced by the Vancouver- Richmond Incest and Sexual Abuse Centre (VISAC). Additionally, the NCFV and the National Film Board of Canada (NFB) maintain a collection of videos on various forms of family violence, including child sexual abuse. The videos can be borrowed from any of the 35 partner libraries of the NFB located in major centres across Canada. For more information on these libraries and the family violence video collection, contact the NCFV for a copy of the 2005 video catalogue.

Ontario Ministry of Health Promotion

250 Yonge Street, 35th floor
Toronto, ON M5B 2N5
Tel: (416) 326-4846
Fax: (416) 326-4864
Website: www.mhp.gov.on.ca

MAKING IT SAFER, PREVENTING SEXUAL ABUSE OF CHILDREN IN SPORT is a practical resource designed to assist sport organizations in taking important steps to create safer environments for children participating in sports.

Roeher Institute

Kinsmen Building
York University
4700 Keele Street
Toronto, ON M3J 1P3
Toll free: 1-800-856-2207
Tel: (416) 661-9611
Fax: (416) 661-5701
TTY: (416) 661-2023
Toll-free: 1-800-856-2207
E-mail: info@roeher.ca
Website: <http://www.roeher.ca>

The Roeher Institute is responsive to the experiences of people with intellectual disabilities and their families. The Institute provides information for professionals and families on prevention and intervention in cases of sexual abuse of children with disabilities.

Rural Response for Healthy Children

52 Huron Street
Box 687
Clinton, ON N0M 1L0
Toll free: 1-800-479-0716
Tel: (519) 482-8777
Fax: (519) 482-8340
E-mail: mail@rrhc.on.ca
Website: <http://www.rrhc.on.ca/snap.htm>

S.N.A.P. (A SPECIAL NEEDS ABUSE PREVENTION PROGRAM) offers a series of child sexual abuse prevention books and games, designed for children with special needs and their families. *The Prevention Kit – 365 Days of the Year* is available with 365 lesson plans on personal safety topics.

Society for Children and Youth of BC

802-207 West Hastings St.
Vancouver, BC V6B 1H7
Tel: (604) 433-4180
Fax: (604) 669-7054
Email: info@scyofbc.org
Website: <http://www.scyofbc.org/>

This society provides information, resource materials and practical tools on a range of topics, including children's rights and the prevention of child abuse.

Toronto Child Abuse Centre

890 Yonge Street, 11th Floor
Toronto, ON M4W 3P4
Tel: (416) 515-1100
Fax: (416) 515-1227
E-mail: info@tcac.on.ca
Website: <http://www.tcac.on.ca>

MAKING A DIFFERENCE TRAINING MANUALS: PARTS I, II AND III is a training series designed for front-line child and youth care workers and individuals who provide front-line services to children and youth with special needs and their families on how to recognize and respond to suspicions or knowledge of child abuse.

I'M A GREAT KID! PRIMARY PREVENTION PROGRAM, also available through the Toronto Child Abuse Centre, is a child abuse prevention program designed for parents and teachers to use with children aged 8 through 12.

Endnotes

1. N. Trocmé and D. Wolfe, *Child Maltreatment in Canada: Canadian Incidence Study of Reported Child Abuse and Neglect, Selected Results* (Ottawa: Minister of Public Works and Government Services Canada; Health Canada, 2001), p. 13.
2. T. Hay, *Child Sexual Abuse* (Ottawa: National Clearinghouse on Family Violence, 1997), p. 1.
3. Trocmé and Wolfe, p. 13. Sexual Activity Completed (oral, vaginal or anal sexual activities), Sexual Activity Attempted (attempts to have oral, vaginal or anal sex), Touching/Fondling Genitals, Adult Exposing Genitals to Child, Sexual Exploitation – Involved in Prostitution or Pornography (situations in which an adult sexually exploits a child for purposes of financial gain or other profit), Sexual Harassment (proposition, encouragement or suggestions of a sexual nature), Voyeurism (activities in which a child was encouraged to exhibit himself/herself for the sexual gratification of the perpetrator). The “Sexual Exploitation/Pornography” code was used if voyeurism included pornographic activities.
4. The *Criminal Code* of Canada prohibits the following behaviours:
 - Any sexual activity between an adult and a child under the age of 14. By law, a child under 14 is incapable of consenting to sexual activity (s. 150.1 of the *Criminal Code*). However, the criminal law recognizes that consensual ‘peer sex’ is not an offence in the following situation: if one child is between 12 and 14 years and the other is 12 years or more but under the age of 16, less than two years older, and not in a position of trust or authority towards the other child, nor in a relationship of dependency (s.150.1).
 - Touching directly or indirectly with a part of the body or with an object any part of the body of a person under the age of 14 years for a sexual purpose (s.151).
 - Inviting, counselling or inciting a person under the age of 14 years to touch directly or indirectly with a part of the body or with an object the body of any person for a sexual purpose (s.152).
 - Any sexual activity between an adult in a position of trust or authority towards a child 14 years or older but under the age of 18 years (s.153).
 - Sexual intercourse between an adult and his or her child, grandchild, brother, sister or parent by blood relationship (s.155).
 - Making, printing, publishing, transmitting, making available, distributing, selling, importing, exporting, possessing, or possessing for the purpose of any of the above, child pornography (s.163.1).
 - Luring a child by means of a computer system to facilitate prohibited sexual offences (s.172.1).
 - Living on the avails of prostitution of a person under the age of 18; aiding, abetting, counselling or compelling a person under the age of 18 to engage in prostitution; using, threatening to use, or attempting to use violence, intimidation or coercion in relation to the person under that age (s.212(2) and (2.1)).

