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SIL INTERNATIONAL COUNSELING MINISTRIES
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It is very rare for an offender to confess or to seek help voluntarily. In addition, they rarely admit the behavior, even when it is reported or suspected. Over 90% of offenders are people who the child knows and trusts. Furthermore, sexual abuse is addictive behavior that can only continue if it remains a secret. As a result, parents and adults in the community must take our responsibility to protect children seriously, and learn the signs that may indicate offending behavior. The following warning signs are most often the first indication that sexual abuse is occurring:

1. Do verbal or nonverbal cues cause you concern about the child's well being when with a particular adult or minor? Is this person's talk with children odd or inappropriate? Does this person look at the youngster in a suggestive or inappropriate manner that causes you or the child discomfort? Is the person overly friendly, giving too many hugs, offering to hold the child on his/her lap, giving gifts, expressing undue attention to a particular child, age of child, or gender of child?
2. Does the minor have contact with someone you know but whose behavior you don't trust? Without overreacting, it is important to listen to your instincts about those in the child's life. Too often, after it is too late, a victim's parent recalls having had a "funny" feeling about the alleged offender. Remember, an abuser can be someone the child loves or admires, and may appear "normal" in every other respect.
3. Does the minor repeatedly spend unaccounted-for time with someone, particularly if siblings are frequently not included?
4. Does the minor have contact with someone who appears to be sexually attracted to children, and/or is interested or involved with child pornography?
5. Does the minor have contact with a person known to have abused children? Offenders tend to abuse more than one victim, and misuse each child many times. Although offenders may deny and minimize their behavior, children are likely to be at risk in the presence of an untreated offender. For example, if a youth's uncle sexually abused the child, other siblings, cousins and other minors may well be at risk. Age, time or a prior prison term typically do not lessen an offender's ability or desire to re-offend.
6. Does the child have contact with an untreated victim of sexual abuse? Victims can become offenders, repeating the behavior with other youth or children. Especially at risk are adult or child male survivors of sexual abuse who have not received counseling for the abuse. The chance of such behavior is up to 30%.
7. Does an older child or adult seem unnaturally over-involved with the minor, persistently inviting him or her overnight alone or to activities that are inappropriate for a youngster? Does this person regularly prolong time with the child, perhaps including activities that have not been pre-approved? Is the child treated as if he or she were an adult? While it is not uncommon for adults to be very involved with young children, some offenders use minors to replace peer relationships: for example, a relative, baby sitter, or parent who habitually takes a young child to adult movies or invites them to watch movies with them alone. If the child is an emotional peer, he or she could be, or become, a sexual peer as well.
8. Is there an adult who fails to respect the child's privacy, or "inadvertently" shows their own body to the child? This might involve walking in on the child while dressing or in the bathroom, giving a child baths after the child is old enough to do this on his own, or inviting the child into a house or room when the adult is dressed in only underwear or a towel. Such activities are "grooming" devices designed to prepare the child for further victimization.
9. Is there an adult who appears to introduce sexuality into his or her relationship with the child? This might entail frequent hugs, inappropriate touching or kissing, exhibitionism, voyeurism, or sexualized high contact play or discussion. For example, offenders may "wrestle" or tickle in an erotic manner with victims, intentionally fondling the child. Some offenders take pictures of minors undressed, or show or "accidentally" leave pornography near the youngster, or allow the child to use a computer where pornography sites pop-up.
10. Does the youth have contact with an adult or child who acts consistently, markedly under-aged? In most instances this is normal adult/child interaction. However, offenders behave younger than their age to become emotional and sexual peers of their victims.

Frequently Victims Don't Report

Most children do not report child abuse when it occurs. Others tell and aren't believed, or the abuse is minimized because they don't show any severe symptoms or behavior change resulting from the abuse.

Furthermore, many will not show symptoms that are easily attributed to child abuse. Often, they act perfectly normal. This can occur due to fear of the offender, coercion or threats not to tell, self-blame that they somehow caused the abuse, and a false sense of shame. It also is the result of the fact that the offender often builds a relationship of trust with the child and treats the child special, spending special time with the child, giving them gifts, and engaging in many fun activities together, in order to create the few moments needed alone for abuse to occur and to keep the child from telling. As a result the victim may love, trust, and even pursue the offender, even after inappropriate behavior or abuse has occurred. It is hard for the child to give up all the benefits of the relationship. Often they dissociate from the abuse. This is a self-protective mechanism that protects the child temporarily from the trauma of the abuse, but leads to serious problems that must be addressed in counseling for the child to overcome the effects of the abuse.

Thus, prevention is extremely critical. Adults must be as aware of the possible signs in children as they are of possible offending behavior.

Symptoms of Abuse

1. Are there changes in the child's mood, behavior or performance, such as becoming more introverted, less confident, more quiet, excessive crying or sadness, more compliant, hyperactivity or behavioral problems?
2. Does the child have inexplicable fears or worries, nightmares or other sleep disturbances including insomnia, interrupted sleep, or excessive need for sleep? This may include a fear of certain people, known or unknown, or fear of a type of people: i.e., fear of men or children of a particular age.
3. Are there unaccountable changes in the child's appetite? This may be either a loss of appetite or compulsive overeating.
4. Does the child have an increase in physical complaints with no apparent basis, particularly headaches and stomachaches?
5. Is there an unusual, unexplained change in the child's developmental behavior: i.e., sudden under-aged or inappropriately over-aged thoughts, words, or behaviors?
6. Does the child display sudden, inexplicable, anger or rage, or an unexplained increase in aggressive or violent behavior?
7. Has the child developed an unexplained fear or aversion to a specific person, place or activity?
8. Have you noticed changes in the child's relationships? Is there suddenly a decrease in interest in friends or relatives in general? The child may even withdraw from parents and siblings, or quite the opposite, become overly dependent.
9. Has the child lost interest in activities that previously brought pleasure?
10. Has the child suddenly begun to keep secrets or have a "secret" friend?
11. Does it seem the child has lost contact with reality: i.e., his or her imaginary life seriously impairs the child's understanding and involvement with reality?
12. Has the child begun to hate him or herself, to self-mutilate, or to display self-destructive or suicidal thoughts or behavior?
13. Have you noticed a marked or unnatural increase in sexual interest, knowledge or behavior including sexualized play? Although self-touching and curiosity regarding self and other's genitals is normal, compulsive or ritualistic masturbation or simulated adult sexuality is not: for example, a young child who positions himself, dolls or others to have intercourse or oral sex, a child who uses sexual words that they haven't known before, or becomes sexually provocative suddenly.
14. Have you noticed inexplicable genital trauma, infection, disease or irritation, bloodied or disturbed undergarments, or fears or preoccupation with damage to the child's body?

If you become aware either of potential offending behavior or behavior in a child that causes you to suspect that abuse may have occurred, seek help immediately. Your prompt actions may be the difference that stops abuse now. Often an experienced counselor can assist you in determining next steps to take.