

Talking to Children About

Sexual Abuse

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Sexual abuse is among the most serious issues that face children and youth today.

The specter of child sexual abuse is frightening to parents and caring adults. Sexual abuse steals so much from children, robbing them of trust, innocence and security. Addressing the problem of child sexual abuse directly and responsibly is important to fostering appropriate awareness of this difficult topic.

What Is Child Sexual Abuse?

Sexual abuse is one of several forms of child maltreatment, which involves physical or mental harm to children under the age of 18 and is perpetrated by adults or older children. Being as clear as possible about child sexual abuse is important. How is it defined?

Sexual abuse may encompass a wide variety of inappropriate behaviors. This type of abuse generally involves the sexual mistreatment of a child by an adult or an older child. The abuse may take place in both direct and indirect ways, but all such acts are forms of child abuse. While clear and consistent definitions of child sexual abuse continue to develop, everyone agrees that either indirect or direct contact between adults and children of a sexual nature is illegal, inappropriate and abusive.

What We Know About Child Sexual Abuse

Some research and policy findings that highlight issues relevant to child sexual abuse are:

- In 1974, the U.S. Congress passed the first national legislation providing a minimal definition of child maltreatment. This definition includes the “physical and mental injury, sexual abuse, neglected treatment or maltreatment of a child under age 18 by a person who is responsible for the child’s welfare under circumstances which indicate the child’s health and welfare is harmed and threatened thereby.” This legislation is the Child Abuse Prevention and Treatment Act (CAPTA).^{de}
- Annual reports on child abuse are made to the federal government through the National Child Abuse and Neglect Data System (NCANDS). These reports show that in recent years, on average, between 60,000 and 70,000 children have been confirmed as victims of sexual abuse each year in the United States. Child sexual abuse represents about 10 percent of the total substantiated cases of child maltreatment each year.^{fg}

- **Girls are more likely than boys to be victims of sexual abuse. Research indicates between 78 percent and 89 percent of childhood victims of sexual abuse are female.^h**
- **Studies on the occurrence of child sexual abuse suggest that between 21 percent and 32 percent of females are sexually abused before the age of 18. Also, between 10 percent and 16 percent of males are sexually abused before the age of 18. Child sexual abuse is a highly underreported crime. Researchers estimate that between 90 percent and 95 percent of child sexual abuse situations go unreported.^{ijk}**
- Research generally suggests that children can be vulnerable to the risk of sexual abuse at a variety of ages. Professionals who deal with abused children report that they may see children in the infant/toddler years (1 to 5) and up through late adolescence. Parents and others should be alert to potential risks and be particularly attentive as children enter their school-age years (6 to 11) and adolescent years (12 to 18).^{lmn}
- Typically, the perpetrator is an individual known to the child. **Research suggests that the child knows the perpetrator in 70 percent to 90 percent of sexual abuse cases. In 2008, documented victims of child sexual abuse in the United States were victimized primarily by:**
 - **Parents** (27.1 percent)
 - **Other relatives**, such as stepparents, grandparents or older siblings (29.4 percent)
 - **Unmarried partners of parents** (8.8 percent)

- **Friends or neighbors** (3.9 percent)
- **Other people** (21.7 percent).^{op}

- Studies suggest that **more than 90 percent of sexual abuse crimes are committed by men. Further, an estimated 30 percent to 40 percent of sexual offenses against children are carried out by older juveniles.** Also, among adult perpetrators of sexual abuse, they are more likely to be young adult males under the age of 30.^{qrs}
- **Particular risk factors associated with increased likelihood of child sexual abuse** include: having few friends; absent or

unavailable parents; relationship with a stepfather or live-in boyfriend; child's physical or mental disability; separate living arrangements from both biological parents; mental illness or alcohol or drug abuse in the family; a parent with a past history of being abused; homes with other forms of abuse, prostitution or transient populations.^t

[**Note:** The references for specific footnote letters are included at the end of this document. Footnote letters are listed at the end of the reference to which they refer.]

Forms of Child Sexual Abuse

Forms of **indirect sexual abuse** may include:

- Voyeurism (lewdly observing a child's private acts, such as dressing or toileting)
- Inappropriate exposure of one's private parts to a minor
- Knowingly allowing or providing for a child to be sexually mistreated by another person
- Involving children in pornography (photographing children in nudity or sexual acts, exposing children to pornographic materials)
- Addressing children in a sexual manner through electronic communication (e-mail, Internet chat rooms, instant messaging, texting, etc.).

