

## The Far Reaching Impact of Sexual Abuse



### Background

According to the Centers for Disease Control and Prevention, sexual violence is an important public health problem that affects the lives of millions of people in the United States. "These forms of violence can lead to serious short- and long-term consequences including physical injury, poor mental health, and chronic physical health problems. Furthermore, previous research indicates that victimization as a child or adolescent increases the likelihood that victimization will recur in adulthood."<sup>1</sup> Tragically, 1 in 4 girls and 1 in 13 boys experience child sexual abuse at some point in childhood.<sup>2</sup>

According to research, youth with a history of prior sexual abuse are far more likely to become involved in the criminal justice system than those with no prior abuse. Juveniles who survive sexual abuse are more vulnerable to Post-Traumatic Stress Disorder, depression and drug addiction. Lacking the skills and maturity to process the pain of sexual abuse, many young survivors act out their feelings, sometimes in ways that are dangerous — like starting fires, destroying property, or harming themselves. Such behaviors are usually a cry for help; often, however, they land youth in the Juvenile Justice system.

Experiences of abuse are particularly high among young women in the juvenile justice system, with estimates of up to 92% having experienced at least one form of emotional, physical, and/or sexual abuse, including 56% reporting sexual abuse.

A study of a national sample of American children found that almost 40 percent of American children were direct victims of 2 or more violent acts, and 1 in 10 were victims of violence 5 or more times. Children are more likely to be exposed to violence and crime than adults. Almost 1 in 10 American children saw one family member assault another family member, and more than 25 percent had been exposed to family violence during their life.<sup>3</sup> In addition, approximately 91% of child sexual abuse is perpetrated by someone the child or child's family knows.<sup>4</sup>

Childhood trauma and sexual violence are not only a key part of girls' experiences before and during their justice involvement, they are also a direct pathway leading girls and LGBTQ/TGNC youth into the justice system.<sup>5</sup> This can happen in two primary ways. Girls may be criminalized when experiences of abuse or trauma are not adequately responded to by child-serving preventive systems. In these cases, the justice system becomes the default answer to trauma responses, like running away or fighting. Girls may also be criminalized when systems confine them in an effort to protect them, a common story for girls who are being trafficked.

Once girls are in the justice system, they are often pathologized, diagnosed with mental health disorders, and mandated to services aimed primarily at behavioral modification rather than addressing the underlying trauma that led to their incarceration.

In these cases, girls are punished twice— first when they do not receive acknowledgment or support for the abuse and trauma they experienced, and then again when they are arrested for behaviors directly related to that abuse. Implicit racial biases result in girls of color, and Black girls in particular, being viewed as less in need of empathy, which leads to incorrectly and inappropriately responses to trauma.<sup>6</sup>

## Consequences of Sexual Abuse

### *Mental and physical health*

Adolescents who have experienced abuse exhibit more emotional and behavioral problems than do those who have not.<sup>7</sup> Sexually abused adolescents are more likely to report symptoms of mental distress or illness, especially depression. Lanz (1995) found that teens with a history of abuse scored higher on measures of anxiety and depression and lower on interpersonal sensitivity and self-esteem than did those without such a history. African American women who have been sexually abused, when compared with those who have not been abused, evidence more symptoms of psychological distress and lower self-esteem and external loss of control, the latter indicating the extent to which they feel that they have control over the events and forces that affect them.<sup>8</sup> Suicidal ideation and suicide attempts are also more prevalent among young women who have been sexually abused.<sup>9</sup>

There is research that highlights the negative impact of sexual abuse on physical health, both in the short term and in later adulthood. Finestone and colleagues (2000) found that women with a history of childhood sexual abuse were significantly more likely to report chronic pain than were control groups of women who did not experience such abuse. Furthermore, Kendall-Tackett (2002) points out that people who experienced childhood abuse (including sexual, psychological, physical) are more frequently ill, are less likely to describe their health as good, and have a higher incidence of eating disorders, obesity, and sleep difficulties than do people who did not experience childhood abuse.



### *Substance abuse, school failure, and delinquency*

Young women who have been sexually abused are likely to experience other problems, including substance abuse, school failure, and engagement in delinquent behavior, as they attempt to self-medicate or otherwise cope with their anxiety and depression.<sup>10</sup> These problems have the potential to escalate quickly because young women who have experienced abuse are less likely to access social support and are less satisfied with both formal and informal support systems (Rhodes et al., 1993). Rhodes and colleagues (1993) suggest that these young women may fear reprisals from their abusers if they reach out, and they may be mistrustful of adults and institutions. They may have had upsetting encounters in previous attempts to access assistance, particularly from those who may not believe their stories or even blame them for their experiences.

