



Indicators Concerning for Sexual Abuse

There may be behavioral and/or physical “clues” to look for when considering the possibility of child sexual abuse. One sign alone may not be an indication of abuse, but if several signs are present, it is wise to consider the possibility. Behaviors are especially concerning for abuse when they represent a change from previous “baseline” or normal behaviors. **It is possible for a child to experience sexual abuse and exhibit no behavior changes. It is also possible that a child’s behavior changes are due to causes other than sexual abuse.**

Behaviors concerning for young children:

New onset enuresis and/or encopresis (wetting or soiling)
Eating difficulties; eating disorders; sudden loss or increase in appetite
Sleep disturbance - nightmares, sleeping in clothes, different sleeping patterns
Marked passivity; accommodation when the child would have resisted previously
Fear of certain people and/or places
General clinginess
Social withdrawal from friends and/or family
Regression in behavior such as thumb sucking, baby talk, etc.
Diminished self esteem; less pleasure in previously enjoyed activities
Fall in school performance; school difficulties
Crying, depression
Dissociation – “spacey” or excessive daydreaming
PTSD (Post traumatic stress disorder symptoms including depression, anxiety, possible increase in suicide risk)
Panic attacks
Obsessive-compulsive behaviors
Unusual aggression, rebellious in the home
New onset ADHD (Attention Deficit Hyperactivity Disorder)
Attachment difficulties
Physical complaints with no apparent base (such as chronic headaches or stomach aches)
Secretive behaviors
Refusal to bathe or undress
Self-destructive acts
Overly sexualized behaviors; unusual knowledge and/or interest in sexual acts or terminology in relationship to the child’s age and developmental level
Unusual sexual themes in children’s art work or stories

Behaviors concerning for older children and teens:

Acute anxiety
Poor peer relationships, social withdrawal
Obsessive-compulsive behaviors
Refusal to bathe or undress
Diminished self-esteem, less pleasure in previously enjoyed activities
Negative sense of self (feeling like “damaged goods”)
Self-injurious behaviors such as self-mutilation (cutting oneself) and suicidal ideation
Sudden weight changes, eating disorder
Antisocial behaviors that include lying or stealing
Suicide attempts, other risk-taking behaviors
Sleep disturbance: nightmares, sleeping in clothes, different sleeping patterns
Marked passivity, accommodation when the youth would have resisted previously

(OVER)

Indicators Concerning for Sexual Abuse, cont.

Fear of certain people or places

Promiscuous sexual behaviors, preoccupation with sex

Running away (often to avoid abuse)

Drug/alcohol use to numb or avoid the pain

Physical indicators such as pregnancy, abortion, and sexually transmitted diseases

Physical complaints such as stomach disturbances, headaches, body aches, etc.

Externalized behaviors such as anger and aggression

Rage

Problems in school: homework, truancy, discipline, decline in grades, school failure

Internalized behaviors such as depression, withdrawal, or dissociation (“spacing out”)

Physically or sexually abusive behavior towards others

NOTE: Many of the above-identified behaviors are ways of coping. These behaviors may be the outcome or effects of sexual abuse. We need to avoid labeling these youth as “problem kids,” and instead understand the purpose the behavior serves.

Prepared by Children’s Center

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For additional information contact Family Support at Children’s Center, 503-655-7725.