



Sexual Assault: Risks and Symptoms

2022 CARE Network Conference – New Provider Training

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Learning Objectives

1

Identify risk and protective factors for child sex assault.

2

Incorporate developmental considerations into symptom identification.

3

Practice skills to address concerns with families.

Risk Factors

Family dynamics

- Major stressors
- Domestic violence

Family history

- Parent history of sex assault
- Parental substance use

Presence of substances (alcohol in particular)

Blended families: unrelated persons residing in the home

Previous sex abuse / assault

Low self-esteem

Disabilities

Children / Adolescents who identify as LGBTQ

Unmonitored access to technology

Protective Factors



- Strong parent / child relationship
- Supportive and accepting family – particularly important for LGBTQ kids
- Good communication skills
- Knowledge of proper medical terminology for body parts
- Self-esteem
- Knowledge of healthy boundaries / relationships

Grooming



- Designed to gain access to potential victims
- Decrease chance of outcry / detection
- Can include grooming the adults and/or the potential victim themselves
- Gaslighting to avoid identification

Social Media



- Encourage parents to teach internet safety
- Age-appropriate access and limits
- Major risk factor for assault and trafficking

Symptoms

(all ages)

- Depression symptoms (isolating, closed off, sad, lonely)
- Avoidance: particular person/people, place(s)
- Change in appetite
- Change in behavior
 - Externalizing
 - Internalizing

Symptoms

(school age)

- Age-inappropriate knowledge of sexual behavior
- Sexualized themes in play
- Asking developmentally inappropriate questions
- Acting out with peers / siblings

Symptoms

(pre-teen & adolescents)

- Self-harm, SI
- Change in attire
 - More conservative – completely covered even when it's not temperature appropriate, baggy clothes that don't fit previous style
 - More revealing – may or may not be inappropriate for patient's age, doesn't fit patient's previous style
- Substance use

Resources

- Assink, M., van der Put, C. E., Meeuwssen, M. W. C. M., de Jong, N. M., Oort, F. J., Stams, G. J. J. M., Hoeve, M. (2019). Risk Factors for child sexual abuse victimization: A meta-analytic review. *Psychol Bull*, 145(5), 459-489. <https://doi.org/10.1037.bul0000188>
- Davies, E. A., Jones, A. C. (2013). Risk factors in child sexual abuse. *Journal of Forensic and Legal Medicine*, 20, 146-150. <http://dx.doi.org/10.1016/j.jflm.2012.06.005>
- Scoglio, A. A. J., Kraus, S. W., Saczynski, J., Jooma, S., Molnar, B. E. (2019). Systematic Review of Risk and Protective Factors for Revictimization After Child Sexual Abuse. *Trauma, Violence, & Abuse*, 22(1), 41-53. <https://doi.org/10.1177/1524838018823274>
- Wolf, M. R., Pruitt, D. K. (2019). Grooming Hurts Too: The Effects of Types of Perpetrator Grooming on Trauma Symptoms in Adult Survivors of Child Sexual Abuse. *Journal of Child Sexual Abuse*, 28(3), 345-359. <https://doi.org/10.1080/10538712.2019.1579292>



Questions?

Case #1: Annette

- **Demographics:** 12-year-old Annette is an adolescent female who identifies as White. A 7th grade student, Annette receives average grades and has an IEP for ADHD symptoms. Annette lives with her mother and 10-year-old step-sister, Lynn.
- **Relevant History:** Annette's mother, Linda, reports that she has been divorced from Annette's father, Daniel, for approximately 8 years. According to Linda, he has infrequent and minimal contact with Annette. Since the divorce, Linda has been in two serious relationships and dated often. Linda discloses that she struggled with substance use, which included heavy alcohol, methamphetamines, and cannabis use for 3 years following her divorce from Daniel. During that time, she was in a relationship with Gabe, who fathered Lynn. Gabe lived in the home for 4 years, but Annette broke up with him because she realized that their "party lifestyle" was unhealthy for the girls and the family.
- **Parent Reports:** Linda is concerned about Annette's continual anger and frustration often directed at her and her younger sister. At least a couple of times a week, Annette, gets angry to the point of breaking dishes or throwing things against the wall. Annette has not physically harmed Linda or Lynn, but the two are worried that she will become physically aggressive at some point. When Annette is not instigating her mother and sister, she stays in her room on her phone, which Linda tends to prefer.
- **Child Reports:** When you speak with Annette, she does not speak with many words. She does say that she hopes to be a youtuber when she grows up and tells you of certain youtubers she follows. Annette claims that she very much likes and loves her mother and sister, is not sure why she gets so angry with them, which is why she decides to stay in her room, so that she does not upset them. She tells you that she sometimes thinks that they would be better without her around.

Case #1: Annette

- What are the strengths in this situation?
- What are some of the risk factors for sexual assault?
- Do you recognize any trauma symptoms?
- What are your next steps to engage the child and/or family in therapy?

Case #2: Ethan

- **Demographics:** Ethan is a 12-year-old African American adolescent who lives with his father, mother, and two younger siblings. He is in the eighth grade and receives strong grades. Ethan even earns some wages by mowing lawns for the neighbors.
- **Relevant History:** While he uses the name Ethan at school, he prefers to use the name Nellie with people who are close to him, including his family. Nellie prefers they/them pronouns in the home, but he asks their close friends and family to use “he” outside of the home. Nellie’s parents are very supportive of Nellie’s gender fluidity, and the younger siblings are very protective of them.
- **Parent Reports:** Nellie’s parents clearly adore their child and describe them with a great deal of affection and warmth. They also express a great deal of worry over Nellie’s safety, as they can present as effeminate and is very experimental with their fashion, typically wearing a combination of men’s and women’s clothing. They admit not having a lot of information about gender diversity and want to learn more because Nellie has been more tearful when coming home from school and irritable with the family, which is uncharacteristic.
- **Child Reports:** Nellie has two very close friends, but one of them has graduated from middle school and is at the local high school. The loss of that friend at school has made middle school “a lot harder,” but Nellie does not go into much more detail. Nellie loves to learn, but they are less excited about learning and is more interested in mowing lawns alone or playing games online.

Case #2: Ethan

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- Do you recognize any trauma symptoms?
- What are your next steps to engage the child and/or family in therapy?