
SEXUAL ABUSE OF CHILDREN AND ADOLESCENTS

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According to data from the National Child Abuse and Neglect Data System, at least 12 of every 1,000 children in the United States were reported abused or neglected in 2001. More than 86,000 (9.6%) of the nearly 1 million children maltreated in 2001 experienced sexual abuse. Conservative estimates from incidence and prevalence studies suggest that 1 in 4 girls and one in 8–10 boys are sexually abused by the age of 18.

Using these figures, we can create a more meaningful example. Take, for instance, a K–12 school district with 500 female and 500 male students. More than 100 female and 50 male students in this system have experienced sexual abuse. Assuming the victims are distributed evenly across grades, then there are approximately eight female and four male victims of sexual abuse at each grade level. So, if we teach seventh-grade literature, we may have as many as 12 victims of sexual abuse throughout our classes.

Suddenly these statistics may have a face and a name associated with them. Since children often experience more than one type of maltreatment, it is quite possible that several of these identified victims will also be victims of other abuse or neglect.

Child sexual abuse can have immediate and long-term effects that span across an individual's physical, cognitive, interpersonal, and emotional functioning. Thus, it is important for parents and educators to familiarize themselves with the signs and symptoms of sexual abuse, know what to do if faced with a child who has been molested, and take appropriate steps toward the prevention of sexual abuse.

Characteristics

The federal definition of child maltreatment is included in the Child Abuse Prevention and Treatment Act (Public Law 104-235). Each state also has a criminal definition for sexual abuse that typically details age differences between the perpetrator and victim and is used to determine penalties. Although legal definitions vary from state to state, when sexual contact between a minor (someone under the age of 18) and someone 5 or more years older occurs, it is likely that the minor is being exploited.

Sexually abusive acts involve a child who is unable to give informed consent. There is an inequality of power between the child and the abuser on the basis of age, physical size, and/or the nature of the emotional relationship. Sexual abuse may take many forms and vary in terms of frequency, duration, invasiveness of the acts involved, and the use of force or coercion.

Examples of Sexual Abuse

- Tongue-kissing or kissing in a sexual way
- Fondling a child's intimate parts (breasts, buttocks, or genitals)
- Perpetrator rubbing intimate parts against a child's body or clothing
- Oral-genital or oral-breast contact
- Digital or object penetration (inserting fingers or objects into a child's anus or vagina)
- Intercourse

Non-Physical Acts

- Voyeurism or peeping
- Photographing the child's intimate parts

- Perpetrator exposing intimate parts
- Being forced to watch the perpetrator engage in self-stimulation
- Forcing the child to masturbate
- Forcing the child to view pornographic material
- Making sexual comments to a child in person, in writing, or by telephone

Abusers and Victims

Perpetrators. Contrary to the myth that most perpetrators are strangers, children typically know and trust their perpetrator. Males perpetrate the majority (80–95%) of sexual abuse, though there are certainly some cases in which female offenders victimize male or female children. Girls are more likely to be sexually abused by someone within their family, such as parent, stepparent, grandparent, uncle, cousin, or sibling, while boys are more likely to be sexually abused by someone outside of the family, such as a coach, teacher, neighbor, or babysitter. Adults, adolescents, and even prepubescent children may perpetrate sexual abuse. Unlike other forms of child maltreatment, sexual abuse by definition does not have to involve a parent or caregiver. The Internet is the newest medium that offenders have begun using to reach vulnerable children. A recent study surveying youths 10–17 years old found that 20% of those participants who regularly used the Internet (at least once a month) had received unwanted sexual solicitations and approaches in the last year. In some instances, the solicitor attempted to gain further access to the minor by phone, mail, or in-person meetings.

Potential victims. While there is no typical child victim, it is possible to make some assumptions about risk factors for being sexually abused. More girls than boys are sexually abused, although it is believed that boys are less likely to report their abuse than girls. Children who are emotionally needy because of family problems, poor parental supervision, and low self-esteem may be most vulnerable to sexual abuse because offenders deliberately target children who are responsive to their attention. Thus, force is frequently not needed. In some cases in which force, threats, or use of strength are involved, the offender is more commonly an adolescent.

