



Adult Survivors of Child Sexual Abuse

National Clearinghouse on Family Violence

What is Child Sexual Abuse?

Although there are many descriptions of childhood sexual abuse, for the purpose of this document it is considered to be the use of a child for any form of sexual activity or behaviour by an adult or adolescent. It is a betrayal of trust by someone who has power over the child.¹

Who is an Adult Survivor of Child Sexual Abuse?

Any adult who was sexually abused as a child is a survivor of childhood sexual abuse. The majority of statistics in this document refer to the abuse of children under the age of 17. Sexual abuse occurs in all communities, ethnic backgrounds, religions, cultures, and social and economic classes, and is experienced by both males and females.^{2,3}

Vocabulary

The words “victim” and “survivor” are used throughout this document, but their limitations are acknowledged in that these terms may discount the aspects of a person’s life that are healthy and productive. The term “thrivor” is now sometimes used to describe people who are not only surviving but flourishing. It better reflects the idea that sexual abuse is something that happens to people and should not be considered the core of their identity. In this document, the terms “victim” and “survivor”, which are commonly used in the abuse-related literature, designate a person who has experienced sexual abuse in his or her childhood.

Who is Sexually Abused?

The Ontario Health Survey Supplement*, carried out between 1990 and 1991, reported that 4.3% of males and 12.8% of females reported any unwanted sexual acts before their 17th birthday, and 3.9% of males and 11.1% of females in this sample reported severe sexual abuse.⁴ Previously, the Badgley Report* used broader definitions of child sexual abuse and reported higher prevalence rates. In that study, 31% of boys and 54% of girls under the age of 21 reported sexual abuse, and 8.2% of boys and 17.6% of girls reported severe sexual abuse.⁵

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) studied investigations by child welfare service providers in 1998. As its title suggests, this study deals only with child abuse and neglect reported to child welfare authorities. Some reports of sexual abuse are investigated by police without any involvement of child welfare service providers, and these statistics are not reflected in the study. Among substantiated cases of sexual abuse against children under the age of 16 reported in the CIS, 69% of the victims were girls and 31% were boys.⁶

Some evidence suggests that girls and boys are at similar risk of being sexually abused before puberty.⁷ However,

adolescent (and adult) females are at greater risk of sexual abuse than adolescent (and adult) males. Therefore, there may be more female than male adult survivors of child sexual abuse.

Who are the Abusers?

The report of the CIS states that, among substantiated sexual abuse cases, non-parental relatives represented the largest group of alleged perpetrators (44%), followed by biological fathers (8%), step-fathers (8%), other acquaintances (8%) and babysitters (7%). A child's friends (peers) and family friends were each identified as the alleged perpetrator in 5% of substantiated cases. Teachers were identified in 4% of cases, and other professionals, strangers and a parent's boyfriend/girlfriend were each identified in 2% of cases. In 5% of substantiated sexual abuse cases, mothers were identified as the alleged perpetrator (3% biological mothers and 2% step-mothers).⁸ It is possible that cases of abuse within the family are under-reported because of the risk of breaking up the family and are, therefore, under-represented in this study. Furthermore, the CIS statistics do not reflect those cases – which may be more severe – that are reported only to police.

* In the Ontario Health Survey Supplement, respondents were asked to indicate whether an adult had committed any of the following acts while they were growing up: “exposed themselves to you more than once; threatened to have sex with you; touched the sex parts of your body; tried to have sex with you or sexually attacked you.” The last three items were identified as severe sexual abuse. In the Badgley Report, respondents were asked whether any unwanted sexual acts had ever been committed against them; two items (unwanted touching of sexual areas and attempted or achieved intercourse) approximated severe abuse.

Connecting Child Sexual Abuse to Adulthood

The ripple effects of abuse can be difficult to pinpoint, even though abuse may affect every area of someone's life. These effects are not necessarily permanent, but they can feel overwhelming. Recognizing the connection between present effects and past sexual abuse is not easy. Drawing this connection can be helpful for the healing process but is not always necessary.⁹

Why Do Many Survivors Delay Talking About Child Sexual Abuse?

In Canada, it is estimated that the vast majority of male and female sexual abuse victims do not report sexual abuse.¹⁰ Some survivors delay disclosure because they fear they will be threatened by their abuser, are worried they will not be believed or that they will be blamed and possibly punished, feel guilty and ashamed, or want to protect their families and sometimes the perpetrator.¹¹ Other concerns include a feeling of responsibility for the abuse, a sense of confusion and betrayal because they were physically aroused by the abuse, difficulty in finding the right time to talk about the past, and an inability to recognize child sexual abuse as abusive, perhaps because they were led to believe that it was normal.¹² Survivors should be encouraged not to confuse the abnormality of the abuse with their own identity: the abuse was abnormal, but they are perfectly normal.