- Obtaining for consideration, or communicating with anyone to obtain for consideration, the sexual services of a person under the age of 18 (s.212(4)).
5. Canadian Centre for Justice Statistics, "Sexual offences in Canada" *Juristat*, 23, 6, (2002): p. 1.
 6. C. Poon et al., *Violated Boundaries: A Health Profile of Adolescents Who Have Been Abused* (Burnaby: The McCreary Centre Society, 2002), p. 3; Secretariat to the Federal/Provincial/Territorial Working Group on Child and Family Services Information, *Child Welfare in Canada 2000, The Role of Provincial and Territorial Authorities in the Provision of Child Protection Services* (Hull: the Secretariat, 2002), p. ii, and Trocmé and Wolfe, *Child Maltreatment in Canada*, p. 6.
 7. R. Badgley, *Report on Sexual Offences Against Children: Report of the Committee on Sexual Offences Against Children and Youth, Vol. 1* (Ottawa: Supply & Service Canada, 1984), pp. 179-181.
 8. C. Bagley, *Child Sexual Abuse in Canada: Further Analysis of the 1983 National Survey* (Calgary: University of Calgary, Family Violence Initiative project 4887-09-86-016, 1988), p. 1. In the Badgley Report, respondents were asked whether four types of unwanted sexual acts had ever been committed against them: exposure without touching; sexual touching without penetration; unwanted touching of sexual areas; and attempted or achieved intercourse. As Bagley was only interested in the more serious aspects of sexual assaults, he limits his analysis to the latter two (Bagley, p.12).
 9. Poon et al., p. 57.
 10. Trocmé et al., *Canadian Incidence Study of Reported Child Abuse and Neglect: Final Report*, (Ottawa: Health Canada, 2001), pp. 33-34.
 11. Trocmé and Wolfe, p. 13.
 12. Statistics Canada compiles police-reported incident-based crime statistics, including information related to sexual assault, collected from 154 police services in nine provinces, representing 59% of the national volume of reported crime. The data are not national and therefore it is not possible to calculate rates of occurrence. Canadian Centre for Justice Statistics, "Sexual Offences in Canada," *Juristat*, Cat. No. 85-002XPE, Vol. 23, no. 6, 2002, p. 7.
 13. Canadian Centre for Justice Statistics, Uniform Crime Reporting (UCR2), Special Analysis prepared for the Family Violence Prevention Unit of Health Canada (Statistics Canada, February, 2004):

Rates of sexual offending against children and youth (1-17 years), UCR2			
Year	Population	No.	Rate per 100,000 population
1998	3,409,311	6,305	185
1999	3,408,611	6,177	181
2000	3,398,059	6,663	196
2001	3,398,201	6,625	195
2002	3,390,084	7,033	207

14. S. L. Robins, *Protecting our Students: A Review to Identify and Prevent Sexual Misconduct in Ontario Schools, Executive Summary and Recommendations* (Toronto: Ontario Ministry of the Attorney General, 2000), p. 15.