Forms of **direct sexual abuse** may include:

- Inappropriate kissing of a child
- Fondling of a child's private parts with or without clothing
- Masturbatory acts involving an adult and a child
- Other varying forms of direct sexual contact (molestation, sexual penetration of private parts, sexual intercourse, oral sex, etc.)^{abc}

Note: Not all forms of indirect and direct sexual abuse are listed here. This brief listing is intended only to provide specific examples of inappropriate acts.

Talking to Young Children (ages 4 to 8)

Beginning to talk with children while they are young is important to help them understand issues and risks that may occur in later years. Also, suggestions may apply to children of more than one age grouping. When talking to young children from ages 4 to 8:

What to Say and Do

- Build a strong relationship with children based on open, clear communication. This helps a child feel comfortable in disclosing potentially inappropriate experiences with you in case they ever occur. Also, it gives your child a person to seek out for help if someone else discloses abuse to them and action needs to be taken to investigate the charge.
 - Talk with young children about feelings and encourage them to express how they feel. Help them label their feelings so that they will better understand and be more aware of what is going on inside them. Teach them to identify and share when they feel sad, angry or scared. Conversation makes the parent-child connection stronger. Teach that feelings of hurt and anger can be shared safely with others who can understand and give support.
 - Being curious is natural for children of a young age. Understand and expect that young children will:
 - Ask questions about personal relationships, sexual issues and the human body
 - Express curiosity about their own or others' bodies
 - Ask about private parts of the body
 - Think about boy-girl differences
 - Explore sexual matters through their words, questions or play
- As an adult responding to young children:
- Be careful to provide information that is appropriate to the child's level of understanding.
 - Avoid giving too much detailed or in-depth information of a sexual nature at a young age.
 - Answer questions in an age-appropriate manner.
 - Help children feel comfortable discussing such issues with you.
- Instruct children clearly and carefully on what is and is not appropriate physical or sexual contact between themselves and any adults or older children. Explain which parts of the body are private (genitals, etc.) and generally should not be touched by others (explain exceptions, such as doctor visits with a parent, etc.). Ask occasionally, in a nonspecific way, if they still understand what you have taught them and if they have any questions or information to share in this area.
 - Encourage children to share their experiences, fears or concerns on things of a sexual nature with honesty. Suggest they come to you if they have experienced something of a sexual nature that causes fear, hurt, discomfort or embarrassment. Kids start to get embarrassed about observing inappropriate scenes or materials at about this age. Assure them that they will be listened to carefully and taken seriously if they do report such feelings or encounters.
 - Provide children with the information and skills necessary to cope with attempted abuse. Information about child abuse should be shared with a child in familiar surroundings by a trusted adult. For example, a parent could have a private discussion at the kitchen table. Be gentle and frank, and discuss the topic in a way that both heightens awareness and reduces fear. Children need to be able to ask questions and feel trust about sharing on sensitive topics.
- Guide young children toward understanding physical and sexual boundaries. These boundaries include management of personal behaviors (touching private parts in public, etc.), privacy for others (privacy in bathroom activities, etc.) and avoidance of force or coercion regarding physical touching or sexual issues.
 - Limit exposure of children to in-depth or graphic media coverage of sexual abuse cases or investigations. Avoid fueling paranoia or constant fear in children, or causing vicarious trauma through graphic description of sexual abuse. Instead, provide information and answer questions as needed with an emphasis on healthy boundaries, safety, disclosure and security.
 - Explain situations of possible risk and encourage children to avoid potentially problematic situations. Such concerns include:
 - Accepting candy, items or gifts from strangers without parental permission
 - Not telling parents or other trusted adults about negative encounters with others
 - Walking to places alone without an older child or adult
 - Being touched inappropriately by any individual, including known family members and relatives
 - Teach young children the correct names for body parts and sexual organs. This allows them to gain a clear understanding of what you or others may discuss with them regarding sexual matters.

