

Loving Our Children: Finding What Works for First Nations Families

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Information Sheet #10

What is Child Sexual Abuse?

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Child sexual abuse is a serious violation of a child's right to health and protection with a range of negative impacts that can persist into adulthood. It includes both physical contact and non-contact sexual acts by any adult or child for sexual gratification, where the child victim lacks the capacity to consent or does not give valid consent to the specific acts.

Under Canada's *Criminal Code*, all sexual activity with a child under the age of 14 is a criminal offence, with an exception for a child aged 12 or 13 who can consent to sexual activity with another child who is no more than two years older and not in a relationship of trust or dependency. Youth between the ages of 14 and 17 cannot legally consent to sexual activity with a person in a position of trust or authority or with whom the youth is in a relationship of dependency.¹

Worldwide, it's estimated that 18% of girls and 7.6% of boys are sexually abused,² although far fewer cases are reported to authorities. The 2019 First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect identified sexual abuse as the primary substantiated concern in 3% of investigations among both First Nations and non-First Nations children.³

Child sexual abuse has been called "the untold suffering" due to high rates of non-disclosure.⁴ Factors influencing the concealment and secrecy that characterize this form of abuse include:

This information sheet is [one in a series](#)¹⁵ about child welfare, written for First Nations developing child and family prevention services as part of the systemic reform underway across Canada.

Individual

- shame
- self-blame
- fear of consequences

Family

- a close relationship with the perpetrator
- patriarchal structures
- rigidly fixed gender roles
- dysfunctional communication
- other forms of abuse such as domestic violence
- isolation

Societal factors

- the perpetrator's role or status in the community
- mistrust of law enforcement
- lack of discussion about sexuality
- passive acceptance that unwanted sexual experiences are inevitable

- not wanting to bring shame on the family
- lack of involvement by neighbours and school staff
- stigma perpetuated by a tendency to “blame the victim”⁵

Consequences of Child Sexual Abuse

Children who have been sexually abused may experience a range of emotional and behavioural reactions. The most common effects of child sexual abuse are symptoms of post-traumatic stress disorder (e.g., flashbacks or nightmares, constant vigilance) and psychological distress, including isolation, stress and anxiety.⁶ Consequences may extend into adulthood and across multiple domains of functioning, including relationship problems, sleep disturbance, substance abuse, suicidal and self-harming thoughts and behaviours, depression, and physical and sexual health problems.⁷ Physical harms can also arise including sexually transmitted disease, pregnancy and harms related to sexual assault which can be particularly damaging for infants and younger children.

Several factors influence the development of negative outcomes in sexually abused children and adolescents,⁸ including the characteristics of the sexual abuse experienced (e.g., higher frequency, longer duration, younger age at abuse, close relationship with the perpetrator), personal characteristics of the victim (more negative strategies used to cope with the abuse, such as avoidance and numbing), characteristics of the family (other stressful family events, poor quality of parent-child relationship and family dysfunction) and sources of support (lack of family support, negative peer and professional response to disclosure, few support resources at school and in the community).

Prevention and Intervention Programs

Child sexual abuse prevention programs typically aim to reduce children’s risks and vulnerability by increasing children’s self-protection skills and knowledge about sexual abuse and by building skills for disclosure and help-seeking. Few programs

have been specifically designed or adapted for First Nations populations, although some initiatives—such as the Marie-Vincent Foundation’s Lantern Program for pre-school children—are showing promising results, including increased knowledge and beliefs.^{9,10} Influenced by Indigenous knowledge and promoting full autonomy of the communities involved, this program, renamed Awacic, highlights the importance of building trust with partners, addressing the taboo of sexual abuse and power dynamics and allocating the right resources to build capacity within the community to improve their uptake and effectiveness.

Front-line workers also need training to properly support children and adolescents who confide in them, in order to:

- listen empathetically,
- ask about their worries, concerns and needs,
- answer all their questions,
- reassure them that they are not to blame for the abuse and that they acted appropriately in disclosing it, and
- take actions to enhance the young person’s safety and minimize harms.¹¹

Trauma-specific interventions for children and adolescents who have been sexually abused aim to reduce negative health outcomes and improve their well-being. Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) involving the abused child and a non-offending caregiver has been found to reduce post-traumatic stress symptoms. A review of 10 studies that included some level of cultural adaptation of TF-CBT among Indigenous groups showed a reduction in children’s symptoms, although community-level changes were not easily achieved through this individual-focused intervention.¹²

The World Health Organization notes that trauma-specific interventions, such as TF-CBT, may not be widely used due to high costs, lack of specialized and trained providers, loss of wages for caregivers participating in the intervention and time required for frequent visits. Therefore, other community-based approaches are needed to support all children and young people who have been sexually abused.