Caregivers must make themselves more aware of symptoms exhibited by both male and female survivors. This knowledge will help families, doctors, teachers and protective service workers to identify

and report alleged sexual abuse to the proper authorities.

Coping Skills

Many survivors develop addictions or compulsive behaviours in an effort to mask their abuse-related emotions.¹³ Survivors often experience shame about these coping skills or strategies, which have been used to numb the pain of the abuse.

Similarities and Differences in Male and Female Survivors

Every individual is unique. Therefore, the effects of child sexual abuse are not exactly the same. Although the majority of research indicates that there are more similarities than differences between male and female survivors,¹⁴ there are, nevertheless, several differences that merit mention. Although a characteristic may be identified here as male or female, it may also apply to survivors of the other sex.

Similarities Between Male and Female Survivors

- Boys and girls are both more likely to be abused by someone they know,¹⁵ and the perpetrator is most often a heterosexual male.¹⁶ This perpetrator often holds some form of power and control over the victim and is in a position of trust.
- Some survivors may struggle with depression; low self esteem; self blame; dissatisfaction with life; anxiety; dissociation (a splitting between the mind and body); difficulties in relationships; a tendency to be over-controlling or too submissive; an inability to trust oneself and others; problems defining healthy sexuality;

self-destructive behaviours, including contemplation of or attempted suicide; dealing with anger; stress related illnesses; addictions; eating disorders; and acting out sexually.¹⁷

- In the 1990 Mental Health Supplement to the Ontario Health Survey, 56% of male and 56% of female respondents who reported child sexual abuse also indicated a history of physical abuse.¹⁸

Predominantly Female Concerns

- There is a greater chance that the abuse will take place in the home and be perpetrated by somebody related to the victim.¹⁹
- Female survivors are at greater risk of abusing alcohol.²⁰
- They have increased chances of being re-victimized as teenagers and young adults.²¹
- They are more likely to receive support when dealing with their recovery issues.²²
- Compared with men, women tend to deal with their sadness and depression in the early stages of recovery, whereas their anger seems to surface later in the healing process.²³
- Women appear to have greater difficulty in recalling specific details connected to the abusive situation.²⁴
- Among victims of child sexual abuse, girls are fondled more often than boys.²⁵

Predominantly Male Concerns

- Boys are more often abused by teachers, coaches and baby-sitters.²⁶
- As a result of sexual abuse at the hand of a male perpetrator, males struggle with their sexual identity and fears of homosexuality. Men who experienced child sexual abuse also find it more difficult to define their gender roles.²⁷
- Both male survivors and their parents are more likely to try to minimize the impact of the sexual abuse.²⁸
- Male survivors are more likely to abuse drugs.²⁹
- Boys are more likely to be sodomized than girls.³⁰
- Men are more likely to experience anger and rage in the early stages of recovery, whereas their feelings of grief tend to surface later in the healing process.³¹ Men have more struggles with feelings of powerlessness, and the chances of active and violent revenge fantasies are greater.³²
- Far fewer men than women consider their early childhood sexual experiences to be sexual abuse.³³ Gender socialization, different physiological responses of the sexes and culturally determined expressions of sexuality may cause boys to be neutral or positive about their sexual experiences, but the long-term effects (e.g. on self esteem) are negative.³⁴

Discussing the impact of childhood sexual abuse on men and women helps to identify common and unique needs for healing. Each person needs to recognize and respect his or her uniqueness when coming to terms with the past.

Stages of Recovery

Every individual's recovery process is unique. However, most share some similarities. Survivors may experience the following stages of recovery:^{35,36}

Denial: It is not unusual for people to be trapped in this stage for many years after the physical nature of the abuse has ended. Many survivors develop addictive or compulsive behaviours while attempting to mask the feelings and emotions connected to child sexual abuse.

Confused Awareness: At this stage, people begin to recognize the connection between their past trauma and present concerns. This new awareness may introduce feelings of anxiety, panic and fear.

Reaching Out: Survivors can be in a situation in which the perils of silence become more painful than the risk involved in speaking out. Receiving individual counselling and/or joining support groups may play a role in the healing process.

