The Importance of Knowing Child Sexual Abuse Symptoms in the Elementary Teacher’s Work

Robert Osadan
Comenius University in Bratislava, Slovakia
Department of Pre-Primary and Primary Education
Faculty of Education
Bratislava, Slovakia

Elizabeth Reid
Southern California Seminary Emeritus
2075 E Madison Ave
El Cajon, CA 92019
United States

Abstract
This paper is a survey of the literature on symptoms of child sexual abuse or molest, examining consensus and disparity among the sources. There are many lists of possible child sexual abuse symptoms. This paper aims to find the areas of agreement, determine the areas of disagreement and to compile a useable list of possible symptoms of children who have been sexually abused. Often these lists are similar to lists of symptoms of children undergoing emotional trauma, such as divorce of the parents or moving to a new city. Our aim is to compile a list of common symptoms of childhood trauma and to isolate symptoms that are specific to school-age victims of child sexual abuse or child molestation who are six to twelve years of age. Society likes to think that child molestation is relatively rare. Statistics show this is not so. While the figures vary, an average of them indicates that one out of every three girls and one out of every five boys will be sexually abused before they reach age eighteen (The Advocacy Center, "The Facts About Youth Sexual Abuse" http://www.theadvocacycenter.org/adv_abuse.html).

Up to 95% of child molestation can be prevented. Talking to children honestly, and from an early age, about not letting others touch their private parts and telling them that it is appropriate to tell an adult if someone tries, can go a long way to stopping this social problem.

Keywords: child sexual abuse, symptoms, victim, school-age children, child molestation, inappropriate touching, sexual predator, reporting child abuse

Sexual Abuse Symptoms in School-Aged Children

This paper surveys the literature on child sexual abuse and the indicators and symptoms in school-age children. Although there are many studies correlating the sexual victimization of children with problems later in adult life, these will not be considered, as not pertinent to the school program. While in general, society likes to think that child molestation is a relatively rare occurrence, the statistics show quite the contrary. Moreover, the statistics are probably lower than reality due to the failure of so many child victims to tell an adult. While the figures vary, an average of them indicates that one out of every three girls and one out of every five boys will be sexually abused before they reach age eighteen.1 Moreover, children are still taught about “stranger danger” but 90% of child sexual abuse victims know the perpetrator in some way and 68% are abused by a family member.2

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Both girls and boys are victimized in approximately equal numbers.\textsuperscript{3} Moreover, this is an issue for the primary schools, as 20% of child sexual abuse victims are under the age of eight\textsuperscript{4} and most never tell. Children experience abuse at every socioeconomic level, across ethnic lines, cultural lines, religious lines and at all perpetrator levels of education.\textsuperscript{5} When someone says, “Oh, that doesn’t happen here,” they are deluded. We would like to believe that life is like the happy children in books, but that is just not the case. Children can be sexually molested by college graduates as well as by high school dropouts; by married, single, divorced and those in common law relationships; by the rich as well as by the impoverished; by perpetrators who practice every religion, even by the devout; and by people of every race and every ethnic background.\textsuperscript{6} It is worldwide and it isn’t going to go away just because we don’t like it. We will consider what can be done by teachers when they are faced with possible indicators of child sexual abuse and what they must do under the law.

1. Definition

Child sexual abuse or molestation takes place when an adult, adolescent or another child, usually older or bigger than the victim, exposes the child to sexually oriented pictures or photos (pornography), initiates undesired touching with sexual overtones, or attempts intercourse, fallatio or cunnilingus, or voyeurism with the child victim, or using objects to penetrate an orifice of the child. Taking photos of the child for pornography is also molestation. For the purposes of this paper, the words child sexual abuse and child molest will be used interchangeably. As with other forms of abuse, it can be physical, emotional or verbal. It may leave no physical damage although it definitely leaves emotional damage. When introduced to sex prematurely children are essentially robbed of their childhood years. 1 out of 3 girls and 1 out of 5 boys will be sexually abused before they reach age 18\textsuperscript{7} so this is not an unusual problem. It is just a problem that makes us uncomfortable to talk about.

