Sexual abuse: risk factors, signs and indicators

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This guide can help you meet point 5 of the Knowledge and skills statement for child and family practitioners: <u>Abuse and neglect of children</u>.

Introduction

This is designed as quick reference information when you want a reminder of potential risk factors and the common signs and indicators of child sexual abuse – for example, as part of checking your instincts and planning future work on a particular case. It should be used in conjunction with the guidance in the <u>child</u>

<u>sexual abuse knowledge and practice hub</u> and reflective thinking with supervisors and colleagues.

When thinking about signs and indicators, it's vital to remember that once we see the signs in children, abuse has already taken place. We therefore always need to look at the whole picture, including the family relationships, vulnerabilities to all forms of maltreatment and signs of abusive behaviour in adults and young people. Reminders of things to think about in all these areas are included on this page. You can use the buttons below to navigate to the different sections.

- Factors that make a child vulnerable
- Factors that make a family vulnerable
- Potential signs of abusive behaviour in adults and young people
- Potential signs that a child or young person has been/is being abused

Factors that make a child vulnerable

All children are vulnerable to sexual abuse; however there are some factors that increase their vulnerability. These can relate to the child or young person or to their parents/carers and environment.

Age

Babies and young children are particularly vulnerable because:	Pubescent and post-pubescent children and young people are particularly vulnerable because:
They cannot yet communicate verbally so cannot tell us what is wrong They are dependent on adults to meet their needs They require high levels of personal care	They are going through the process of separation from parental figures meaning communication usually becomes difficult There are increased levels of secrecy so parents/carers do not
They are likely to spend more time with their family and less time in other social environments such as school	know what is going on for their child Significant hormonal changes impact on young people's needs and behaviours
They do not recognise behaviour as sexual, nor know or understand that sexual behaviour from adults to children is wrong	Risk-taking behaviour increases, including substance and alcohol misuse
Protective adults don't imagine that anyone would want to harm such a young child	They may be over-confident about their knowledge of the world

Signs of sexual abuse can be easily misconstrued as normal teenage development, e.g. mood swings

Gender

Girls are estimated to be three to six times more likely to be sexually abused than boys (NSPCC, 2011)

Boys are, however, less likely to disclose when they have been abused and social perceptions may impact on disclosures attitudes towards what constitutes sexual abuse of boys – for example, messages about masculinity and homophobia or how abuse of a young male by and older woman might be seen.

Disability

Disabled children (including those with a learning disability) are thought to be three times more likely to be sexually abused than children who are not disabled (Jones et al, 2012). This is due to a number of reasons which will depend on the individual child but might include:

- The level of intimate care they receive
- The need for multiple carers
- An impaired ability to resist or avoid abuse
- Communication issues
- Not having the privacy in order to be able to disclose
- Dependency they may be reliant on their abuser to meet their basic needs
- Lack of appropriate education about sex and relationships
- Increased vulnerability to bullying and intimidation
- Increased levels of social isolation
- Increased levels of family stress make abuse harder to identify
- Societal attitudes about sexuality and disability, including not recognising disabled children as sexual beings
- The attribution of indicators of abuse to a child's specific impairment

Emotional needs

Children who are emotionally vulnerable may be easier to victimise. For example, perpetrators may target children who:

- Are socially isolated and struggle to make friends
- Have low self-esteem or low value of themselves
- Have distorted views or understanding about sex and relationships
- Have previously been sexually abused
- Have behavioural issues such as 'acting out'
- Are over-compliant or quiet
- Misuse substances or alcohol
- Have difficult or inconsistent relationship with the non-abusing parent

Factors that make a family vulnerable

There are a number of factors that may make children within certain families more vulnerable to abuse. Poor communication is a common feature of families where sexual abuse takes place. This is because:

- Parents don't know what their children are thinking and feeling
- Children aren't able to talk to their parents about what is happening in their lives or ask for support or advice

Parental absence (for example, through work commitments), <u>family secrets</u> and relationship issues can jeopardise communication. The following family difficulties or factors can also make children particularly vulnerable:

- **Mental health issues**: When a parent is unwell, their capacity to recognise their children's emotional needs may be jeopardised. In addition, children may not want to tell their parents what is worrying them for fear of exacerbating their parents' mental health difficulties.
- Drug and alcohol misuse: These may leave children exposed to
 inappropriate adults and behaviour; without physical or emotional care
 due to the effects of substances; and isolated from their friends due to
 issues of shame, embarrassment or poor school attendance. Parents may
 struggle to recognise their children's emotional needs and children may
 not feel able to tell their parents what is worrying them for fear of
 exacerbating difficulties.
- **Domestic abuse**: Children may be living in fear of one or both parents and may be scared to tell anyone about the abuse for fear or reprisals for them or their parent. Many children who experience domestic abuse try to maintain secrecy about their situation and often become isolated as a result. A parent experiencing domestic abuse may be less able to remain attuned to their children's needs and therefore recognise signs and indicators of sexual abuse.
- A maternal history of sexual abuse: Experiencing sexual abuse as a child can leave parents vulnerable to future abusive relationships. They may lack confidence about appropriate sexual behaviour and boundaries, or be over-confident about their ability to recognise abuse, or have a distorted understanding of sex and relationships. Difficulties arising from their abuse, such as substance misuse or poor mental health, further jeopardise protective capacity.
- Lack of parental awareness of child sexual abuse or distorted views of relationships and children's sexuality: A lack of understanding about sexual abuse, appropriate relationships and children's sexuality will