15. L. D. Sas and A. H. Cunningham, *Tipping the Balance to Tell the Secret: Public Discovery of Child Sexual Abuse* (London, Ont.: London Family Court Clinic, 1995), pp. 10, 12, 155-70.
16. L. D. Sas, *Three Years After the Verdict: A Longitudinal Study of the Social and Psychological Adjustments of Child Witnesses Referred to the Child Witness Project* (London, Ont.: London Family Court Clinic, 1993), p. X; for further discussion, see Sas and Cunningham, pp. 14, 30, 125-126.
17. Sas, p. X.
18. Sas and Cunningham, p. 14.
19. S. L. Robins, *Protecting our Students: A Review to Identify and Prevent Sexual Misconduct in Ontario Schools, Executive Summary and Recommendations* (Toronto: Ontario Ministry of the Attorney General, 2000), p. 15.
20. J. L. Herman, *Trauma and Recovery* (New York: Basic Books) 1992, p. 100.
21. S. Galey, *From Crisis to Coordination: An Integrated Community Response to a Multi-victim Child Sexual Abuse Crisis* (Brockville, Ont.: Leeds-Grenville Children's Services Advisory Group, Family Violence Initiative Project 4887-06-92-042, 1995), pp. 22-23.
22. Trocmé and Wolfe, p. 24.
23. Statistics Canada. *Family Violence in Canada: A Statistical Profile 2003* (Ottawa: Statistics Canada, Cat. No. 85-224-XIE, 2003), pp. 34-35.
24. Trocmé and Wolfe, p. 24.
25. Trocmé and Wolfe, p. 24.
26. D. Sobsey, "Violence against children with disabilities: An overview," *Connection: Newsletter of the Institute for the Prevention of Child Abuse* 4 (Summer 1995): 2.
27. C. M. Kreklewetz and C. C. Piotrowski, "Incest survivor mothers: protecting the next generation," *Child Abuse and Neglect* 22, 12 (1998): 1305.
28. Marc LeClair & Associates, *Profile of Aboriginal Sex Offenders* (Ottawa: Correctional Service Canada, 1996), cited by S.D. McIvor and T.A. Nahanee, "Aboriginal women: Invisible victims of violence," in *Unsettling Truths: Battered Women, Policy, Politics, and Contemporary Research in Canada*, edited by K. Bonnycastle and G.S. Rigakos (Vancouver: Collective Press, 1998), p. 65.
29. For additional information, see J. Bopp and M. Bopp, *Responding to Sexual Abuse, Developing a Community-Based Sexual Abuse Response Team in Aboriginal Communities* (Ottawa: Solicitor General, 1997); D. Kinnon, *Canadian Research on Immigration and Health: An Overview* (Ottawa: Health Canada, 1999); H. Berman and Y. Jiwani, *In the Best Interests of the Girl Child: Phase II Report* (S.L.: Alliance of Five Research Centres, 2002); R. Alaggia, "Cultural and religious influences in maternal response to intrafamilial child sexual abuse: charting new territory for research and treatment," *Journal of Child Sexual Abuse* 10, 2 (2001): 41-60.
30. L. Street, *Making it SafeR, Preventing Sexual Abuse of Children in Sport* (Toronto: Ministry of Tourism, Culture and Recreation; Queen's Printer for Ontario; 2002), p. 3.

31. Trocmé and Wolfe, p. 19.
32. Canadian Centre for Justice Statistics, *Juristat* 23, 6: p. 20.
33. Sas and Cunningham, p. 122.
34. S. Young, M. L. Martin and R. Blanchard, "The use of normalization as a strategy in the sexual exploitation of children by adult offenders," *Canadian Journal of Human Sexuality* 6, 4 (1997): 288.
35. British Columbia. *Child and Youth Mental Health Services, Multiple Victim Child Sexual Abuse: The Impact on Communities and Implications for Intervention Planning* (Ottawa: Health Canada, 1994), p. 6.
36. D. M. Greenberg, J. M. Bradford and S. Curry, "A comparison of sexual victimizations in the childhoods of pedophiles and hebephiles," *Journal of Forensic Sciences* 38, 2 (1993): 434-435.
37. C. Crosson-Tower, *When Children are Abused: An Educators Guide to Intervention* (Boston: Allyn and Bacon, 2002), pp. 23-24.
38. Crosson-Tower, pp. 23-24.
39. B. E. Molnar, S. L. Bunka and R. C. Kessler, "Child sexual abuse and subsequent psychopathology: Results from the National Co-morbidity Survey," *American Journal of Public Health* 91, 5 (2001): 753-60.
40. Street, pp. 5-6.
41. C. A. Glod and M. H. Teicher, "Relationship between early abuse, post-traumatic stress disorder and activity levels in prepubertal children," *Journal of the American Academy of Child and Adolescent Psychiatry* 35, 10 (1996): 1384-93.
42. In the findings of a survey conducted in British Columbia by the McCreary Centre Society (2002), abused youth were compared to non-abused youth across circumstances (in school, in custody, or on the street). Poon et al., p. 8.
43. T. E. Frothingham et al., "Follow up eight years after diagnosis of sexual abuse," *Archives of Disease in Childhood* 83 (2000): 132-34.
44. A. B. Silverman, H. R. Reinherz and R. M. Giaconia, "The long-term sequelae of child and adolescent abuse: A longitudinal community study," *Child Abuse and Neglect* 20, 8 (1996): 709-23.
45. Street, pp. 5-6.
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