Signs and Symptoms of Sexual Abuse

Sexual abuse often does not result in lasting physical injuries or produce clear observable evidence; however, it can be associated with various psychological and behavioral problems well into adulthood. There is no single child abuse syndrome or single response pattern for children who have been sexually abused.

Factors that influence a child's response include age, severity and duration, invasiveness of the acts, relationship to the perpetrator, and the support and reactions from others. Some of the signs and symptoms of sexual abuse may seem subtle and less likely to be related to sexual abuse.

The following symptoms are *indicators of possible* abuse (Gil, 1991; see “Resources” at the end of this handout). The psychological and behavioral responses listed are not unique to victims of child maltreatment, but might also be indicative of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, or Bipolar Mood Disorders. Parents and educators should use these indicators to prompt them to consider the possibility that a child has been sexually abused and remain open to additional confirming or disconfirming information. Sensitive parents and educators can pick up important clues by observing children, remembering that it is often a cluster of indicators or history of symptom presentation that make up an abuse composite. Some of the immediate and long-term consequences a child might experience as a result of being sexually abused include:

Health and Physical Consequences

- Pregnancy, especially in early adolescence
- Sexually transmitted diseases
- Difficulty walking, sitting, or standing
- Torn, stained, or bloody underclothing
- Vaginal/penile discharge
- Pain during urination or urinary tract infections
- Bruises on the child's mouth, to the hard or soft palate
- Sleep disturbances (difficulty sleeping, nightmares)
- Enuresis or encopresis
- Self-injurious behavior (cutting, burning oneself, suicide attempts)

Cognitive Development and Academic Achievement

- Age-inappropriate sexual knowledge
- Sexually explicit drawings (not open to interpretation)
- Sudden changes in academic performance
- Refusal to participate in certain activities (dressing for gym)
- Difficulty concentrating

Emotional, Psychosocial, and Behavioral Development

- Sexualized play (frequent sexual themes with toys or other children)

- Frequent touching of genitals or masturbation
- Inappropriate sexual expression with adults (frequent hugging of a female teacher that produces arousal)
- Aggressive sexual behavior with use of force or verbal threats
- Socially isolated or withdrawn
- Extreme fear reactions
- Dependent or clingy behavior
- Poor social skills
- Substance abuse or delinquency, especially in adolescents
- Difficulty trusting others
- Fire setting
- Cruelty to animals
- Running away
- Be respectful of personal boundaries. A trusted adult has already harmed the child's body so it is imperative that others in the child's life be sensitive to issues of personal space and touching. A simple hand to the shoulder may trigger a strong emotional response from an abused child.
- Be aware of community resources and help the child and/or family find appropriate services. Some services may be offered at school or at a local agency.
- Remember that each child may respond differently to abuse and may need different responses from adults. Children who have been abused should be treated as *individuals* with a wide range of characteristics and needs influencing their response and recovery. Remember, change takes time.

What to Do if a Child Makes a Disclosure

The most reliable indicator of sexual abuse is a child's self-disclosure.

- Offer a supportive and nonjudgmental response. Make sure the child knows you are listening and taking the matter seriously. Try not to overreact emotionally because this may cause the child to end his or her story or recant what has just been offered.
- Assure the child that he or she did the right thing in telling you.
- Tell the child he or she is not to blame for the abuse.
- Inform the child of what you will need to do with the information (make a report to child protective services or the police) and give the child some idea of what to expect (for example, the child may be interviewed by a social worker or police officer, and you will check in with the child the next day).
- Make an abuse report. All educators are mandated reporters of suspected child abuse and neglect. Although not mandated in all states, parents are also strongly encouraged to report reasonable suspicions of child abuse.

Supporting Sexually Abused Children

- Provide a safe, healthy recovery environment at home and school. Remember the involvement of at least one caring significant adult in the life of the child victim is an essential ingredient for positive outcomes.
- Provide firm clear limits to help children feel safe. A child who has been abused may perceive a lack of control in his or her environment so limits that are clear and consistent will help the child feel more secure and regain a sense of personal control.