- directly impact on their capacity to keep their children safe from sexual harm. This may include parents with learning disabilities who may themselves not have been given an understanding of sexual abuse and children's sexuality and been vulnerable to abuse.
- **Isolation**: Parents who have little meaningful support from family and friends may be more vulnerable to entering into relationships with potential abusers. This may create a situation whereby a non-abusing parent becomes dependant on an abuser for reasons such as finances, transport or childcare.
- **Home schooling**: If home schooling leads to a family and children being socially isolated, this can create opportunities for abuse to take place and fewer protective people who may notice that something is wrong.

We should be alert to signs and indicators of abusive behaviour in adults, just as much as we aware of signs and indicators in children that they may be being abused. It's important to keep an open mind, being curious and exploring different hypotheses. Identifying these behaviours does not necessarily mean that abuse is taking place. There may not be obvious signs in adult behaviour, just one sign or lots of signs. If there are concerning signs in adult behaviour such as those listed below, and there are signs and indicators in the child, this should increase our concern that abuse is taking place.

- Buying a child gifts
- Favouring a child
- Wanting to spend more time with the child than the parent
- Offering to babysit
- Play fighting
- Encouraging a child to engage in 'grown up' activities
- Encouraging a child to dress provocatively
- Leaves bedroom and bathroom door open
- Interrupting the relationship between parent and child
- Undermining the other parent
- Running the parent down to the child
- Gets involved in personal care of the child
- Encouraging nudity in the home
- Behaving secretively
- Talks about sex, makes sexual jokes
- Wears inappropriate clothing around the house
- Seems to be behaving more like a child

- Wants to be left alone with children
- Changes in sexual behaviour
- Mood swings and erratic behaviour
- Complains of not being trusted

When children are unable to verbally tell someone that they are being sexually abused, there are a number of physical and behavioural signs that we can look out for. Whilst this may not prove that sexual abuse is taking place, it can help us to remain curious and explore these concerns further. It's important to keep in mind that some of the signs mentioned below could be indicative of other difficulties or forms of maltreatment, ranging from problems at school, bereavement through to domestic abuse in the family or neglect, emotional or physical abuse of the child.

Some of the signs may not be a cause for concern in an individual child, for example they may just be part of the child growing up. Safeguarding should always be about building a picture of the whole context.

It is also important to note that sometimes a child who is being sexually abused may show no signs, just one sign or lots of signs. The presence of several signs should increase our concern that abuse is taking place.

Physical signs

Bear in mind that sexual abuse can leave no physical traces or injuries, and injuries from penetration heal very quickly in young children. When a child is examined more than 48 hours after the abuse, it is common that the physical examination will show no abnormal genital findings. Even with proven penetration, in up to 95% of cases, genital examinations will be essentially normal (Taskforce report, 2010). (You can read guidance for social workers about medical examinations here).

Physical signs can include:

- Discolouration, bleeding or discharge in genitals, anus or mouth
- Persistent or reoccurring pain during urination and bowel movements
- Genital warts
- Tears to anus or vagina
- Unusual bruising
- Pregnancy
- Sexually transmitted infections

Other potential signs and indicators

- Nightmares or sleep problems without explanation
- Sudden mood swings including fear, insecurity or withdrawal
- Developing new or unusual fears of certain people or places

- Distracted and distant at odd times
- Change in eating habits refuses to eat, loses or drastically increases appetite or has trouble swallowing
- Leaving clues that seem likely to provoke discussion about sexual issues
- Writes, draws, plays or dreams of sexual or frightening images
- Talks about a new, older friend
- Suddenly has money, toys, or gifts without reasons
- Thinks of self or body as repulsive, dirty or bad
- Psychosomatic symptoms (e.g. tummy ache)
- Age-inappropriate sexualised behaviour*
- Inappropriate sexualised behaviour with animals
- Asking adults to engage in sexual acts
- Inserting objects into the vagina or anus
- Fear of dentistry

*If you are unsure whether sexualised behaviour is appropriate for a child's age and cognitive development, you can look at <u>Brook's traffic light tool</u>. <u>Parents Protect publish information you can share with parents</u> about sexual development of children at different ages.

Signs more typical in younger children	Signs more typical in adolescents
 Uses new words for genitals Resists removing clothes at appropriate times (e.g. bath, bed or toileting) Mimics sexualised behaviour with toys Asks another child to behave sexually or play sexualised games Wetting and soiling accidents unrelated to toilet training An older child behaving like a younger child (e.g. bedwetting or thumb sucking) 	 Unusual personal hygiene (e.g. none or excessive concern) Substance or alcohol misuse Self-harming Suicidal thoughts or actions Sexual promiscuity Running away from home Mental health difficulties Fear of intimacy or closeness Change of eating habits