



Child Sexual Abuse

It can be very difficult to talk about sexual abuse and even more difficult to acknowledge that sexual abuse of children of all ages – including infants – happens every day. Sexual abuse of children has become the subject of great community concern and the focus of many legislative and professional initiatives. This is evidenced by the expanding body of literature on sexual abuse, public declarations by adult survivors and increased media coverage of sexual abuse issues.

According to the National Child Abuse and Neglect Data System (NCANDS), an estimated 9.3 percent of confirmed or substantiated child abuse and neglect cases in 2005 involved sexual abuse (U.S. Department of Health and Human Services, 2007). This figure translates into over 83,800 victims in 2005 alone (USDHHS, 2007). Other studies suggest that even more children suffer abuse and neglect than is ever reported to child protective services agencies. Statistics indicate that girls are more frequently the victims of sexual abuse, but the number of boys is also significant.

What Is Child Sexual Abuse?

At the extreme end of the spectrum, sexual abuse includes sexual intercourse or its deviations. Yet all offences that involve sexually touching a child, as well as non-touching offenses and sexual exploitation, are just as harmful and devastating to a child's well-being.

Touching sexual offenses include:

- Fondling;
- Making a child touch an adult's sexual organs; and
- Penetrating a child's vagina or anus – no matter how slight – with a penis or any object that doesn't have a valid medical purpose.

Non-touching sexual offenses include:

- Engaging in indecent exposure or exhibitionism;
- Exposing children to pornographic material;
- Deliberately exposing a child to the act of sexual intercourse; and
- Masturbating in front of a child.

Sexual exploitation can include:

- Engaging a child or soliciting a child for the purposes of prostitution; and
- Using a child to film, photograph or model pornography.

These definitions are broad. In most states, the legal definition of child molestation is an act of a person – adult or child – who forces, coerces or threatens a child to have any form of sexual contact or to engage in any type of sexual activity at the perpetrator's direction.

What Are the Effects of Child Sexual Abuse?

The effects of sexual abuse extend far beyond childhood. Sexual abuse robs children of their childhood and creates a loss of trust, feelings of guilt and self-abusive behavior. It can lead to antisocial behavior, depression, identity confusion, loss of self-esteem and other serious emotional problems. It can also lead to difficulty with intimate relationships later in life. The sexual victimization of children is ethically and morally wrong.

Proving Sexual Abuse

When sexual abuse occurs the child victim may be the only witness and the child's statements may be the only evidence. In such cases, the central issue sometimes becomes whether the child's statements can be trusted. Some child welfare experts feel that children never lie about sexual abuse and that their statements must always be believed. According to Douglas Besharov in *The Future of Children* (1994), "Potential reporters are not expected to determine the truth of a child's statements. As a general rule, therefore, all doubts should be resolved in favor of making a report." He continues, "A child who describes being sexually abused should be reported unless there is clear reason to disbelieve the statement."

Child sexual abuse cases can be very difficult to prove largely because cases where definitive, objective evidence exists are the exception rather than the rule. The first indicators of sexual abuse may not be physical, but rather behavioral changes or abnormalities. Unfortunately, because it can be so difficult to accept that sexual abuse may be occurring,



Child Sexual Abuse

the adult may misinterpret the signals and feel that the child is merely being disobedient or insolent.

The reaction to the disclosure of abuse then becomes disbelief and rejection of the child's statements.

Sexual abuse is usually discovered in one of two ways:

- Direct disclosure (e.g., the victim, victim's family member or parent seeking help makes a statement)
- Indirect methods (e.g., someone witnesses the abuse to the child, the child contracts a sexually transmitted disease or the child becomes pregnant)

Sometimes the child may be so traumatized by sexual abuse that years pass before he or she is able to understand or talk about what happened. In these cases, adult survivors of sexual abuse may come forward for the first time in their 40s or 50s and divulge the horror of their experiences.

What Should You Look for If You Suspect Sexual Abuse?

Children who are sexually abused may exhibit behavioral changes, based on their age.