Anger: After they reach out and become more aware of the impacts of the abuse, survivors often deal with intensified anger. This anger is an expected, natural part of the healing process. Thoughts of disclosure and confrontations may dominate this stage. Anger may be channelled towards anyone who excused or protected the abuser, anyone who did not believe their disclosure of the abuse, and anyone they feel should have been concerned but never took steps to help.³⁷

Depression: At this stage, adult survivors may recall the negative messages or criticisms that they received from their abuser as a child. If these seem valid to the adult survivor, they may cause him or her to become depressed. When faced with

depression, survivors often feel powerless and unable to make positive changes. If symptoms and triggers of their depression are identified and an appropriate support team is found, the chances of their being overwhelmed with feelings of despair may be minimized.³⁸

Clarity of Feelings and Emotions: For adult survivors of child sexual abuse, a key component to healing is to express and share their feelings.³⁹ This can be achieved by survivors learning to acknowledge and identify a wide variety of feelings and emotions, as well as finding ways to release them without hurting themselves or others.⁴⁰ A good support team can be extremely valuable at this time.

Regrouping: This phase involves many positive changes in survivors' attitudes and feelings. In this stage, they develop a new sense of trust in others but, most importantly, they start to trust themselves. This phase includes learning from the past, examining the present and planning for the future. Many survivors have suggested that this stage represents a transition from merely existing to actively living.

Moving-on: This stage includes a shift in focus from the negative experiences of the past to positive plans for the future. Painful feelings and emotions do not dominate memories from the past. Positive coping skills developed in earlier stages are enhanced and assist survivors in moving on with their lives. Several coping skills that can help survivors to move on include learning to love and accept themselves, recognizing and celebrating personal growth, creating a healthy support team, grieving current losses as they occur, learning to deal with stress effectively, and recognizing when it is time to let go of painful feelings connected to the past.

How Family and Friends Can Help

There are a number of ways in which family and friends can support an adult survivor of child sexual abuse:⁴¹⁻⁴³

- Listen in a way that supports and validates the survivors' feelings.
- Let them know that you believe what they are telling you.
- Make yourself available for the survivor.
- Encourage survivors to seek help.
- Let survivors disclose details of the abuse at their own pace.
- Ask survivors what they need from you to feel safe and supported.
- Take care of yourself and get help if needed.
- Educate yourself on recovery issues.

A Message For Survivors

Survivors may have suffered on their own as a child, but they should recognize that many people are willing and able to help now. Healthy connections with safe and supportive people can help someone overcome the hurt. Men and women survivors can contact such resource people at

- Sexual Assault Crisis Centres
- Crisis Centres
- Hospitals
- Doctors' offices
- Women's Shelters or Transition Houses
- Crisis Lines
- Child Welfare Agencies
- Social Service Agencies

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

Suggested Readings

National Clearinghouse on Family Violence. *A Directory of Services for Adult Survivors of Child Sexual Abuse 2002*. Ottawa: Health Canada, 2002.

For Females

Haines, Staci. *The Survivors Guide to Sex: How to Have a Great Sex Life - Even if You've Been Sexually Abused*. San Francisco, CA: Cleis Press Inc., 1999.

Rivera, Margo. *Fragment by Fragment: Feminist Perspectives on Memory and Child Sexual Abuse*. Charlottetown, PEI: Gynergy Books, 1999.

For Males

Lew, Mike. *Leaping Upon the Mountains: Men Proclaiming Victory over Sexual Child Abuse*. Jamaica Plain, MA: Small Wonder Books, 1999.

Wilken, Tom. *Men Recovering in Group from Childhood Sexual Abuse: Rebuilding Your House of Self Esteem*. Ottawa: Commoners' Publishing Society Inc., 2002.

For Family, Friends and Loved Ones

Engel, Beverly. *Families in Recovery: Healing the Damage of Childhood Sexual Abuse*, 2nd ed. Lincolnwood, IL: Lowell House, 1999.