2. Different Types of Child Sexual Abuse

According to an Australian study by Goldman and Goldman, 82\% of their sample reported some kind of sexual experience with another person before the age of thirteen, with 60\% being with other children. Children’s sexual experiences with adults, classified as child sexual abuse due to the age of the perpetrator, were reported to be experienced by 28\% of the girls and 9\% of the boys. The mean age of the victims of the incidents reported was 9.8 years for girls and 10.3 years for boys. The mean age of the adult sexual abusers of girls is 30.5 years and 22.4 years for boys. Over 90\% of abusers were men, the girls experiencing mainly heterosexual advances. Twenty-four percent of abusers were strangers compared with 76\% known to the children.\textsuperscript{8} This study replicated a similar study done in the U.S.

2.1 Child on Child Sexual Abuse

The definition of child-on-child sexual abuse is when a preadolescent child is sexually abused by one or more other children or adolescents, where no adult is directly involved. This is sexual activity between children that occurs against the victim’s will, often due to threats or coercion.\textsuperscript{9} Whether the offender uses force, threats, trickery or emotional manipulation, cooperation is compelled. Jon A. Shaw et al conclude that, “Children victimized by other children manifested elevated levels of emotional and behavioral problems and were not significantly different from those who had been sexually abused by adults.”

\textsuperscript{4} http://naasca.org/2012-Resources/010812-StaisticsOfChildAbuse.htm
\textsuperscript{5} Ibid.
This agrees with other studies. Debbie M. Sperry and Brenda O. Gilbert note the victim’s failure to report to any adult in more than 75% of their subjects.

Additionally they state:

Less than a fourth in either abuse group reported disclosing their experience to a parent. Among those who did not disclose, participants abused by child peers anticipated less support from both parents and more anger from their mothers.\(^{10}\)

Children who have been victims sometimes become sexual abusers themselves.\(^{11}\). Sixty-seven percent of the victims of sexual assault that were reported to law enforcement agencies in the U.S. were under the age of eighteen; 34% of all victims were under age twelve. Fourteen percent of victims of sexual assault that were reported to law enforcement agencies were under age six, while forty percent of the offenders who victimized children under age six were themselves under the age of eighteen.\(^ {12}\) While not all sexually abused individuals go on to become molesters, most molesters have experienced sexual abuse themselves. So the victim of child sexual abuse may have suffered molestation at the hands of another child victim. Often adolescents or children who are older or bigger abuse those children who are smaller and/or younger, those who can be intimidated or beaten into submission. Children are reluctant to disclose their experience of abuse because they don’t know how their parent will respond or they fear punishment by their parent or retribution by the molester.\(^ {13}\) When children do tell about their victimization, it is usually to a friend or sibling, but sometimes to a family member and then most often to the mother. They rarely report to authorities, but when they do, it is most often to a teacher.\(^ {14}\) So it is very important for teachers to report suspected child abuse, especially sexual abuse, to authorities. Children with disabilities or mental conditions are especially vulnerable.

2.2 Adult on Child Sexual Abuse

On the other hand, child sexual abuse by an adult often takes a more subtle form. More often than not the perpetrator is someone the child knows: a friend of the family, an uncle, an older brother, even a father or stepfather. We use the masculine words because female perpetrators make up only between four and five percent of all sexual abusers according to Cortoni and Hanson in their 2005 study.\(^{15} \)\(^ {16}\) Taking advantage of time alone with the child, the abuser gradually gains their confidence, offering them snacks, toys and playing games with them. They may provide comic books and magazines for the child, leading up to introducing pornographic material. After weeks of grooming the victim, the abuser gradually introduces touching in more and more familiar ways until it reaches the point of intimacy. The child probably could not say the exact date that the relationship changed from friends to abuser and victim.\(^ {17}\) They have been slowly drawn in and often don’t know where to turn for help. This feeling of lack of support is played on by some abusers who tell the child that they have a reputation as liars and won’t be believed.


