Nothing written here is judgmental of parents/guardians. They are not expected to know the ins and outs of sexual abuse.

This also is not judgmental of victims who have experienced sexual assault. The most trained and prepared person undergoing a traumatic event may not react the way they believe they should because our brains are designed by evolution to increase the odds of survival during dangerous experiences. More on that below.

Do our younger children have the authority and “ok” from us to say “No!” or “Stop!” to a person in power, control or authority over them? We want our kids to be respectful and kind to others, but not if that is harmful to themselves. Kids on their own may not be able to differentiate the obvious that we would, that we would want them to stop an adult in a dangerous situation.

Hopefully, most families will go through life without having a child experience sexual abuse. For those who do, hopefully they will be introduced to many professionals, law enforcement, victim advocates, criminal justice personal and mental health professionals who are there to help their children and themselves through a process to recovery. The professionals are supportive to a victim and while there is some education out there, it is a mostly reactive process. Most families do not think about sexual abuse against a child on a day to day basis but many professionals do think about it and try to prevent it.

There are many stigmas in place that hinder providing education to children. Schools and parents alike may be uncomfortable talking to children about the risks they may experience. Many parents will tell the child “nobody is to touch your pee pee except mommy daddy, and if someone does, you tell mommy/daddy/guardian.” This serves as a start of the conversation but there is much more to do.

We would never send our child to the plate for their first at bat without having them practice hitting the ball first. We don’t send our kids to school for show and tell without asking them what they are going to say when they get in front of the class. We encourage our kids study before a test. We want our children to be prepared and confident in what they are going to say before it happens. We need to prepare our children in a reasonably appropriate way for any eventualities, including sexual abuse.

Our children are exposed to a lot more information than we were as children. Kids are aware of school shootings and public violence on a scale far greater that we were. Many parents even talk to children about this and may even have a plan in place, cell phone contact, a meeting place, etc. That’s great, but the risk of child sexual abuse is far greater and most children are unaware of this danger. Research shows that one in ten children will be sexually abused. Our children are exposed to age-inappropriate material and sexual content, be it on the internet, popular culture, peers and reality TV. This exposure may be limited if the children are not given a device, but they are still exposed on other
kids’ devices and through talk when with their peers. These children are not “bad kids,” it’s just the commonplace in their lives.

For years, through proactive education our children have been taught not to talk to strangers. The one caveat is that while children generally know to stay away from the stranger in the neighborhoods or driving the creepy van, they still talk to the stranger or the kid purporting to be their age online. This is a whole topic in and of itself not covered here, but worth a discussion by parents with their children.

When faced with stranger danger or in the normal course of their lives, our children are told to look for a “trusted” adult. We are the ones that generally label these people as trusted. A teacher, relative, neighbor, coach or religious person. But it is dangerous to throw a blanket “trusted” label on these people. Research (D2L.org) tells us that over 90% of children who are sexually abused will be abused by someone they know and trust. We tell kids that a known adult can be trusted, but that trust can be broken in an instant, leaving the child more confused or questioning themselves that this person who is touching me is trusted by my parents. A “safe” adult would leave the determination up to the child about who is safe to them. Unfortunately, we can’t fully trust even conventionally “trustworthy” people.

As said earlier, we tell our children that nobody is to touch their peepee except mommy or daddy, and if someone does, they are to tell mommy/daddy/guardian. This is a good start to a conversation, but what tools are we giving the child that they might use in the moment? If we give them no tools, we are leaving them with nothing but habits and reflexes when under attack. Their preparation and knowledge will be what parents/guardians teach them. Talking to our children about sexual abuse and boundaries does not have to be complicated. Many organizations provide resources on discussions which will be addressed later.

Children are raised to be kind and respectful to elders and peers. We should be discussing boundaries with our children with people they know and people that they don’t know. We should support their choice even in the instance of who gets a hug. What are we telling our kids when we tell them to hug a person with power, custody, or control of the child?

