

PHYSICAL AND BEHAVIORAL INDICATORS OF SEXUAL ABUSE

The indicators of sexual abuse vary in children of different ages.

Sexual abuse includes a wide range of behaviors and activities, some of which leave *no physical signs*. Sexual abuse includes activities such as kissing, fondling, genital exposure, and observation of adult sexual activity by a child.

When a child has been physically involved in sexual activity, there may be physical indicators or injury. These may be validated through a medical examination by a physician trained in sexual abuse. There are several physical indicators that are common in sexually abused young children.

- *Physical injury to the genitals*, including bruising, cuts or lacerations, bite marks, stretched rectum or vagina, fissures in the rectum, or swelling and redness of genital tissues. These injuries may have been caused by penetration of the vagina or rectum with fingers, an adult penis, or other objects. Injuries to the genitals in older infants and toddlers may be the result of physical punishment for toileting accidents.
- The presence of *sexually transmitted diseases*, including herpes on the genitals, gonorrhea, syphilis, venereal warts, or chlamydia, strongly suggests sexual exposure. The presence of monilia (yeast infection) in a female child or adolescent may not necessarily be the result of sexual abuse. Yeast infections may occur from having taken systemic antibiotics, or from excessive douching. A yeast infection in a preadolescent child, however, warrants a medical examination and further investigation.
- *Suspicious stains*, blood, or semen on the child's underwear, clothing, or body.
- *Bladder or urinary tract infection*. This includes pain when urinating, blood and pus in the urine, and high frequency of urination. Urinary tract infections are common in sexually active women. They are uncommon in children, unless the child has a physical abnormality of the urinary system

(such as children with spina bifida, who often have chronic urinary tract infections as a result of neurological dysfunction.) Any urinary tract infection in a child should be medically evaluated for the possibility of sexual abuse.

- *Painful bowel movements or retention of feces* might indicate that the rectum has been penetrated. (Chronic constipation can also cause painful bowel movements and retention of feces by a child.)
- *Early, unexplained pregnancy*, particularly in a child whose history and behaviors would not suggest sexual activity with peers.

Depending upon how recent and how extensive the sexual activity, there may be *no clear physical evidence* that a child has been molested. In addition to physical indicators, there are several behavioral indicators of sexual abuse.

- *Verbal disclosure*. When a child states he or she had sexual involvement, or states that an adult has done "bad things" to them, such disclosure should always be taken seriously. If a child's disclosure is not handled properly, the child may be unwilling to talk about the abuse again. Often, the child is ambivalent to disclose because of threatened consequences imposed by the perpetrator. Because of this, the disclosure may only be hinted at, such as "I don't want to go home..." or "I don't like my dad any more".
- *Precocious Sexual Knowledge and Inappropriate Sexual Behavior*. The caseworker must have a basic knowledge of appropriate sexual knowledge and behavior in children of different ages in order to recognize when a child possesses sexual knowledge or engages in sexual behavior that is not typical for his or her age. However, there are some behaviors that often indicate unusual sexual involvement. These include:
 - ✓ Seductive behavior toward adults of the opposite sex (generally female children toward adult men);
 - ✓ Sexual acting out in pre-adolescent and adolescent children, including promiscuity or blatantly provocative dress;

- ✓ Excessive masturbation (again, beyond what is age appropriate);
 - ✓ Enticing other children into sexual play (beyond normal curiosity and visual or tactile exploration, such as the "doctor" games and mutual disrobing often engaged in by younger children);
 - ✓ Involving other children, either of the same or opposite sex, in more extensive sexual behavior. Adolescent male perpetrators are themselves very often victims of sexual abuse;
 - ✓ Creating and playing out sexual scenarios with toys or dolls (the "child" doll presses her face into the "daddy" doll's groin and says "he likes this;" or the "daddy" doll puts his hand under the "child" doll's skirt and rubs her);
 - ✓ Specific fears of males or females;
 - ✓ Adolescent fear of sex (beyond normal adolescent ambivalence and anxiety).
- Some children wear *extra layers of clothing* or clothing that is inappropriate for the weather in an apparent symbolic attempt to hide, or to protect their bodies.
 - A sexually abused child may have difficulty with, or appear to *lack interest in participating in normal physical activities*. Indicators are having difficulty sitting in a chair, sitting awkwardly, or squirming, having difficulty walking, staying seated and choosing not to become involved in games or sports. This may be the result of pain or discomfort in the genital area.
 - *Hiding clothing* that is stained, bloodied, or otherwise soiled as a result of sexual activity.
 - *Generalized indicators of emotional distress* are prevalent in sexually abused children. However, because these indicators are also prevalent in other maltreated children, they are not direct indicators of sexual abuse. They include:
 - ✓ *Fears and phobias* (of the dark, of school, going out, going home, being left alone, or free floating anxiety);

- ✓ *Aggressive behaviors*, tantrums, behavioral acting out, running away from home, fighting;
- ✓ *Withdrawal from social relationships*, secrecy, isolation, and a prevailing lack of trust in relationships. This is often mistaken for independent activity;
- ✓ Low self esteem, *poor body image*, perceives oneself in a negative way with a distorted sense of one's own body;
- ✓ *Regression* in young children; enuresis, encopresis, thumb sucking, baby talk, clinging behaviors.