\(^{11}\) https://library.childwelfare.gov/cwig/ws/library/docs/gateway/Record?rpp=10&upp=0&m=1&w=+NATIVE%28%27recordid%3D66795%27%29&r=1 accessed 12 May 2015.


Men who sexually molested boys said that they are completely heterosexual in adult relationships. While other men who molested girls were horrified when asked if they had also molested any boys. Some married men abused children with sexual techniques that their wives refused to do.\(^\text{18}\) On April 8, 2015, the Guardian reported that in England and Wales there had been a 60\% increase in child sexual abuse reported to the police over the past four years, according to official figures obtained through a Freedom of Information request that make public for the first time the scale of the problem. During the same period the number of arrests for child sexual abuse offences in England and Wales had fallen by 9\%, according to a freedom of information request.\(^\text{19}\) Convicted sexual assault offenders and rapists serving time in State prisons reported that two-thirds of their victims were under the age of eighteen, and 58\% of those—or nearly four out of ten who were imprisoned violent sex offenders—said their victims were aged twelve or younger. According to police-recorded incident data, in 90\% of the sexual assaults of children less than twelve years old, the child knew the offender. Four datasets (the FBI’s UCR arrests, State felony court convictions, prison admissions, and the National Crime Victimization Survey) all indicate a sex offender is generally older than other violent offenders, usually in his early 30’s.\(^\text{20}\)

2.3 Pedophilia

Pedophilia or paedophilia is considered to be a psychiatric disorder in which an adult or older adolescent experiences a primary or exclusive sexual attraction to prepubescent children, generally younger than age eleven. Pedophiles molest 88\% of all children victimized by adult sexual abusers\(^\text{21}\) and is the most significant causal factor in child molestation. Like child sexual abusers in general, pedophiles have no special characteristics which would identify them. They come from all socioeconomic classes, all races, all religions, all ethnicities. They are most frequently men. NAMBLA, whose initials stand for the North American Man/Boy Love Association\(^\text{22}\) advocates, “sex before eight – or it’s too late.” It is shocking that such an organization could be imagined, much less that it exists; but they proudly state that it was founded in 1978. They share their motto with the The René Guyon Society, a group that is said to advocate sexual relationships between their members and children of either sex. The society was named after René Guyon, a former French judge who served on the Supreme Court of Thailand and who wrote on sexual ethics in his work *The Ethics of Sexual Acts*, among other books. The René Guyon Society states as their goal to “rid children of too much body guilt.”\(^\text{23}\)

The René Guyon Society has been identified, along with the North American Man/Boy Love Association, as an organization "challenging the assertion that sexual abuse is bad because of its effects on children."\(^\text{24}\) But if a child is unable to vote or give consent to a legal contract, how can they be expected to make a reasonable decision about something that will have impact on the rest of their life? Especially if they are younger than eight years of age. Most studies show that the reasoning abilities of children are not yet mature. Not all pedophiles are members of these organizations. But teachers should be aware that organizations do exist, some less formally than NAMBLA and the Rene Guyon Society. Pedophiles go online and even make sexual excursions to other countries, sometimes accompanied by one of the victims they have groomed who will be sold or traded to another pedophile. This doesn't even bring up the issue of child sexual exploitation as junior prostitutes because those children do not usually attend school.

3. Possible Indicators in Children of Sexual Victimization

Up to 40\% of child molest victims exhibit no symptoms or only minimal symptoms.\(^\text{25}\) They can be withdrawn, shy, unwilling to talk, or hyperactive and unusually talkative. They may make attempts to protect themselves by staying away from certain people, including other children, or by avoiding certain places.

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\(^\text{18}\) Maria Palmer, MSW, social worker, San Diego County Department of Child Protective Services, California, interview October 11, 2010.