Oftentimes, the sexual offender will ”groom” the child. Grooming is the process of gaining the trust of a child, and exploiting that trust, whether it be by buying them things, to giving them inappropriate attention or “love,” or relating to the child on their level. Sometimes illegal/inappropriate acts such as pornography, alcohol or drugs can be introduced and then held over the child as a secret. Once trust is gained, a sexual offender may test boundaries and see what they may get away with. Either way, the sexual offender builds and then exploits a bond with the child, which may extend to the parent or guardian. Many sexual offenders are manipulative and can accomplish more than we would like to give them credit for.

When we think of a sexual offender, we are automatically drawn to the male driving a creepy white van. This is the person that children may be warned of. Very rarely is that the person in my interview room. The sexual offender is more commonly male, but that is where the profile stops. This person usually looks like one of “us.” Professional, educated, married, a parent involved in the community or a loner. If we could identify those that would abuse a child, we would stop them before they do, but we don’t know and you may not either. There are warning signs and indicators in the resources below that may help.

Some sexual offenders place themselves in a position to be exposed to children on a regular basis, while some solely take advantage of a situation. Some offenders may target a child based on a perceived vulnerability, such as a single parent household where the parent is working a lot or a child
who is in conflict with a parent. Children with physical disabilities or communication issues may be targeted for reasons that they may not disclose the abuse. Children with a perceived or actual mental health issue or a child who may have previously been in trouble may be chosen because they will seem less credible, especially if the offender has put themselves in a place of “respect.” Grooming may take months to be effective.

The naming of body parts is a parental decision, and there are different schools of thoughts on whether a child uses the common child language or the anatomical language. The recommended practice is to use anatomical terms (StopItNow.org). The more important thing is that the child know that they can stop a trusted person in uncomfortable situations. Imagine, a predator testing boundaries and a child responding by saying “don’t touch my penis/vagina/privates/peepee!”

Preparedness, education, permission to act, and confidence may be the tools that the child needs to get them through the assault, or to stop the assault and get back to the safe person where they can report it. It’s important that parents/guardians teach children about boundaries, not someone else or their peers.

Over years of investigating sex crimes and interviewing victims, victims have related many consistencies to me, and similar comments are made by many victims.

I can relate the experiences victims report to a form of stress that I am familiar with being a law enforcement officer. We are all familiar with muscle memory, another word for habits. From day one of firearms training, officers are taught that the best response to a jam in their firearm is to “tap rack.” Tap the magazine and then rack the slide. This is absolutely ingrained in law enforcement, so when under stress or during a traumatic experience, when fear is present, we react with our habits. People do not “rise to the occasion,” they fall back on their training or habits. In most stressful events, if a cop’s gun jams, they will tap rack because that is our habit. Not in all cases, though. We are only human, and susceptible not only to automatic habit responses, but to reflexive ones as well. Human nature of fight, flight or freeze. Most cops hope to respond with habits from their training, but some officers respond reflexively, for example, by “freezing.” This is a reason why some victims of sexual assault experiencing trauma may freeze during the experience. If someone doesn’t have effective habit responses to fall back on, they may find themselves in the freeze reflex response. Even worse, they may blame themselves after the fact: “Why didn’t I do this?” “Why didn’t I do that?” “I should have done this.”

The human brain is the most sophisticated of all animals. Like other primates, we have a prefrontal cortex which is responsible for logical thinking. This area of the brain is the most recently developed and is the most highly developed in humans. The prefrontal cortex is what could allow us to realize that there are other people in the next room that could help us, or to formulate a plan of escape. The problem is, when we’re under extreme stress or fear this area of our brain becomes impaired and more primitive parts of our brains take over with reflexes and habit. This is generally why a victim may tell you that they don’t know why they didn’t call out for help, or didn’t run out the open door. They may not have been able to think about escaping. They also may be literally paralyzed with fear. Investigators are taught these concepts by experts such as Dr. Jim Hopper, so we can hopefully understand the experience of a child or person who was sexually abused.