References

1. Tom Hay, *Child Sexual Abuse* (Ottawa: National Clearinghouse on Family Violence, 1997): 1.
2. Hay: 2.
3. Frederick Mathews, *Combining Voices: Supporting Paths of Healing in Adult Female and Male Survivors of Sexual Abuse* (Ottawa: National Clearinghouse on Family Violence, 1995): 11.
4. Harriet L. MacMillan, Jan E. Fleming, Nico Trocmé, et al., "Prevalence of Child Physical and Sexual Abuse in the Community – Results from the Ontario Health Supplement," *Journal of the American Medical Association*, 278, 2 (1997): 131-134.
5. C. Badgley, *Child Sexual Abuse in Canada: Further Analysis of the 1983 National Survey* (Ottawa: Health and Welfare Canada, 1988).
6. Nico Trocmé and David 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, 2001): 24.
7. Mathews, *Combining Voices*: 12.
8. Trocmé and Wolfe: 20-21.
9. Ellen Bass and Laura Davis, *The Courage to Heal: A Guide for Woman Survivors of Child Sexual Abuse* (New York: Harper Row Publishers, 1988): 33-34.
10. Frederick Mathews, *The Invisible Boy: Revisioning the Victimization of Male Children and Teens* (Ottawa: National Clearinghouse on Family Violence, 1995): 15.
11. Beverly Engel, *Families in Recovery: Healing the Damage of Childhood Sexual Abuse*, 2nd edition. (Lincolnwood, IL: Lowell House, 1999): 25-26.
12. Steven N. Gold, Barbara A. Lucenko, Jon D. Elhai, et al., "A Comparison of Psychological/Psychiatric Symptomatology of Women and Men Sexually Abused as Children," *Journal of Child Abuse & Neglect*, 23, 7 (1999): 684.
13. Adrienne Crowder, *Opening the Door: A Treatment Model for Therapy With Male Survivors of Sexual Abuse* (Ottawa: National Clearinghouse on Family Violence, 1993): 52.
14. Gold et al.: 684.
15. Patricia A. Washington, "Second Assault of Male Survivors of Sexual Violence," *Journal of Interpersonal Violence*, 14, 7 (1999): 714.
16. Mathews, *The Invisible Boy*: 27.
17. Eliana Gill, *Treatment of Adult Survivors of Childhood Sexual Abuse*, 2nd edition (Walnut Creek, CA: Launch Press, 1990): 49-54.
18. Harriet L. MacMillan et al., "Childhood Abuse and Lifetime Psychopathology in a Community Sample," *American Journal of Psychiatry*, 158 (2001): 1881-1882.
19. Gold et al.: 684-685.
20. Gold et al.: 684.
21. Gold et al.: 684-685.
22. Gold et al.: 689.
23. Crowder: 33.
24. Crowder: 33.
25. Crowder: 32.
26. Crowder: 31-32.

27. Marlyn Gill and Leslie M. Tutty, "Male Survivors of Childhood Sexual Abuse: A Qualitative Study and Issues for Clinical Consideration," *Journal of Child Sexual Abuse*, 7, 3 (1999): 20.
28. *The Finkelhor-Browne Traumagenic Components List*. [Online]. [accessed 09 March 2002]. Available on Internet: <http://olbers.kent.edu/godfrey/Public/Sar/conseq.html>.
29. Gold et al.: 684.
30. Crowder: 32.
31. Crowder: 31-33.
32. Crowder: 33.
33. C.S. Widom and S. Morris, "Accuracy of Adult Recollections of Childhood Victimization, Part 2: Childhood Sexual Abuse," *Psychological assessment*, 9, 1 (1997): 34-36.
34. Crowder: 31.
35. Tom Wilken, *Men Recovering in Group from Childhood Sexual Abuse: Rebuilding Your House of Self Esteem* (Ottawa: Commoners' Publishing Society Inc., 2002): forthcoming.
36. Mathews, *Combining Voices*: 35-36.
37. Engel: 154-155.
38. Wilken: pages forthcoming.
39. Bass and Davis: 154-155.
40. Wilken: pages forthcoming.
41. Brenda J. Saxe, *From Victim to Survivor: A Group Treatment Model for Women Survivors of Incest* (Ottawa: National Clearinghouse on Family Violence, 1993): 169-173.
42. Vancouver-Richmond Incest and Sexual Abuse Centre, *When Your Partner Has Been Sexually Abused: A Guide for Partners* (Vancouver, 1994): 8-9.
43. Mathews, *Combining Voices*: 23-36.

Adult Survivors of Child Sexual Abuse was prepared by **Thomas R. Wilken** for the National Clearinghouse on Family Violence. The contributions of the following individuals are gratefully acknowledged: Glenn Cheriton, Commoners Press; Sophie Sommerer and Lynn Austin, Health Canada.

Également disponible en français sous le titre : *Les survivants et survivantes adultes de l'abus sexuel dans l'enfance*

The opinions expressed in this document are those of the author and do not necessarily reflect the views of Health Canada.

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Cat. H72-22/12-2002E
ISBN 0-662-33311-X