\(^\text{19}\) http://www.theguardian.com/society/2015/apr/09/reported-child-sexual-abuse-has-risen-60-in-last-four-years-figures-show


3.1 Physical Symptoms

Usually there are few, if any, physical signs of child sexual abuse. Most molesters are careful to leave no obvious clues to what they have done and they often make the victim understand that this is “their secret,” or threaten with punishment if the child tells. When there are physical signs\(^{26}\), they may include underwear that is torn, stained or bloody; difficulty walking or sitting; redness, pain, discoloration, bleeding, or bruising in the external genital area or anal area. Any unusual discharge from the vagina or anus; frequent, unexplained urinary infections or sore throats; pregnancy and sexually transmitted diseases are also physical symptoms of sexual abuse. Persistent or recurring pain during urination and bowel movements; wetting and soiling accidents unrelated to toileting training can also be physical indicators of child molestation\(^{27}\). These more obvious signs are unlikely to come to the attention of a teacher in the regular performance of her duties. Indeed, pregnancy would only be possible in the older age range of the children we are considering, and then only rarely. If any of these symptoms were shown by a child, the teacher would most likely refer the child to the school nurse. This would be entirely appropriate but should also be reported to authorities. Except for frequent urinary or throat infections and difficulty walking or sitting, any one of these symptoms would be reason to refer to the appropriate agency for further investigation of possible child sexual abuse.

But most cases of child molest are not so easily detectable. Symptoms are more subtle and children are hesitant to tell anyone, especially when the abuser is a family member, as in the majority of cases. In 84% of proven child molest cases, the perpetrator was known to the child\(^{28}\). Females were victims in between 75%\(^{29}\) and 82% of proven child molest cases\(^{30}\). Child sexual abuse often goes unreported.

3.2 Emotional and Behavioral Symptoms

Some of the more common emotional symptoms of child sexual abuse include depression, anxiety, sexualized behavior, acting out behaviors, and post-traumatic stress symptoms\(^{31}\). There is no specific behavior that can prove that sexual abuse has occurred. In fact, Ross LeGrand warns\(^{32}\). Lists of behavioral indicators for suspected sexual abuse have been widely publicized in the media and in the professional literature. The difficulty is that the problem behaviors claimed to be signs of sexual abuse are general signs of stress in children. To spread these lists without appropriate cautions and information about their limitations can generate confusion and mistakes. The same behavioral signs were used almost a century ago as behavioral signs for detecting masturbation in children. Nevertheless, there are signs that are suggestive of abuse. A combination of three or more of the signs below should be reported for investigation by a social worker for the possibility of child sexual abuse. The indicators of child sexual abuse as stated in many reference materials are as follows: \(^{33-34}\)

- Sexual knowledge beyond the child’s developmental stage
- Preoccupation with sex indicated by language, drawings, or behaviors
- Inserting toys or objects in genital openings
- Sexual behaviors toward other children that seem aggressive, or unresponsive to limits or redirection
- Excessive masturbation, sometimes in public, not responsive to redirection or limits
- Pain, itching, redness, or bleeding in the genital areas
- Sudden mood swings: rage, fear, anger, crying to excess, or withdrawal