Children up to age 3 may exhibit:

- Fear or excessive crying
- Vomiting
- Feeding problems
- Bowel problems
- Sleep disturbances
- Failure to thrive

Children ages 2 to 9 may exhibit:

- Fear of particular people, places or activities
- Regression to earlier behaviors such as bed wetting or stranger anxiety
- Victimization of others
- Excessive masturbation
- Feelings of shame or guilt
- Nightmares or sleep disturbances
- Withdrawal from family or friends
- Fear of attack recurring
- Eating disturbances

Symptoms of sexual abuse in older children and adolescents include:

- Depression
- Nightmares or sleep disturbances
- Poor school performance
- Promiscuity
- Substance abuse
- Aggression
- Running away from home
- Fear of attack recurring
- Eating disturbances
- Early pregnancy or marriage
- Suicidal gestures
- Anger about being forced into situation beyond one's control
- Pseudo-mature behaviors

What Can You Do?

Protect your children. Teach your children what appropriate sexual behavior is and when to say "no" if someone tries to touch sexual parts of their bodies or touch them in any way that makes them feel uncomfortable. Also, observe your children when they interact with others to see if they are hesitant or particularly uncomfortable around certain adults. It is critical to provide adequate supervision for your children and only leave them in the care of individuals whom you deem safe.

Support child abuse victims. Children need to know that they can speak openly to a trusted adult and that they will be believed. Children who are victims of sexual abuse should always be reassured that they are not responsible for what has happened to them. Offer encouragement for victims by supporting organizations that help victims of incest or by simply reassuring victims of sexual abuse that they should not feel shame or guilt. It is important to understand that troubled families can be helped and that everyone can play a part in the process.

Teach others about child abuse. Help make others aware of sexual abuse by arranging for knowledgeable guest speakers to present to your organizations or groups. Encourage your local school board to establish programs to educate both teachers and students about the problem.



Child Sexual Abuse

Report, report, report. If you suspect sexual abuse and believe a child to be in imminent danger, report it to the local child protective services agency (often called “social services” or “human services”) in your county or state. Professionals who work with children are required by law to report reasonable suspicion of abuse or neglect. Furthermore, in 20 states, citizens who suspect abuse or neglect are required to report it. “Reasonable suspicion” based on objective evidence, which could be firsthand observation or statements made by a parent or child, is all that is needed to report. Remember that you may be the only person in a position to help a child who is being sexually abused.

What Is NCANDS?

NCANDS, the National Child Abuse and Neglect Data System, is the primary source of national information on abused and neglected children known to public child protective services agencies. American Humane has provided technical assistance to this project since its beginning in 1990. NCANDS reports that *Child Maltreatment 2005* appears to have a large increase in overall data due to the fact that this edition is the first to include Alaska and Puerto Rico. For a copy of this report, contact the Child Welfare Information Gateway at (800) 394-3366 or <http://www.childwelfare.gov>. The publication is also available at <http://www.acf.hhs.gov/programs/cb>.

References

Besharov, D. J. (1994). Responding to child sexual abuse: The need for a balanced approach. In R.E. Behrman (Ed.), *The future of children*, 3 & 4, 135-155. Los Altos, CA: The Center for the Future of Children, The David and Lucile Packard Foundation.

Bottoms, B., & Epstein, M. (1998). Memories of childhood sexual abuse: A survey of young adults. *Child Abuse & Neglect*, 22(12), 1217-1238.

U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2007). *Child maltreatment 2005*. Washington, DC: U.S. Government Printing Office.

Resources

Field, T., and Winterfeld, A. (2003) Abuse - sexual abuse. In *Tough problems, tough choices: Guidelines for needs-based service planning in child welfare*. Englewood, CO: American Humane Association, Annie E. Casey Foundation, and Casey Family Programs.

Finkelhor, D. (1994) Answers to important questions about the scope and nature of child sexual abuse. *The Future of Children*, 4(2). Los Altos, CA: David and Lucie Packard Foundation.

May Quinn, K. (1991). False and unsubstantiated sexual abuse allegations: Clinical issues. *Child & youth services: Assessing child maltreatment reports*, 15(2), 145-157.