

Protecting Children from Sexual Abuse: Practical Advice for Parents and Caregivers

What is it? How often does it happen?

Child sexual abuse is any interaction between a child/teen and an adult (or another child) where the purpose is to sexually excite the offender or an observer. Sexual abuse can be both touching and non-touching behaviors. Non-touching behaviors include voyeurism (trying to look at a child's naked body), exhibitionism, or exposing a child to pornography. Children/teens of all ages, races, ethnicities, and economic backgrounds may be sexually abused. Child sexual abuse (CSA) happens to girls and boys in all kinds of neighborhoods and communities (#1). Because children/teens often don't tell about CSA, it is hard to know how often CSA occurs. Children/teens report a rate of 1 in 10 (#2). Adults asked about sexual abuse when they were children report a rate of 1 in 6 women and 1 in 15 men (#3).

Protection strategies that don't work

When parents think about ways to protect children/teens from CSA, they may think about speaking directly about their private parts--telling them no one should touch their private parts, teaching them to say "no" to "bad" touch, and teaching them that it's important to tell if someone does touch them. This strategy means we are asking our children/teens to stop sex offenders themselves. This is not an effective strategy. It assumes that children/teens can tell if CSA is occurring. It also means the child/teen must wait until CSA is already happening before they can try to stop it. We should teach children and teens that they have a right to their own bodies, but it is not a good way to stop CSA.

Protection strategies that work

There are better ways to protect children/teens. We need to learn how sex offenders operate. We need to urge adults to speak up when other adults act inappropriately. Before a sex offender abuses a child/teen, they gradually manipulate relationship boundaries with the child/teen and their family. This process is called "grooming." When grooming occurs, the child/teen may feel a range of feelings: affection, love, confusion, shame, embarrassment, guilt, responsibility, worry, and fear.

Boundaries are important

Relationship boundaries—how we expect people should behave with each other. They vary with the type of relationship. For example, a child's boundaries with a parent are different from boundaries with teachers, coaches, faith leaders, friends, or neighbors. Sex offenders manipulate three types of boundaries during the grooming process:

Physical Boundaries: Also called "personal space", these are the types of touch that occur or don't occur. Sex offenders manipulate the boundary by gradually moving from non-sexual touch to sexual touch. For example, the touch might start with a shoulder rub, tickling, wrestling, move to hand on thigh, move hand up thigh, touch private parts. The sex offender's goal is to get the child/teen used to the touch.

Behavioral Boundaries: These are whether a child/teen will "follow the rules" or not. Sex offenders manipulate the boundary by offering alcohol, drugs, or pornography. They may ask children/teens to lie about being with them, or to go to off-limits places with them. The sex offender's goal is to create a relationship where secrecy is normal, and perhaps to have something to "hold over" the child/teen.

Emotional Boundaries: These define a relationship's emotional nature. They may be about how much time people spend together, what they talk about, what types of gifts they exchange, and how much each person "should" care about the other person's feelings. The sex offender's goal is to manipulate how the child/teen views the CSA and the relationship, and also to keep the child/teen from telling. Examples: The sex offender tells the child/teen they love them in a romantic way. They make CSA a game. They tell the child/teen they must like CSA because they don't seem upset. They promise not to abuse siblings if they "let them do it." They give gifts. The sex offender may tell the child/teen they are teaching them how to be a good wife someday. They may say no one will believe the child/teen, they will be put in foster care or jail. They may threaten to hurt a friend or even a pet, if they tell.

The traffic light

To protect children and teens, we need to help everyone around them have good boundaries, see the warning signs of a sex offender, and respond to those warning signs. One way to think about this is like a traffic light. Green Light means everyone around the child/teen acts in positive, healthy ways. Yellow Light means someone acts inappropriately, and it could be grooming behavior. Red Light means a concern that CSA may have happened. To help everyone stay in Green Light, adults need to have Family Safety Rules, and show children/teens what good boundaries look like.

Family Safety Rules can include:

- **Safety with bodies and feelings:** Talk about types of touch, how to respect personal space, and don't force children/teens to accept or give affection.
- **Body privacy:** Respect privacy when using the bathroom, changing clothes, and sleeping.
- **Sexuality:** Adults can show affection, but do not engage in sexual acts or conversations in front of children/teens.
- **Media:** Protect children/teens from adult content. All pornography and sex toys are secured and out of reach.

Responding to Yellow Light behaviors

Warning signs an adult is in the Yellow Light area: They seem focused on one child/teen or children in general, they manipulate boundaries, they encourage secrets, they don't respect the parents' or organization's rules, they misread affection or kindness as sexual interest, and they want to spend time with your child/teen instead of you. Parents or caregivers concerned about Yellow Light behaviors need to speak directly to the person doing the behaviors. Remember: You are not accusing the person of sexual abuse. You are simply asking them to help your child learn about boundaries and body safety.

How to speak to an adult about their behavior (example)

Your uncle looked at pornography with your 14-year-old son. How to speak with him: "I've learned something that upset me and want to talk with you about it. It's hard to talk about because I love you and don't want this to

cause trouble in the family, but what happened is not ok with me. I've learned you were looking at pornography with Daniel. As a parent, I want him to learn about healthy sexuality and I want him to respect women. I don't think pornography shows this. I'm asking that you never do that again. If it happens again, I'll be very upset and more concerned than I am now. I'm telling other family members about this and how I've asked you never to do it again."

If child sexual abuse occurs

Of course, CSA is one of the worst things a parent could imagine happening to their child/teen. However, because it is common, and because children/teens need support when it occurs, it is important to know how to respond. If you are concerned, do three things:

- 1) Report your concerns to the authorities immediately.
 - 2) Separate your child/teen from the offender (this is for the protection of both of them).
 - 3) Support your child/teen. Stay calm, believe them, and reassure them.
- **Do:** Say "I'm glad you told me." "Anything else you want to say?" "What happened next?" "You're brave to tell me." "I'll help you." "I believe you." "I'm here for you." "What would help you feel better?"
 - **Don't:** Blame them, ask for details, confront the offender or make the child/teen confront the offender, or express doubt. Don't ask, "How come you didn't tell me," or "Why didn't you stop it?" Don't promise the child/teen that they will (or won't) see the offender in the future. Don't make promises you can't keep, like telling the child/teen the offender will (or won't) go to jail, or that you won't tell anyone.

Resources

For more information and resources, see the CARES Northwest Website at www.caresnorthwest.org

1. **National Child Traumatic Stress Network**, www.ncstnet.org, downloaded on 3/20/17.
2. **Children's Exposure to Violence: A Comprehensive National Survey**. David Finklehor, Heather Turner, Richard Ormrod, Sherry Hamby, Kirsten Kracke. 2009 (repeated in 2011).
3. **CDC: Morbidity & Mortality Weekly Report**, 12/17/10; Vol.59, No 49

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