

Handout B-2

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POTENTIAL BEHAVIORAL INDICATORS OF CHILD SEXUAL ABUSE

NOTE: The presence of multiple indicators, especially a combination of both physical and behavioral indicators, increases suspicion of sexual abuse. However, the presence of these indicators may not conclusively mean that a child has been sexually abused nor does the absence of these indicators mean that a child has not been abused. This list is not exhaustive.

Birth to age one:

- Fear, excessive crying
- Vomiting
- Feeding problems
- Bowel problems
- Sleep disturbances
- Failure to thrive

Toddlers and younger children (two to nine years):

- Fear of particular people, places, or activities
- Regression to earlier behaviors such as need for security objects at school (e.g. security blanket), stranger anxiety
- Enuresis, encopresis (i.e. wetting or soiling clothing)
- Victimization of others
- Excessive masturbation
- Feelings of shame or guilt
- Nightmares, sleep disturbances
- Refusal to be left alone
- Withdrawal from family or friends
- Eating disturbances
- Sexual interactions involving animals or toys
- Fire setting, cruelty to animals (more characteristic of boys)

Adapted From:

"Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare," by T. Field and A.P. Winterfeld, 2000, Copyright 2000 & 2003 by Casey Family Programs and The Annie E. Casey Foundation. Used with permission.

Recognizing Child Abuse: A Guide for the Concerned, by D.J. Besharov, 1990 pp. 92 & 97, Copyright 1990 by The Free Press, MacMillan, Inc.

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Handbook of Clinical Intervention in Child Sexual Abuse, by S.M. Sgroi, 1982, p 40. Copyright 1982 by D.C. Heath and Company, Lexington Books.

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Preadolescents and early adolescents (ten to fifteen years):

- Depression
- Nightmares, sleep disturbances
- Poor school performance
- Promiscuity
- Substance abuse
- Aggression
- Running away from home
- Eating disturbances
- Early pregnancy or miscarriage
- Suicidal gestures
- Anger about being forced in situations beyond one's control

Older adolescents:

- Eating disturbances
- Running away
- Incurability
- Self-destructive behavior (e.g. self-mutilation, suicide attempts)
- Criminal activity
- Depression
- Social withdrawal and problems relating to peers
- School difficulties

Children of various ages:

- Drastic changes in behavior or school performance
- Unusual accumulations of money, candy, toys, etc.
- Overly compliant behavior
- Acting out, aggressive behavior
- Pseudo-mature behavior
- Poor peer relationships or inability to make friends
- Excessive fear of being approached by persons of a specific gender or the opposite sex
- Unusual unwillingness to disrobe in the presence of others (e.g. when changing for gym class)
- Displays of seductiveness or sexual knowledge that are not age appropriate
- Indirect allusions (e.g. "I'd like to come and live with you," "I don't want to go home tonight," "I want to live in a foster home")

Handout B-3

POTENTIAL PHYSICAL INDICATORS OF CHILD SEXUAL ABUSE

NOTE: The presence of multiple indicators, especially a combination of both physical and behavioral indicators, increases suspicion of sexual abuse. However, the presence of these indicators may not conclusively mean that a child has been sexually abused nor does the absence of these indicators mean that a child has not been abused. Many of the following signs would not be readily apparent and would be discovered through medical evaluation. This list is not exhaustive.

- Difficulty in walking or sitting
- Underclothing that is torn, blood-stained, or shows signs of semen
- Unusual vaginal or urethral irritations or discharges unless they are the apparent reason of excessive rubbing (during cleaning) or self-stimulation
- Repeated bladder infections/urinary problems, especially in prepubescent girls
- Venereal diseases in oral, anal, and urogenital areas (especially in prepubescent children)
- Pregnancy, especially in young adolescent girls
- The presence of semen in oral, anal, or vaginal areas
- The presence of foreign objects in rectal or vaginal cavities
- Vaginas that are torn, lacerated, infected, or bloody (as well as damaged hymens)
- Penises or scrotums that are swollen, inflamed, infected, or show signs of internal bleeding
- Non-genital injuries (e.g. bites, abrasions, redness, bruises, "hickeys")
- Anal areas that are swollen, torn, lacerated, or infected or that have lax muscle tone suggestive of internal stretching
- Scarred or mutilated sexual organs or other parts of the body

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