\(^{34}\) U.S. Department of Justice, accessed March 28, 2015.
Regression, thumb-sucking and bed wetting are not unusual in children who have experienced sexual abuse, especially in the early school ages of six to eight years old. In addition, these younger victims, although they say that an activity is fun, they may look angry or sullen when engaged in normal play, in a way that doesn't look like they are having fun to an adult.\textsuperscript{35} Sexual behavior may be a learned form of relating to others that sexually abused children manifest. They have learned that the attention they crave will be forthcoming if they act sexually appealing or use sex talk. For educators, it is important to differentiate between normal sexual play and sexually acting out. Alison Gray et al found that, “More than half of the children engaging in developmentally unexpected sexual behaviors had been abused both sexually and physically by more than two different perpetrators. One-third of the people who had maltreated these children were less than 18 years old. These children had acted out against an average of two other children. High levels of distress in the children and their caregivers were evident across a number of psychometric and historical variables. “Children with sexual behavior problems exhibited a number of functional impairments commonly associated with maltreatment, including learning and psychiatric disorders. Their caregivers and families manifested several characteristics that deter children’s recovery from maltreatment, including an impaired attachment between parent and child.”\textsuperscript{36} When a father or stepfather has molested a daughter or stepdaughter, the wife/mother may view her as a rival or as a threat to the marriage. In that case, the child gets no support from the adult she trusts the most. In such cases, the victim may seek help from her teacher, but will not clearly state what has happened. When a child consistently arrives early and stays late, acting reluctant to return home, there is cause for concern about what happens at home that the child is trying to avoid. It may not be sexual molest, but many reasons can make home unwelcoming to children.

3.3 Comparison of Symptoms from Various Sources

The accompanying chart compares emotional and behavioral symptoms of children who have been molested. You will note the similarity among the lists. The symptoms have been rearranged from the list of symptoms given on the websites to put similar symptoms in the same row. Where a source did not mention a common factor, it is noted by “no mention.” The last row has symptoms that were unique to the website, so will not be similar.

**Comparison of Child Sexual Abuse Symptoms from Six Sources**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>depression with physical complaints such as: headache, stomachache, or chest pain</td>
<td>seems distracted or distant at odd times</td>
<td>depression headaches or stomachaches with no medical cause</td>
<td>no mention</td>
<td>no mention</td>
<td>seems distracted or distant at odd times</td>
</tr>
<tr>
<td>clinical depression and feelings of suicide</td>
<td>has nightmares or other sleep problems without an explanation</td>
<td>depression, anxiety or a sudden loss of self-confidence attempts at suicide</td>
<td>no mention</td>
<td>no mention</td>
<td></td>
</tr>
<tr>
<td>insomnia, sleep problems, fatigue</td>
<td>has nightmares or other sleep problems without an explanation</td>
<td>nightmares, sleeping problems</td>
<td>no mention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss of appetite</td>
<td>has a sudden change in eating habits refuses to eat loses or drastically increases appetite has trouble swallowing</td>
<td>no mention</td>
<td>no mention</td>
<td>changes in eating habits has a sudden change in eating habits refuses to eat loses or drastically increases appetite has trouble swallowing</td>
<td></td>
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</tbody>
</table>


