Research regarding indicators of child sexual abuse is dynamic and the information offered serves as a foundation for only what MIGHT indicate child sexual abuse. If, when working with the child, family, and others, suspicions of child sexual abuse arise, child welfare professionals should engage parents/caregivers (and/or the court, when necessary) to assure that the child receives the proper assessments (medical, mental health, etc) and other services in a timely manner. As you review the information, please keep the following points in mind:

- Very few indicators are conclusive of child sexual abuse and most require careful investigation and assessment.
- No one characteristic or symptom will indicate that a child has been sexually abused.
- Indicators of child sexual abuse do not always appear (e.g.: a child with no physical and/or behavioral/emotional indicators – seemingly happy, not withdrawn, no physical indicators, etc – could just as easily have been a victim of child sexual abuse as one who reveals the “common indicators.”)
- Children will react to abuse in general, and sexual abuse specifically, in different ways.
  - A change in the child’s typical behavior might indicate abuse. Some children might internalize their experiences and withdraw or retreat from people or social situations and show signs of depression. Other children might choose to act out or show signs of aggression towards people and objects in their environment. Still others may become overly involved in fantasy or pretend. The child’s reaction to sexual abuse likely depends upon his/her chronological age and developmental stage.

**PHYSICAL INDICATORS:**
- Blood or body fluid stains on diaper/underwear
- Frequent urinary tract infections
- Rashes, itching, lesions of the genital or anal area
- Symptoms of venereal disease such as vaginal/penile discharge, genital/oral sores
- Pain in the genital or anal area
- Genital warts
- Frequent vomiting without organic cause
- Recurrent abdominal pain or complaints of gastrointestinal problems
- Painful defecation, constipation
- Dysuria (painful urination)
- Vaginitis, Urethritis
- Pregnancy
- Physical abuse
- Visible bite marks or bruises around genitals, buttocks, breasts

**BEHAVIORAL INDICATORS:**

- **PRE-SCHOOLERS:**
  - Explicit sexual knowledge, behavior, or language which is unusual for child's age
  - Excessive masturbation (causes irritation or interferes with normal activities)
  - Increased/insatiable interest in sex play with peers or dolls
  - Self-mutilation
  - Sudden regressive behavior: enuresis (bed-wetting), encopresis (involuntary fecal-soiling), baby talk, stuttering, thumb sucking, clinging or fretful behavior
  - Nightmares, sleep disturbances, refusing to sleep alone
  - Extreme aggressiveness towards others and/or objects
Possible Indicators (continued)

- Inordinate fear of other people, particularly females - extreme fear of being left with someone or of being left alone
- Sudden crying without provocation
- Indiscriminate affection toward other adults
- Suicidal ideation; rage reactions

**SCHOOL-AGED CHILDREN:**
- Regressive behavior - acting "babyish", onset of enuresis/encopresis
- Sudden drop in grades, changes in school behavior, and/or nonparticipation in school activities
- Nightmares or sleep disturbances
- Changes in eating patterns or habits
- Exceptional secrecy
- Withdrawal or over-compliance to requests
- Somatic complaints
- Involvement in or hints of sexual activity or sex play with others or dolls over aggressiveness
- Sudden phobic behavior
- Feelings of low self-worth
- Agitation, hyperactivity, irritability
- Excessive anxiety
- Running away from home
- Suicidal ideation; rage reactions
- Layering clothing; sleeping in clothing; discarding underwear
- Self-mutilation

**ADOLESCENTS:**
- Poor self-image
- Poor peer relationships, limited social life, guarded in relationships
- Home truancy - running away
- School problems such as poor grades, failure, truancy, conflict with authority figures
- Sexual provocative behavior or promiscuity and/or prostitution
- Delinquent behavior - alcohol, drug abuse, stealing, lying, fighting
- Feelings of depression and/or isolation
- Pregnancy or early marriage
- Suicidal thoughts or gestures
- Recurrent physical complaints such as severe headaches and/or abdominal pain without medical findings
- Self-mutilation
- Eating disorders such as anorexia, bulimia, obesity, sudden weight gain or loss
- Rage reactions
- Layering clothing, sleeping in clothing, discarding underwear

Primary Source: Kendall-Tackett, Williams, Finkelhor (1993). *Impact of sexual abuse on children, A review and synthesis of recent empirical studies*