Suggestions for Parents of an Abused Child

- Take your child for a medical examination, preferably to a pediatrician who has experience with sexually victimized children. This exam may lead to the collection of evidence (such as bodily fluids or fibers) but will also test for sexually transmitted diseases and pregnancy.
- Acknowledge your own thoughts and feelings regarding the abuse (such as guilt, anger, sadness, inadequacy). Recognize that if you were maltreated as a child, you may experience flashbacks, a flooding of emotions associated with your own trauma, or anxiety or depression that may influence your response to your child and also your parenting in general.
- Seek individual (for child and/or self) or family counseling if needed. Again, you should try to find a specialist in the area of child sexual abuse or trauma.
- Continue to try to balance self-care and childcare. Maybe more than before, your child may need for you to be calm and emotionally capable of interacting with him or her. The practice of self-care will also demonstrate to your child how to deal with his or her own emotions or distress.

Preventing Sexual Abuse

- Know the signs and symptoms of sexual abuse so that you might recognize a child who is being harmed.
- Be willing to report suspicions. Remember, it is not your job to prove that sexual abuse has occurred, and your report might keep a child from further harm.

- Offer ongoing communication about sexual touching and other topics to create trusting relationships with children.
- Teach children self-protection skills, that they have the right to say no or stop and to tell an adult and keep telling the adult until they are believed.
- Support community and school programs to prevent abuse.

Resources

You may find it helpful to contact local physicians, mental health centers, and human services agencies.

For Teachers

- Civitas. (2002). *Right on course: How trauma and maltreatment impact children in the classroom, and how you can help*. Chicago, IL: Author. Available: www.civitas.org
- Gil, E. (1991). *The healing power of play: Working with abused children*. New York: Guilford. ISBN: 0898624673.
- Horton, C. B., & Cruise, T. K. (2001). *Child abuse and neglect: The school's response*. New York: Guilford. ISBN: 1572306734.
- Monteleone, J. A. (1998). *A parent's and teacher's handbook on identifying and preventing child abuse: Warning signs every parent and teacher should know*. St. Louis, MO: G.W. Medical Publishing. ISBN: 1878060279.
- Seryak, J. M. (1997). *Dear teacher, if you only knew...: Adults recovering from child sexual abuse speak to educators*. Bath, OH: The Dear Teacher Project. ISBN: 0965942112.
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For Parents

- Adams, C., & Fay, J. (1992). *Helping your child recover from sexual abuse*. Seattle, WA: University of Washington Press. ISBN: 0295968060.
- Hagans, K. B., & Case, J. (1988). *When your child has been molested: A parent's guide to healing and recovery*. San Francisco: Jossey-Bass. ISBN: 0787940739.
- Kleven, S. (1998). *The right touch: A read-aloud story to help prevent child sexual abuse*. Bellevue, WA: Illumination Arts. ISBN: 0935699104.

For Children and Adolescents

- Allen, S., & Dlugokinski, E. (1992). *Ben's secret*. Raleigh, NC: Feelings Factory. ISBN: 1882801008.
- Bean, B., & Bennett, S. (1997). *The me nobody knows: A guide for teen survivors*. San Francisco: Jossey-Bass. ISBN: 0787939609.
- Girard, L. W., & Pate, R. (1992). *My body is private*. Morton Grove, IL: Albert Whitman. ISBN: 0807553190.
- Kehoe, P. (1987). *Something happened and I'm scared to tell: A book for young victims of abuse*. Seattle, WA: Parenting Press. ISBN: 0943990289.
- Mather, C. L., & Debye, K. E. (1994). *How long does it hurt? A guide to recovering from incest and sexual abuse for teenagers, their friends, and their families*. San Francisco: Jossey-Bass. ISBN: 1555426743.

Websites

- National Center for Missing and Exploited Children—
www.missingkids.org
- National Clearinghouse on Child Abuse and Neglect Information—<http://nccan.ch.acf.hhs.gov>
- Prevent Child Abuse America—
www.preventchildabuse.org

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