<table>
<thead>
<tr>
<th>Condition</th>
<th>Symptoms</th>
<th>Children's Behavior</th>
<th>Adult Behavior</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low self-esteem</td>
<td>Thinks of self or body as repulsive, dirty or bad</td>
<td>Loss of self-confidence or self-esteem feels guilty, ashamed, confused</td>
<td>Sudden unexpected personality changes, mood swings and seeming insecure</td>
<td>Thinks of self or body as repulsive, dirty, or bad</td>
</tr>
<tr>
<td>Lack of trust, new fears or anxiety</td>
<td>Develops new or unusual fear of certain people or places</td>
<td>Avoidance of certain situations, such as refusing to go to school or ride the bus</td>
<td>Stays away from certain people who avoids being alone with people, such as family members or friends</td>
<td>Develops new or unusual fear of certain people or places</td>
</tr>
<tr>
<td>No mention</td>
<td>Sudden mood swings: rage, fear, insecurity or withdrawal</td>
<td>Aggression, anger, hostility or hyperactivity rebellious or defiant behavior</td>
<td>Sudden mood swings: rage, fear, insecurity, or withdrawal</td>
<td></td>
</tr>
<tr>
<td>No mention</td>
<td>Changes in school performance</td>
<td>Frequent absences from school or reluctance to ride the school bus reluctance to leave school activities, as if he or she doesn't want to go home</td>
<td>No mention</td>
<td></td>
</tr>
<tr>
<td>No mention</td>
<td>Promiscuity, seductive behavior, or age inappropriate interest in sexual matters</td>
<td>Leaves “clues” likely to provoke a discussion about sexual issues writes, draws, plays or dreams of sexual or frightening images exhibits adult-like sexual behavior, language, knowledge asks other children to behave sexually or play sexual games mimics adult-like sexual behaviors with toys or stuffed animal has new words for private body parts</td>
<td>Shows sexual behavior inappropriate for their age a child might become sexually active at a young age they might be promiscuous they could use sexual language or know information that they wouldn't expect them to</td>
<td>Leaves “clues” likely to provoke a discussion about sexual issues writes, draws, plays, or dreams of sexual or frightening images exhibits adult-like sexual behaviors, language, and knowledge</td>
</tr>
<tr>
<td>Clinging</td>
<td>Bed-wetting, thumb sucking, or loss of bowel control</td>
<td>Bed-wetting or thumb sucking wetting and soiling accidents unrelated to toilet training</td>
<td>Becoming withdrawn or very clingy regressing to younger behaviours, e.g. bed-wetting</td>
<td>No mention</td>
</tr>
<tr>
<td>Fear of undressing, or wearing extra layers of clothing</td>
<td>Refuses removing clothes at appropriate times (bath, bed, toileting, diapering)</td>
<td>Delayed or inappropriate emotional development</td>
<td>No mention</td>
<td></td>
</tr>
<tr>
<td>Running away from home</td>
<td>No mention</td>
<td>Attempts running away</td>
<td>Running away</td>
<td>No mention</td>
</tr>
<tr>
<td>Abusing alcohol or drugs</td>
<td>Refuses talk about a secret shared with an adult or other child suddenly has money, toys or other gifts without reason</td>
<td>Desperately seeks affection apparent lack of supervision</td>
<td>Becoming unusually secretive self-harm (cutting, burning or other harmful activities)</td>
<td>Refuses to talk about a secret shared with an adult or other child suddenly has money, toys, or other gifts without reason</td>
</tr>
</tbody>
</table>

### 4. Normal Sexual Curiosity in Children

Children have natural curiosity about their own bodies and about the bodies of others. They don’t experience sexual desire in the same way that adults do, but many enjoy touching their own bodies and being touched by others. Humans are social creatures and thrive on touch. Even newborns enjoy touching their genitals and find pleasure, showing evidence of experiencing physiological arousal such as vaginal lubrication and erection.
Throughout childhood, masturbation is not unusual. Sexual exploration with others is quite common whether with the opposite sex or with another child of the same sex when they are of approximately the same physical size and the same age (up to two years older or younger). These explorations should be consensual and fairly brief—children do not have long attention spans. They may “play doctor,” ask where babies come from, or play “show me yours and I’ll show you mine” games. Role play is common in helping children learn about relationships and taking turns playing every role should not cause distress; even the boys may take a turn at being “Mommy” so that the girls have a go at playing “Daddy.” A good resource that compares normal sexual exploration by children with problem sexual behavior and symptoms of possible child sexual abuse is from Stop It Now!

Normal behaviors of children differ by age. According to Stop It Now! normal behaviors include:

4.1 School-Age (6-8 years)
Will need knowledge and have questions about:
● physical development, relationships, sexual behavior
● menstruation and pregnancy,
● personal values.
● Experiment with same-age and same gender children, often during games or role-playing.
● Self stimulation in private is expected to continue.

4.2 SCHOOL-AGE (9-12 years)
Hormonal changes and external influences, such as peers, media and Internet, will increase sexual awareness, feelings and interest at the onset of puberty.

Will need knowledge and have questions about:
● Sexual materials and information,
● Relationships and sexual behavior,
● Using sexual words and discussing sexual acts and personal values, particularly with peers.
● Increased experimentation with sexual behaviors and romantic relationships.
● Self stimulation in private is expected to continue.

