

Children's Center

A place where healing begins

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
- 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.