Talking to Adolescents (ages 9 to 13)

When talking to early adolescents from ages 9 to 13:

What to Say and Do

- Avoid letting children be involved in situations of significant risk, such as:
 - Contact with adults (often males) with few or no family ties and/or adult relationships
 - Unsupervised or overnight activities with only one adult
 - Involvement with people who focus much or all of their time on a particular age group or gender of children
 - Being alone with people overly attentive to a child in giving gifts, attention, praise, etc.
 - Emphasize the serious nature of disclosing acts of abuse by another person. Reassure children that they can and must share any concerns and not keep “secrets” that have been fostered by threats, coercion or persuasion of some kind. Also, emphasize that joking or lying about an alleged act of abuse is not appropriate, nor is threatening to report abuse or doing so as a result of anger, revenge or disappointment in another person.
 - Give children explicit permission to “tell on” any individual who threatens to hurt them, kill them, or hurt someone or something they love if they “tell” what has happened. Having perpetrators of abuse manipulate or threaten a child by saying things such as “don’t tell anyone or I’ll hurt you” or “keep this secret or I will hurt _____” is relatively common.
- Children who have been victimized likely believe such threats. Children should be encouraged to confide in a trusted adult if someone ever makes such threats to them.
- Build a child’s sense of personal worth and confidence. A strong sense of self-worth can assist children to avoid individuals who seek to entrap them, minimize their need for attention or approval from others, and feel more comfortable in reporting problems if they do occur.
 - Become educated about childhood sexual expression and behaviors. Take care to understand the difference between natural or commonly occurring physical and/or sexual behaviors in children versus problematic sexual behaviors in children or those that should be referred for professional evaluation. Resources such as “Understanding Children’s Sexual Behaviors” by Toni Cavanagh Johnson, Ph.D., (see reference list) can be helpful in this educational process.
 - Assist children of this age, who typically are approaching or passing into puberty (sexual maturation), to understand the common and appropriate expression of thoughts, feelings or behaviors regarding sexual issues. Such common tendencies may include physical attraction to others, development of sexual organs and functions, increased interest in their own and others’ bodies, and discussion of sexual themes with peers or others.
 - Discuss and reinforce key boundaries regarding engagement in sexual expression and behaviors. Children of this age also should be taught the limits on their own behavior in these areas.
- Activities that adults or older children may initiate that would be inappropriate or abusive may include:
 - Engaging in sexual behaviors with people and/or children of significantly different ages or developmental levels
 - Excessive and prolonged attention to sexual issues or functions
 - Exposure to explicit adult sexuality, pornography or unhealthy sexual environments through television, movies, videos, magazines, computers or other means
 - Using words or phrases of a sexual nature to consistently bother or harass others
 - Intrusion by another into one’s physical and/or sexual privacy through observation, touching or other means
 - Usage of coercion, bribery or threats to initiate and engage in sexual behaviors
 - Indirect or direct physical contact of a sexual nature that may include fondling, kissing, stimulation, sexual penetration, oral sex or other acts
 - Do not drop off children alone at a party, youth activity or school event. Instead, go with your child to the location of the activity, take time to ensure it has appropriate adult supervision, meet and identify yourself to other adults and, if possible, stay and observe or participate with your child.
 - Support your child’s involvement in activities or organizations that require at least two adults during involvement with children, screen volunteers with background checks, and emphasize child safety and protection in their practices.

Talking to Teens (ages 14 to 18)

When talking to teens from ages 14 to 18:

What to Say and Do

- Recognize the signs and symptoms of anxiety and depression in teens, as this may coincide with experiences of sexual abuse. Signs of depression may include feelings of sadness, excessive sleep or inability to sleep, weight loss or gain, physical and emotional fatigue, continuing anxiety, social withdrawal from friends or school, misuse of drugs or alcohol and related symptoms. Be direct and frank with a teen about any concerns, and intervene and get professional help and resources if necessary.
- Discuss how using alcohol and other drugs negatively impacts their ability to be aware of their environment and keep themselves safe.
- Teach children the difference between tattling a friend's secret and telling a responsible adult when they learn someone has been hurt or threatened. Peer groups among young people often discourage telling information that has been shared. Make clear to a child that some secrets or pieces of information must be shared with a trusted adult, who then can act to prevent further injury, hurt or abuse.
- Develop a positive communication style with teenagers. Avoid threatening, ordering, criticizing or lecturing them. Instead, make a point of listening to their thoughts,

feelings and wishes, and try to understand and respect their views. Such communication allows them to trust you with information and feelings if they encounter abuse or harm.

- Encourage teenage children to attend parties or social activities in pairs or with two or more friends and to avoid isolating themselves from others. Instruct them to stay together and to look out for each other. Always ensure that adult chaperones are available and monitoring such activities. Finally, volunteer to attend and be present as a chaperone for parties, social activities, sports outings or other events in which your child wishes to participate.
- Teach teenage children to avoid situations that may make them vulnerable to sexual abuse or harassment. Examples include being alone unsupervised with significantly older youth or adults, participation in unsupervised or unchaperoned overnight trips, being singled out for special treatment or attention by older youth or adults, or involvement in settings where lone adults have access to children without other adult supervision.
- If possible, use cell phones with your teenage children to regularly check in with them regarding their location, current activities, whom they are with and their sense of security. Assure them that they can contact you at any time if they feel they are in a threatening or unsafe situation.

