

**Short Communication**

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# Child Sexual Abuse



**Brooke Woon\***

*Department of Child Psychologist, Australia*

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\*Corresponding author: Brooke Woon, Department of Child Psychologist, Australia; Tel: 0412989249; Email: psychology.services@live.com.au

## Child Sexual Abuse

Child sexual abuse (CSA) occurs when someone 16 years or older involves a child in any sort of sexualized behavior. The abuser may use their physical, psychological or emotional power to exploit the child's innocence, appropriate naivety about sexual things, and their dependence on the adult.

## How Prevalent is Child Sexual Abuse?

It is estimated that one in four girls and one in six boys will be sexually abused as children. Any child is at risk of CSA, because all children are vulnerable, and it can be very hard to pick out a pedophile. Children of all ages, races, cultures and socio economic backgrounds can be sexually abused.

## Grooming

In 85% of child sexual abuse cases, the child knows the offender, and the abuse occurs in the child's home NSW Commission for Children and Young People [1]. Most perpetrators are trusted by the child, and they use this position of trust to manipulate the child into sexual activities. Rather than physical force, most perpetrators use threats, deception, dependence, affection, play, gifts, special activities, or anything that is of importance to the child to manipulate them. They want the child to become their most loyal ally. It's this relationship of complete trust or dependence that will ensure the child will do as the perpetrator asks, and keep their secret. The act of being able to manipulate the child can be as satisfying to the pedophile as the act of sexual abuse itself.

## How can you tell if a Child has been Sexually Abused

It can be very difficult to tell if a child has been sexually abused because they may not be able to understand what has happened, or be able to articulate it. Some reactions to CSA can also be like reactions to other types of trauma. Pedophiles will often target children who are unsupported, unlikely to be believed, or have a history of lying. As adults, if a child tells us that they have been sexually abused, we have a responsibility

to believe them, and report the abuse so that the appropriate support can be put in place to help that child.

## Possible Psychological/Behavioral Indicators of CSA

- a) Sleeping difficulties such as nightmares
- b) Withdrawn behavior
- c) Hyperactive uncontrollable behaviors
- d) Anger issues
- e) Anxiety
- f) Poor self-esteem/Have difficulty in identifying and expressing their needs
- g) Depression
- h) Self-harm including suicidal ideation
- i) Not wanting to be left alone with a certain people
- j) Age-inappropriate sexual behavior or knowledge
- k) Changes in eating patterns/Eating disorders/body image problems
- l) Trust issues
- m) Clinginess/indiscriminate affection
- n) Changed school performance
- o) Regression in behavior
- p) Difficulty concentrating and completing tasks
- q) Excessive daydreaming which may reflect disassociation

## Possible Physical Indicators of CSA

- a) Stomach aches
- b) Developmental regression
- c) Soiling/ Loss of bowel and bladder control/bedwetting

- d) Urinary tract infections
- e) Pain on urination
- f) Itching, pain in anal/genital areas
- g) Genital injuries/Vaginal or anal bleeding or discharge
- h) Anal fissures
- i) Sexually transmitted diseases
- j) Pregnancy
- g) Personality disorders
- h) Eating disorders
- i) Body dysmorphia
- j) Post-traumatic stress
- k) Intrusive recollections and flashbacks
- l) Sleep problems including nightmares
- m) Problems with memory/concentration
- n) Dissociation
- o) Relationship difficulties/Trust issues
- p) Sexual difficulties such as painful intercourse or subsequent sexual victimization
- q) Painful menstruation

## Common Symptoms of Adult Victims of CSA

- a) Poor self-esteem/Shame
- b) Anxiety
- c) Hyper vigilance
- d) Depression/Negative thought patterns
- e) Self-harm including suicidal behavior
- f) Anger



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## Reference

1. NSW Commission for Children & Young People.

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