

Symptoms and Sexually Abused Children
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Determining whether a child has been sexually abused can be a challenging and complex process. Child sexual abuse is not an encounter that causes specific, unambiguous symptoms or behavioral problems common to every child victim. Other factors that may make a valid determination difficult include the limited vocabulary of young children, the absence of definitive medical evidence, no corroborating witnesses, behavior patterns or symptoms that are similar to those of other psychological disorders, and an alleged perpetrator's claim of innocence.

Some research has indicated that even in cases where there is credible reason to believe that sexual abuse occurred, children may not disclose it unless their mothers believe abuse was actually perpetrated and provide support for disclosure. Other research has shown that the likelihood of disclosure is lower when the perpetrator and child are closely related, when the abuse involves intrusive sexual acts, and when it occurs over an extended period of time.

Child sexual abuse is not designated as a psychological disorder in the primary diagnostic manual used by mental health professionals. In most circumstances, abused children do not evidence any distinct or specific pattern of emotional symptoms or behavioral problems which can definitively confirm that abuse has occurred. Consequently, non-professionals who see a child exhibit a particular behavior or professionals who interpret a specific test response, drawing or symptom as definitive proof of sexual abuse, are drawing a conclusion that lacks research-based evidence.

Although some psychological disorders are characterized by a unique cluster of symptoms, research shows this is not the case for victims of child sexual abuse. On the contrary, this group of children does not uniformly exhibit any single symptom or group of symptoms. Furthermore, to the extent these children exhibit symptoms they span a wide range that is similar to those displayed by children who have not been sexually abused.

Behavior problems are often a common occurrence and part of normal development that many children temporarily experience. Children who have not been sexually abused can have nightmares, difficulty falling asleep, inexplicable and unrealistic fears, abrupt changes in mood, difficulty sustaining attention, defiant behavior, temper outbursts, decreased energy, or clingy behavior. Furthermore, it is developmentally normal for very young children that have not been abused to experience anxiety when separated from a parent, to worry about being injured or having a parent die, to be concerned about getting lost or being alone, and to fear the dark or imaginary monsters.

It is also true that children who have not been sexually abused may sometimes exhibit sexual behaviors such as masturbation, touch or rub their genitals, show curiosity in other children or adults' bodies, and play games that involve exposing themselves.

However, a study of pre-school children found that children, who have not been sexually abused, rarely try to touch another child's genitalia, put their mouth on a doll's genital area or ask someone to touch their genital area. If a pre-school child displays these specific behaviors, an evaluation for sexual abuse would be warranted.

A comprehensive review of 45 separate studies of sexually abused children found that child victims exhibited *more* symptoms and behavior problems compared to children who had not been sexually abused. However, an unexpected finding was that sexually abused children exhibited *fewer* symptoms than children with psychological problems who had not been sexually abused.

It is important to note that not one of the studies in this comprehensive review or other research has found that all sexually abused children consistently exhibited well-defined symptoms or behavioral problems. The studies comprising this comprehensive review found that only 20% to 30% of sexually abused children displayed at least one specific symptom, and no single symptom was evidenced by a majority of children. Furthermore, many of the individual symptoms displayed were not found consistently across all age groups. This review also looked at the proportion of sexually abused children who were reported to display no symptoms at all. Although every study did not report this data, those that did found children to be symptom-free from 21% to 49% of the time.

Since not all child victims develop symptoms, researchers have tried to identify factors that exacerbate the effects of sexual abuse. They have found that those children who purposely disclose sexual abuse tend to experience higher levels of anxiety and more difficulty coping, compared to children whose abuse is accidentally disclosed. Research has also indicated that poorer post-abuse adjustment is associated with having been sexually abused by a father and with having experienced sexual intercourse and physical violence.

Coping strategies have an important influence on post-abuse adjustment. For example, children who blame themselves for the abuse have greater difficulty overcoming its effects. One study found that children who use avoidance techniques tend to have fewer symptoms but more anxiety related to sexual contact, while children who bottle up their feelings tend to experience more guilt and persistent symptoms of increased arousal. Furthermore, children who cope by becoming angry tend to experience a wide range of behavioral and emotional problems, while children who remain active and social tend to display few symptoms and behavior problems.

Research has determined that numerous factors increase the risk of child sexual abuse. These include living in poverty, living with a parent who is alcoholic, being socially isolated, and having no one to confide in. Also, children are more likely to be sexually abused if they live in homes where the mother is physically abused and cannot provide adequate supervision.

In view of the challenges associated with assessing the validity of a claim of child sexual abuse, attorneys involved in such cases are advised to enlist the assistance of a

forensic psychologist that has been trained to conduct forensic interviews of young children as soon as a concern about sexual abuse arises.

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