- Talk to teenagers about appropriate and safe guidelines for using the Internet, which perpetrators of abuse may use to seek out or track potential victims. Such guidelines include:
 - Avoid posting or providing personal contact information on Internet sites.
 - Avoid chat rooms or message boards where information is exchanged with unknown parties.
 - Do not respond to, exchange information with or arrange to meet people met through Internet activities.
 - Limit Internet usage to specific, approved uses for a short time period each day.
- Encourage teens to “trust their instincts” if they sense that a person or situation is unsafe. Discuss the actions that need to take place when they feel that way, such as leaving the area with a friend, contacting an adult, yelling, etc.

Warning Signs of Sexual Abuse in Children

A variety of warning signs may indicate that a child or youth has experienced some kind of child maltreatment or sexual abuse. Some warning signs can occur singly or show up at other stressful times, such as divorce, a death or major change in the family, or when the child has problems in school, and have no link to abuse.

Care should be taken not to mark all possible warning signs as indicators of an abuse experience. Any one sign does not mean the child has been abused. However, parents and caregivers should be attentive to children and take seriously any combination of possible warning signs that would suggest the need for follow-up and assessment regarding sexual abuse.

Those warning signs include:

- Nightmares, trouble sleeping, fear of the dark or other sleeping problems
- Extreme fear of “monsters” or random threats
- Mental confusion, spacing out at odd times, or mental lapses of memory or coherence
- Loss of appetite; trouble eating or swallowing
- Sudden or intense mood swings: rage, fear, anger, withdrawal, depression, aggression toward others
- Fear of certain people or dislike of being with them; fear of particular places
- Stomach illness or discomfort much or all of the time with no identifiable reasons
- Regressive behavior in older children, such as bed-wetting, thumb-sucking or other “young child” behaviors
- Mimicking or “playing out” specific sexual actions or activities with toys or other children, especially if such actions are beyond the child’s known base of knowledge on sexual matters or much beyond what they should have been exposed to at their age
- Usage of new words or slang terms for private body parts or sexual functions
- Extreme preoccupation or interest in sexuality, genitals or sexual matters
- Discussion of new or older friends; avoidance or reluctance to disclose information or “secrets” about an older person or friend

Possible Physical Signs of Sexual Abuse

- Unexplained bruises, swelling, redness or bleeding of the child’s genitals, anus or mouth
- Pain at the child’s genitals, anus or mouth
- Genital sores or milky fluids in the genital area
- Infection of genitals, urinary tract and/or mouth¹⁴

Note: Assessment and diagnosis of childhood sexual abuse is a process that should include licensed professionals. If abuse is suspected, parents or others should seek the assistance of legal, medical and civil professionals who carry responsibility for such assessment and investigation.

Recommended Resources and Organizations

- **Child Abuse Prevention Network**
Networking site for professionals and others on identification, investigation, treatment and prevention of all forms of child maltreatment.
www.child-abuse.com
- **Child Welfare Information Gateway**
www.childwelfare.gov
- **Child Welfare League of America**
An association of nearly 800 public and private nonprofit agencies that provide services to abused children and their families.
www.cwla.org
- **ChildHelp**
ChildHelp is a foundation with a national abuse hotline and it focuses on prevention and treatment of child abuse.
www.childhelp.org
- **Child Lures Prevention**
Personal safety and abuse prevention program with online information and resources for parents and communities.
www.childluresprevention.com
- **National Children's Alliance**
A national network and clearinghouse for children's advocacy centers that provide specialized services to victims of child abuse and their families.
www.nationalchildrensalliance.org
- **Prevent Child Abuse America**
The premier national organization providing resources, education and advocacy for the prevention and treatment of child abuse.
www.preventchildabuse.org
- **Prevent Child Abuse ND**
The leading child abuse prevention organization providing resources, education and advocacy for children and families in North Dakota.
www.stopchildabusend.com
- **Stop It Now!**
A public health approach and campaign to the prevention of child sexual abuse with online information and resources.
www.stopitnow.org

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Parents, caring adults and responsible professionals
must work together to remove sexual abuse from the shadows,
understand its occurrence and effects on children,
seek approaches to prevent abuse, and
assist children and families who have
been affected by its trauma.

For more information on this and other topics, see www.ag.ndsu.edu

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