Fact Sheet: Sexual Abuse of Children

What is it?
Sexual abuse of a child is inappropriately exposing or subjecting the child to sexual contact, activity, or behavior. Sexual abuse includes oral, anal, genital, buttock, and breast contact. It also includes the use of objects for vaginal or anal penetration, fondling, or sexual stimulation. This sexual activity may be with a boy or a girl and is done for the benefit of the offender. In addition, exploitation of a child for pornographic purposes, making a child available to others as a child prostitute, and stimulating a child with inappropriate solicitation, exhibitionism, and erotic material are also forms of sexual abuse.1

How common is it?
In 1997, 1,054,000 children were confirmed by child protective services agencies (CPS) as victims of some form of abuse (15 out of every 1000 US children). According to this survey, 8% represented child sexual abuse (there were 844,320 new cases of child sexual abuse accepted for service).2 A 1996 national incidence study conducted by the federal government found that girls are sexually abused three times more often than boys.3 Retrospective surveys reveal great variation, but do support the estimate that at least 20% of American women and 5-16% of American men experienced some form of sexual abuse as children.4

Who are the victims?
Sexual abuse can occur in all populations. It happens to children in both rural and urban areas, in all socioeconomic and educational levels, and across all racial and cultural groups. Statistics indicate that girls are more frequently the victims of sexual abuse, but that the number of boys is also significant. Estimates suggest that males account for 25-35% of child sexual abuse victims.4 Factors that may increase a child’s risk of sexual abuse include being between the ages of 7 and 13, having the absence of a parent from the home, and being a young child who appears isolated, depressed, or lonely.5

There also exist common characteristics of the families in which sexual abuse of children occur. They include social isolation, the presence of a domineering father, an absent mother (either physically or emotionally), few role boundaries, and parents with a history of being physically or sexually abused as children. Furthermore, a child is also at increased risk if he or she is forced to assume the parenting role at an inappropriate age.1

Who are the perpetrators?
The majority of sexual abuse of children is done by someone the child knows.6 Sexual abuse can occur within the family (by a parent, step-parent, guardian, older sibling, or relative) or outside the family (often by a person well known by the child and family).1 Looking at a number of retrospective surveys, results have indicated that no more than 10-30% of the offenders were strangers.4
In 90% of child sexual abuse cases, the offenders are male and are often described as being unassertive, withdrawn, and emotionless. Other common characteristics include a history of abuse (either physical or sexual), alcohol or drug abuse, little satisfaction with sexual relationships with adults, lack of control over their emotions, and occasionally mental illness. These offenders usually create opportunities to be alone with a child.1

Females can also be the perpetrators. However, they tend to use persuasion rather than force or the threat of force (threats of physical force or actual force are more common with male perpetrators and older victims).7 Interestingly, boys are more likely than girls to be abused by a female.8

**What are the signs/effects?**

Although children who have experienced sexual abuse may be too frightened to tell anyone, there are physical and behavioral signs that may be seen.6 Physical signs are vaginal or rectal bleeding, pain, itching, swelling, or discharge1,6; difficulty with bowel movements, urinating, or swallowing; recurring complaints of stomach-aches and/or headaches; and trauma to breasts, buttocks, lower abdomen, or genital or rectal areas.1 Their undergarments may also be torn, stained, or bloody.1,6 They may have vaginal infections or venereal diseases, and they may display difficulty in walking or sitting.6

Behavioral signs are extreme changes in behavior (loss of appetite, eating disorder, clingingness, withdrawal, aggressiveness); recurrent nightmares, disturbed sleep patterns, or a sudden fear of the dark; regression to infantile behavior (bedwetting, thumb sucking, excessive crying); fear of a particular person or fear of being left alone with a particular person or at a particular place; frequent lying, and delinquent behavior or a fall in grades at school. These children may also express unusual interest in or knowledge about sexual matters, express affection in inappropriate ways (for a child his or her age), and even engage other children in sexual activities or act out sexual behaviors (such as intercourse or masturbation). In addition, the victims may have poor relationships with other children, a lack of self-confidence, and the desire to engage in self-destructive behavior (biting oneself, pulling out hair, wrist-cutting).1,6

**What can be done?**

If sexual abuse of a child is suspected, it should be reported to a child protective service or to the police. Any professional who fails to report a suspected case of abuse may face criminal charges for not reporting their suspicion. However, it is not the responsibility of the person suspecting abuse to prove that abuse has occurred.1

It is important for the victims to receive medical attention for injuries or complaints, support for their situation, and to not be blamed for the sexual abuse.1 It is also important for these children to receive professional help from those trained to counsel sexually abused children.6
Sources
1 “Sexual Abuse & Young Children”, Florida Center for Parent Involvement (website: http://lumpy.fmhi.usf.edu/cfsroot/dares/fcpi/vio/TOC.html).

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