When talking to children about possible sexual abuse it is important to remain calm and not show distress in your voice. A teacher who has discovered children behind the tool shed in a compromising position might ask: What were you doing? How did you get the idea? How did you learn about this? How did you feel about doing it? Explain to the children that this behavior is not to be repeated, that the school is not the place for it. If it is normal sexual exploration, the children will respond and not do it again.

5. Reporting Suspected Sexual Abuse
Child sexual abuse is complicated form of abuse because it has layers of guilt and shame. It's important to recognize that sexual abuse doesn't have to involve body contact. Exposing a child to sexual situations or material is sexually abusive, whether or not touching is involved. If a child trusts you enough to tell you about sexual abuse, remember that they rarely lie about such things. It may be hard to believe that someone the child trusts or cares about is capable of sexually abusing the child, but it's highly unlikely that a child will deliberately make false accusations about adult-like sexual behaviours. It is not the teacher’s responsibility to prove or disprove the allegation. However it is a teacher’s responsibility to report suspected child abuse to the appropriate authorities. The pressures on the child to keep silent are tremendous. It takes courage to talk about abuse. A child may claim that sexual abuse did not happen (when it actually did), or take back a disclosure of abuse.

Sometimes the child's account of what happened changes or evolves over time. This is a common pattern for disclosure and should not invalidate their story. Remember you are dealing with a child, not a trained police observer. Many areas have a local or state hotline. These are some others.

5.1 Child Abuse Hotlines

- US or Canada: 1-800-422-4453 (Childhelp)
- UK: 0800 1111 (NSPCC Childline)
- Australia: 1800 688 009 (CAPS)
- New Zealand: 0800-543-754 (Kidsline)
- Other international hotlines: ChiWorld.org

Keeping in mind that 68% or more of the victims were sexually abused by a family member, it may not be best for a teacher to talk to the parents or caretakers about this behavior. Many families do not deal supportively with the victim, viewing him or her as having brought trouble on the family. It is not the responsibility of the teacher to investigate; leave that for police or social workers. Also, when there are only one or two of the indicators presented by the child, an adult asking very personal questions may cause the child to be troubled if he or she has not experienced abuse. In some cases it may be better to talk it over with a principal or headmaster of the school.

6. Mandatory Reporters

In many western countries teachers are mandatory reporters, meaning that if they suspect child abuse or molest, they are required by law to report it. The U.S., Canada, much of Europe and Australia are among those who have put this law on the books. In eighteen of the U.S. states all citizens are mandatory reporters. The other states limit mandatory reporting to professions which have regular contact with children, which includes teachers.

In Canada all citizens are mandatory reporters except in the Yukon Territory where it is limited to professionals who have regular contact with children. In Australia, the mandatory reporter regulations are delineated by each state and territory. Every year the U.S. has about two million allegations that are investigated, affecting one out of sixteen families with children under eighteen years of age. In Australia, investigations rose from a low in 2000-01 (66,265) to a high in 2008-09 (162,259) then declining in 2010-11 (99,649), and increasing again in 2011-12 (106,754). In Canada, investigations increased from 135,261 in 1998 to 235,842 in 2008. Information on investigations was not found for other countries. These astonishing numbers are only allegations. Each national government has assigned professionals to thoroughly investigate all allegations of child abuse or molest. The U.S. investigations annually substantiate only about 22% of the reports and had “alternative responses” to 9% more which focused on resolving family problems to protect the child. In Canada 36% of the allegations were substantiated by investigation in 2008. While in 2012, the United Kingdom reported 50,573 children were on child protection registers or subject to a child protection plan.

