

Sexual Assault Centre of  
Edmonton  
Public Education Program

3<sup>rd</sup> Floor, 10355 Jasper Avenue  
Edmonton, Alberta T5J 1Y6  
Phone: 423-4102 Crisis Line: 423-  
4121  
e-mail: sace@planet.eon.net

## INDICATORS OF SEXUAL ABUSE

There are no definitive indicators of sexual abuse. Many of the indicators below can reflect other kinds of abuse as well, or emotional distress related to a variety of factors in the child's life. Some of them reflect normal behaviors exhibited by most children at one time or another. However, they also are manifestations of distress commonly associated with sexual abuse and can alert adults to the need for investigation.

Because many of these behaviors are exhibited by most children from time to time, the key to detection is to watch for clusters of indicators rather than single ones. It is important to be alert for behaviors that are consistent with the dynamics of sexual abuse because there rarely is unmistakable physical evidence of assault. Watch for patterns over time, and document the presence of indicators such as those listed below. Behaviors which appear insignificant in isolation may converge into a clear indication of abuse when they are recorded. Such a record can be of great help to Child Welfare investigators.

In general, watch for things like sudden changes in school work or behaviors, extended unhappiness, isolation, or destructive behaviors directed at self or at others. Note that some children will act out their feelings with aggression, whereas others will strive to cover their feelings and present a façade of normalcy. Hints or vague suggestions from the child should be taken seriously, as the child is likely to be indirect - if they risk saying anything at all. The following lists offer more specific suggestions.

### **PRE-SCHOOL CHILDREN**

Signs of chronic stress:

- Regression to an earlier stage of development or a behavior which had been given up, such as thumb-sucking, bed-wetting, baby talk, or insistence on a favorite blanket.
- Sleeping problems: bed-wetting, nightmares, screaming at night, refusal to stay in own bed or bedroom, sleeplessness.
- Withdrawal, unhappiness, anxiety, excessive crying, loss of appetite, biting nails to the quick, scratching, etc.
- Anger, hostility, irritability, violent disruptions,

- Problems with bowel and urine control, particularly if accompanied by signs of stress and fear.

### Particular fears:

- Unusual or extreme fears of particular areas of the house (such as the bathroom, the child's own bedroom, their parents bed); or having the door to a room closed.
- Fear of a particular person; or fear of being left alone with a particular person or with someone of a particular gender.
- Fear of being touched, shrinking away from physical contact; withdrawing or going rigid when being examined, especially in the genital area; frantic when having diapers changed.

### **SCHOOL AGE CHILDREN**

- Inappropriate touching, such as reaching for an adult's breasts or genital area.
- Seductive behavior, which may be in a cute, adorable way or in overt, unacceptable ways.
- Overly mature in appearance and/or behavior.
- Artwork or writing which presents sexual themes, prominently featuring the sexual parts of the body, or portrays sexual abusive behavior.
- Sexual aggression towards other children.
- Troublesome behavior such as lying, stealing, or running away, particularly if repetitive.
- Repeated attempts to run away when there is no other misbehavior problem; this may be an attempt to draw attention to oneself without "blowing the whistle" on the offender.
- A preference for being at school rather than at home; the child may consistently arrive early and/or stay later than other children.
- Frequent absences from school with parent's consent and without regard for the child's school performance.
- Refusal to undress for physical education classes, or extreme fears of showers, bathrooms, or closed doors.
- Dissociating under stress: for example, the child might "blank out" while being reprimanded or criticized. (This may happen because the child has learned to dissociate while the abuse is happening and the response is then generalized to other stressful situations.)
- Explicit sexual language, or unusual statements that make sense only in a sexual context.
- Attempting specific sexual behavior with other people (adults, age-mates, or younger children); this refers not to typical childhood explorations

but to specific behavior such as oral sex or knowing how to stroke a penis to arousal. Sexual acting out is an indicator especially when done in an angry, aggressive, or controlling manner, and/or when accompanied by threats or instructions not to tell anyone about it.

- Inserting any object into rectum or vagina.
- Sore mouth, sore genitals, discomfort when sitting, walking strangely.
- Sexually transmitted diseases in mouth, anus or vagina (including yeast infections in young girls.)

## **ADOLESCENTS**

- As with school-age children but age adjusted.
- Unwillingness to undress for physical education classes or to participate in physical education.
- Unwillingness to be touched
- Frequent absences from school
- Depression
- Few or no close friends, inability to relate to peers in age-appropriate ways.
- Provocative or seductive dress or behavior, sexual promiscuity.
- Running away, stealing or other troublesome behavior.
- Self-destructive behaviors such as drug and/or alcohol abuse, self-mutilation, cutting, tattoos, suicide attempts, prostitution.
- Sudden deterioration in school performance, inability to concentrate.
- Over-achieving, being a model student, particularly if the student is isolated and fading into the background.
- Eating disorders such as bulimia or anorexia.
- Detachment of cognitive functioning from emotional functioning, lack of appropriate affect in emotional circumstances (the individual does not show feelings as other do), inability to discuss feelings.

### **FOR ALL CHILDREN WATCH FOR:**

- **CLUSTERS OF BEHAVIOR PATTERNS OVER TIME**
- **SUDDEN CHANGES**