There is no “child way” and “adult way” to react to sexual assault or trauma. There is only the brain’s way of reacting to an attack. As a police officer, I have experienced tunnel vision in times of stress such that later I could not describe anything but what I was focused on. A victim of sexual assault can experience tunnel vision, freezing and dissociation. Dissociation is one of our brain’s normal responses for protecting us from a traumatic event, by literally disconnecting our awareness
from the horrible sensations and emotions arising in our bodies. Some victims focus on a particular object and may be unaware of the specific acts being perpetrated against them. Some victims may report “leaving their bodies” or detaching from the event. These are scientifically researched responses taught to investigators of sexual assault by well recognized experts such as Dr. Jim Hopper. Older children and adults report many similar experiences and describe them with similar phrases, such as “Caught me by surprise,” “Happened so quick,” or “I was frozen.” Older children, especially those just experiencing “consensual” sexual encounters for the first time, can experience fear if an event goes too far for them. They may freeze during the event and not resist or verbalize anything. These conversations should not only be with our very young children. Each milestone in a child’s life can offer different situations where they can be at risk. Grammar school, high school and college offer different opportunities that our children may find themselves involved in sexual experiences. Our older children/young adults should be taught that they can consent to some activities but draw the line at others. We should be reinforcing that “no” does mean no and they should not be pressured or talked out of their no.

It is our responsibility as responsible parents/guardians to learn the skills for recognizing people at risk to sexually abuse children and to ensure that if there is a concern to get the child the appropriate services that they need, whether it be through a child advocacy center, a victims’ advocacy center or law enforcement.

Conversations can be helpful to kids, but those conversations need to be part of a more general pattern of raising, educating, and relating to kids that empowers them to have awareness of and (age-appropriate) control over whether, when, and how anyone else gets to touch their bodies. We don’t want to place the burden of protecting themselves on the child.

One of the most important aspects of responding to a victim of sexual assault is their mental health and well-being. There are many professionals and victim advocates that are educated on and understand the effects of trauma a victim may experience. To some extent, you may now know the answer to the question “why didn’t he or she call out to people in the next room.” You also may now know that asking that question to a victim can be damaging to them. They may need professionals to tell them why they did not call out, and validate their experience so they don’t blame themselves or second guess themselves.

Parents/guardians do not have to feel overwhelmed with these discussions and with their own education because there are many great resources available to them to help tackle these obstacles. Stop it Now! (https://www.stopitnow.org/) and Darkness to Light (https://www.d2l.org/) are organizations focused on ending child abuse and educating adults by offer many programs, resources and steps to protect children.

Dr. Jim Hopper is a nationally recognized expert on sexual assault and child sexual abuse who provides a wealth of resources on his website, jimhopper.com, including links to his writings and videos that explain why children and adults often don't fight or yell when they're being sexually assaulted (jimhopper.com/sexual-assault-and-the-brain/) and a section on child abuse with resources for parents and caregivers (jimhopper.com/resources-for-parents-caregivers/).

The Child Advocacy Center of Greater Waterbury, is a child-focused, child-friendly facility, accredited buy the National Children’s Alliance, where services are provided to children and families who have been impacted by child maltreatment. The staff provides specialized forensic interviews, forensic medical examinations, as well as trauma-focused mental health services. Once a disclosure of abuse has been made, the team work across systems an interdisciplinary team to assist the family with services and support throughout the investigation and prosecution process. The collaborative community partnerships include the State’s Attorney’s Office, Department of Children & Families,
local law enforcement, Safe Haven of Greater Waterbury, Family & Children’s Aid, Wellmore, CMHA, Adult and Juvenile Probation. The Director is Stacey Rubinfeld, PhD at 203-573-0264.

Safe Haven of Greater Waterbury offers age appropriate supportive counseling to children who have been sexually abused as well as the caregivers. Safe Haven Advocates are available in person or over the phone. http://www.safehavengw.org/

Please share with any parents or caregivers of children or young adults.

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