

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.

In most cases of sexual abuse, there is little or no physical injury. In some cases, however, injury may be validated through a medical examination by a physician trained in sexual abuse. Possible physical indicators may include:

- **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. Biting and bruising may also occur on the breasts, buttocks or thighs. Injuries to the genitals in older infants and toddlers may be the result of **physical punishment for toileting accidents**. Children may squirm in their seats at school or appear to be uncomfortable, as a result of these injuries.)
- The presence of **sexually transmitted infections**, 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 pre-adolescent child, however, warrants a medical examination and further investigation.
- **Rashes, itching, or lesions** on the genital or anal area
- **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 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** 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 him or her, 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 anymore."
- **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 not typical for his or her age. However, there are some behaviors that often indicate unusual sexual involvement. These include:
 - Sexualized behavior toward adults
 - Sexual acting-out in pre-adolescent and adolescent children, including having sex with several partners
 - 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)
- 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**, an apparent symbolic attempt to hide or protect their bodies. They may **hide** clothing soiled from the abuse.
- **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, free floating anxiety, or fears of specific people)

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

Generalized irritability, crying, excessing activity, inability to concentrate

Regression in young children (eneuresis, encopresis, thumb sucking, baby talk, clinging behaviors)

Symptoms of anxiety and depression