

CHILD SEXUAL ABUSE STATISTICS

Signs of Child Sexual Abuse and What to Do

FACT:

Signs that a child is being sexually abused are often present, but they are often indistinguishable from other signs of childhood stress, distress or trauma.

Direct physical signs of sexual abuse are not common. However, when physical signs are present, they may include bruising, bleeding, redness and bumps, or scabs around the mouth, genitals or anus. Urinary tract infections, sexually transmitted diseases and abnormal vaginal or penile discharge are also warning signs.^{33,34}

Child sexual abuse victims often exhibit indirect physical signs, such as anxiety,^{33,}
³⁴ chronic stomach pain and headaches.^{35, 36, 37, 38, 39, 40, 41}

Emotional and behavioral signals are common among sexually abused children. Some of these are “too perfect” behavior, withdrawal, fear, depression, unexplained anger and rebellion.^{33, 34, 35, 42, 43, 44, 45}

FACT:

Use of alcohol or drugs at an early age can be a sign of trauma such as child sexual abuse.^{22, 23, 33, 34, 47, 48}

NOTE: Child sexual abuse victims may exhibit a wide range of immediate reactions, both in magnitude and form. Resilient children may not suffer serious consequences, whereas other children with the same experience may be highly traumatized. Some victims do not display emotional problems of any other immediate symptom in response to the abuse.

One of the most telling signs that sexual abuse is occurring is sexual behavior and language that is not age-appropriate.^{33, 34, 46}

FACT:

Child sexual abuse reports should be made to the state’s child protective service agency, the police, or both. For more information on what you can do if you suspect abuse call the Darkness to Light National Child Abuse Helpline.

CHILD SEXUAL ABUSE REPORTS

SHOULD BE
MADE TO
THE
STATES
CHILD
PROTECTIVE
SERVICES
AGENCY,
THE POLICE



OR BOTH

 DARKNESS TO LIGHT

Some common consequences of trauma include nightmares, bedwetting, falling grades, cruelty to animals, bullying, being bullied, fire setting, runaway, and self-harm of any kind.^{33, 34}

NATIONAL CHILD SEXUAL ABUSE HELPLINE

Darkness to Light
1-866-FOR-LIGHT

Darkness to Light provides a toll-free number for individuals living in the United States who need local information and resources about sexual abuse. Any individual, child or adult who needs resources about sexual abuse can call the Helpline.

All calls are confidential and will be answered by a trained information and referral service representative. Helpline availability varies according to state and call center.

For more help related to child sexual abuse please visit:

http://www.d2l.org/site/c.4dICIJOkGcISE/b.6069265/k.29C/Get_Help_Related_to_Child_Sexual_Abuse.htm

References

- 22 Walker, E.A., Gelfand, A., Katon, W.J., Koss, M.P., Con Korff, M., Bernstien, D., et al. (1999). Medical and psychiatric symptoms in women with children and sexual abuse. *Psychosomatic Medicine*, 54, 658-664.
- 23 Kilpatrick, D. G., Ruggiero, K. J., Acierno, R., Saunders, B. E., Resnick, H. S., & Best, C. L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting and Clinical Psychology*, 71, 692-700.
33. Prevent Child Abuse America (2003). Recognizing child abuse: What parents should know. Chicago, IL. Retrieved 5-31-2013 from www.preventchildabuse.org.
34. Stop It Now! (2013) Warning signs in children and adolescents of possible child sexual abuse. Northampton, MA. Retrieved 5-31-2013 from www.stopitnow.org.
35. Saunders, B.E., Kilpatrick, D.G., Hanson, R.F., Resnick, H.S., & Walker, M. E. (1999). Prevalence, case characteristics, and long-term psychological correlates of child rape among women: A national survey. *Child Maltreatment*, 4, 187-200.
36. Grayson, J. (2006). Maltreatment and its effects on early brain development. *Virginia Child Protection Newsletter*, 77, 1-16.
37. Leeb, R., Lewis, T., & Zolotor, A. J. (2011). A review of physical and mental health consequences of child abuse and neglect and implications for practice. *American Journal of Lifestyle Medicine*, 5(5), 454-468.
38. Friedrich, W.N., Fisher, J. L., Dittner, C.A., Acton, R., Berliner, L., Butler, J., Damon, L., Davies, W.H., Gray, A. & Wright, J. (2001). Child Sexual Behavior Inventory: Normative, psychiatric, and sexual abuse comparisons. *Child Maltreatment*, 6, 37-49.
39. McLeer, S. V., Dixon, J. F., Henry, D., Ruggiero, K., Escovitz, K., Niedda, T., & Scholle, R. (1998). Psychopathology in non-clinically referred sexually abused children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37, 1326 – 1333.
40. Noll, J. G., Shenk, C. E., & Putnam, K. T. (2009). Childhood sexual abuse and adolescent pregnancy: A meta-analytic update. *Journal of Pediatric Psychology*, 34, 366-378.
41. Olafson, E. (2011). Child sexual abuse: Demography, impact, and interventions. *Journal of Child & Adolescent Trauma*, 4(1), 8-21.
42. Banyard, V. L., Williams, L. M., & Siegel, J. A. (2001). The long-term mental health consequences of child sexual abuse: An exploratory study of the impact of multiple traumas in a sample of women. *Journal of Traumatic Stress*, 14, 697 – 715.
43. Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Survey. *American Journal of Public Health*, 91, 753 – 760.
44. Polusny, M. A., & Follette, V. M. (1995). Long-term correlates of child sexual abuse: theory and review of the empirical literature. *Applied and Preventive Psychology*, 4, 143 – 166.
45. Young, M. S., Harford, K., Kinder, B., & Savell, J. K. (2007). The relationship between childhood sexual abuse and adult mental health among undergraduates: Victim gender doesn't matter. *Journal of Interpersonal Violence*, 22, 1315 – 1331.
46. Girardet, R. G., Lahoti, S., Howard, L. A., Fajman, N. N., Sawyer, M. K., Driebe, E. M., et al. (2009). Epidemiology of sexually transmitted infections in suspected child victims of sexual assault. *Pediatrics*, 124, 79-84.
47. Acierno, R., Kilpatrick, D. G., Resnick, H. S., Saunders, B., de Arellano, M. & Best, C. (2000). Assault, PTSD, family substance use, and depression as risk factors for cigarette use in youth: Findings from the national survey of adolescents. *Journal of Traumatic Stress*, 13, 381-396.
48. Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D., Spitz, A.M., Edwards, V., Koss, M., Marks, J.S., (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine* 14(4).