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The different styles of maintaining statistics for each country make comparison complicated, but it is evident that these western nations are addressing the serious problem of child abuse, of which child sexual abuse is only one facet. Other countries may be doing as much, but statistics were not found for them. Teachers and other mandatory reporters are not meant to investigate or prove the possible child abuse or molestation, only to report what they have observed that is suspicious. Examples might be bruises on the upper arms or thighs (but not the usual skinned knees), sexually aggressive behavior toward other children, and sexually explicit drawings, especially if the child explained it to you. The report can often be made by telephone. The questions that will be asked are usually:52

1) a description of how the teacher learned of the injuries (and actions taken to assist, if any);  
2) Name and address of the child and his/her parents/guardians; age, sex, and race of the child;  
3) Information about previous injuries or neglect (if known);  
4) date, time, nature, and extent of the abuse or neglect (if known);  
5) date of the report;  
6) The alleged perpetrator's name, address, and relationship to the possible victim (if known);  
7) reporter's name, agency, position, address, telephone number, and sometimes a signature.

Obviously a person making a report can answer any part of these questions by saying that they lack information. One need only report the facts that they know. A teacher who reports a suspected abuse can request anonymity to protect herself and her privacy. Some areas grant anonymity to all child abuse reporters. However a false report may cause a police investigation and loss of anonymity. Mandatory reporters are not required to report the suspected abuse to parents or anyone else except the agency receiving child abuse reports, in fact it is best not to tell the family if the suspected perpetrator is an adult. However, schools may have a policy about informing the principal or headmaster. It is important not to interrogate the child but to reassure the child that what happened is not their fault. Believe the child and report the suspected abuse immediately.

7. Prevention

Talk to the whole class about appropriate and inappropriate touch, whether from an adult or another child. Talking about sex is like talking about crossing the street—you don’t want children to be hurt. Unless they know about danger, they will not look for it. Remember the statistics. If you have a class of 28-36 students divided equally between the sexes, then on average between seven and nine of the girls will be sexually abused and three or four of the boys will be sexually abused before they reach eighteen years of age. Teachers should begin talking to children about appropriate and inappropriate touching as young as kindergarten.53 Tell them where their private parts are and that their parents may see and touch them to clean them (if the children are young) but that normally nobody should. Also teach them the real names of their private parts like “vagina” and “penis” and not cute names. It’s important to teach both female and male anatomy. Tell them when it is appropriate for their parent or caregiver to touch their private parts—the parts that a swimming suit covers, when bathing and helping on the toilet. Don’t make them feel as if this is a taboo or dirty topic, but do emphasize that private parts are special, for them and no one else to see, unless they are helping the child to keep clean or healthy (like the doctor). Explain that no one should physically hurt them, especially in their private parts. Also let them know that they can refuse touching if it makes them uncomfortable.54 Let the children know that they can tell you if someone hurts them in their private parts and that you will not get angry with them. Let them know that they can tell a secret to their parents and it is still a secret. Child sexual abusers usually tell the child that what they do together is a secret and they must not tell anyone.55 So this allows the child to tell the parent without feeling they have betrayed a confidence. Most important, these little talks about safety should be casual, repeated and open. If a parent complains, let them know about the statistics. No one wants their child to be a victim of sexual abuse.

Three facts\textsuperscript{56} you can tell those who oppose these relaxed, on-going talks about safety from sexual abusers, whether child or adult perpetrator:

- Today, 95 percent of child molestation can be prevented. We have the knowledge to stop it.
- Today, living in the United States, there are 39 million adults who have survived child sexual abuse.
- Today, more than three million American children are victims. Most of them are struggling alone, believing there is no adult who can help them.

The average rate of child sexual abuse is 22.5\%, with the average being 20\% for boys and 25\% for girls. This figure applies worldwide. Since we know how to lower the number of victims by educating children, shouldn’t we make the attempt? Children are often docile, especially when an older child or adult tells them they must do something. They know that they are growing and learning about the world and think that any person who is older is necessarily more knowledgeable. Children are usually not manipulative or devious, and they don’t recognize these things when they are being manipulated. Children are much more likely to be sexually molested\textsuperscript{57} than to be hit by a car. Perhaps that is due to years of training them to “look both ways before you cross.” Wouldn’t it be wonderful if, ten or fifteen years from now child sexual abuse would be just as rare. And educators would have been the key.

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