Trauma-informed programs are system-based interventions that can address this gap by training and supporting caregivers and professionals to “realize the widespread impact of trauma and understand potential paths for healing; recognize the signs and symptoms of trauma in staff, clients, and others involved with the system; and respond by fully integrating knowledge about trauma into policies, procedures, practices, and settings.”¹³

The Attachment, Regulation, and Competency (ARC) framework is an effective trauma-informed approach developed for children and youth affected by complex trauma and their systems of care and is well suited for use with diverse minority and marginalized groups. ARC is a treatment framework used to provide trauma-informed care for children and families.¹⁴

Taken together, both individual and family-focused and community-based strategies can make a difference in addressing child sexual abuse.

If you would like to share information about a First Nations child and family support initiative in your community, the Loving Our Children project researchers would like to hear from you. LOCwhatworks@gmail.com

Endnotes

- 1 Canada. Department of Justice Canada (2005). *Sexual abuse and exploitation of children and youth: A fact sheet from the Department of Justice Canada*. https://publications.gc.ca/collections/collection_2007/jus/J2-306-2005E.pdf
- 2 Stoltenborgh, M., Van Ijzendoorn, M., Euser, E., & Bakermans-Kranenburg, M. (2011). A global perspective on child sexual abuse. *Child Maltreatment*, 16(2), 79–101.
- 3 Fallon, B., Lefebvre, R., Trocmé, N., Richard, K., Hélie, S., Montgomery, M., et al. (2021). *Denouncing the continued overrepresentation of First Nations children in Canadian child welfare: Findings from the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect-2019*. Ontario: Assembly of First Nations.
- 4 Alaggia, R., Collin-Vézina, D., & Lateef, R. (2019). Facilitators and barriers to child sexual abuse disclosures: A research update (2000-2016). *Trauma, Violence & Abuse*, 20, 260–283.
- 5 Ibid.
- 6 Ali, S., Pasha, S., Cox, A., & Youssef, E. (2024). Examining the short and long-term impacts of child sexual abuse: a review study. *Springer Nature Social Sciences*, 4(56). <https://doi.org/10.1007/s43545-024-00852-6>
- 7 MacIntosh, H. B., & Ménard, A. D. (2021). Where are we now? A consolidation of the research on long-term impact of child sexual abuse. *Journal of Child Sexual Abuse*, 30(3), 253–257. <https://doi.org/10.1080/10538712.2021.1914261>
- 8 INSPQ (n.d.). Consequences of Child Sexual Abuse. <https://www.inspq.qc.ca/en/sexual-violence/understanding/consequences/child>
- 9 Attard, V., Dion, J., Bergeron-Leclerc, C., Tremblay, V., Hébert, M., & De La Sablonnière-Griffin, M. (2021). Prévenir les violences sexuelles en milieu autochtone: Retour sur la formation au Programme Lanterne | Awacic. *International Journal of Child and Adolescent Resilience*, 8(1), 84–97. <https://doi.org/10.7202/1077719ar>
- 10 Dion, J., Attard, V., Guyon, R., De La Sablonnière-Griffin, M., Perreault, É., & Hébert, M., (2024). Implementing a sexual violence prevention program in two Canadian Indigenous communities: Challenges and lessons learned. *Child Abuse & Neglect*, 148. <https://doi.org/10.1016/j.chiabu.2023.106271>.
- 11 World Health Organization (2017). *Responding to children and adolescents who have been sexually abused: WHO clinical guidelines*. Geneva. Licence: CC BY-NC-SA 3.0 IGO.
- 12 Kowatsch, R. R., Schmitdt, F., & Mushquash, C. J. (2019). Review of culturally adapted cognitive behavioral therapy interventions for North American Indigenous children and youth. *Journal of Concurrent Disorders*, 1(3), 5–22.
- 13 Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. <https://store.samhsa.gov/sites/default/files/sma14-4884.pdf>
- 14 Wentling, S., Di Napoli Parr, M. N., Boroshok, A. L., Cheng, S.-K., Girard, A., Raphael, C., et al. (2024). Integrating the Attachment, Regulation, and Competency trauma-informed framework in inpatient, day treatment, partial hospitalization, and residential treatment settings. *Child and Adolescent Psychiatric Clinics*, 33(4), 627–643. <https://pubmed.ncbi.nlm.nih.gov/39277316/>
- 15 <https://cwrp.ca/indigenous-child-welfare>