### *Homelessness, additional abuse, and survival behaviors.*

Research has found that often times young women who have been sexually abused frequently run away from home or from the social agencies where they have been sent to escape abuse in their home or placement. Being homeless places a young woman at risk for further abuse, particularly sexual assault, or prostitution in the community.<sup>11</sup> The requirements for survival on the streets may lead these young women to aggressive behavior, both verbal and physical, that can lead to juvenile arrest.<sup>12</sup>



To the public eye, the reaction has been to require young adolescent girls who are experiencing homelessness to require placement in secure institutions, even without committing a crime other than not having a roof over their heads. Being placed in a closed institution when apprehended can sever family and neighborhood ties, reducing a young woman's already limited support and resources (Schoen, 1997).

In addition, the "trauma victim experience from sexual violence affects the rest of their lives and may impact a survivor's employment in terms of time off from work, diminished performance, job loss, or being unable to work. These issues disrupt earning power and have a long-term effect on the economic well-being of survivors and their families. Coping and completing everyday tasks after victimization can be challenging. Victims may have difficulty maintaining personal relationships, returning to work or school, and regaining a sense of normalcy."<sup>13</sup>

### *Juvenile Justice System and Sexual Abuse*

Although the high rates of sexual abuse among young women in the juvenile justice system have been well documented, there is less information about the impact of this abuse on their lives, the relationship between abuse and justice system involvement, and how girls who have experienced such abuse might differ from those who have not.

# PRISON RAPE ELIMINATION ACT ZERO TOLERANCE

In a report released in June 2013, the Bureau of Justice Statistics (BJS) found that roughly one in ten youth detainees were sexually abused at their current facility in the past year. A staggering 81 percent of victimized youth were abused by a member of staff, and most were assaulted multiple times.

“Survivors who are incarcerated are among the most marginalized people in our communities. Incarcerated individuals are disproportionately likely to be people of color, living in poverty, and to have experienced sexual violence prior to incarceration.”<sup>14</sup> The good news is that victims of sexual assault in detention facilities are now protected by the Prison Rape Elimination Act (PREA). The PREA standards require prisons, jails, police lockups, community confinement facilities, and juvenile detention facilities to adopt a zero-tolerance approach to this violence. In addition, concrete steps must be taken to detect, prevent, and respond to sexual abuse and harassment by

staff and inmates and “there must be a meaningful effort to work with local organizations to provide inmates with advocacy services that are consistent with the level of care available to survivors in the community.”<sup>15</sup>

## Sexual Violence in Connecticut

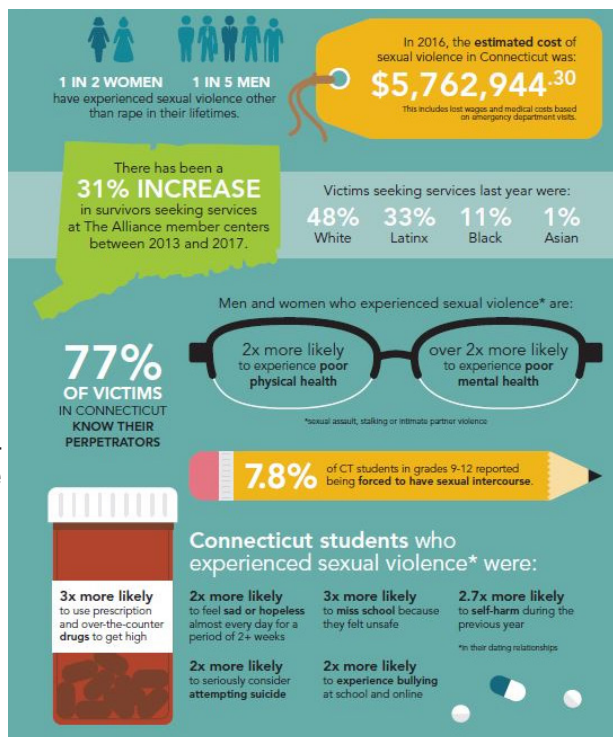
The Sexual Violence Prevention Program, with funding from the Centers for Disease Control and Prevention (CDC), partners with Connecticut Alliance to End Sexual Violence to provide primary prevention, education, and training to health care providers, schools and universities, law enforcement, social services providers, and the community regarding primary prevention of sexual violence. The program aims to prevent sexual violence in Connecticut by increasing individual pro-social knowledge and attitudes, communication skills for respectful intimate and peer relationships, organizational and community capacity for prevention, and societal norms that do not tolerate gender-based sexual violence or other forms of inequalities. This Program builds the capacity of Connecticut’s 9 rape crisis centers to provide direct services for rape and other sexual assault victims and their families such as: crisis intervention, individual counseling, free and confidential 24-hour hotlines, including local rape crisis centers and transportation as necessary.<sup>16</sup>

The Sexual Violence Prevention Program encourages the development of comprehensive prevention strategies through a continuum of activities that address all levels of the social-ecological model. The model considers the complex interplay between individual, relationship, community and societal factors, and addresses risk and protective factors from multiple areas. This approach is more likely to prevent sexual violence across a lifetime than any single intervention. Activities carried out through vendors include:

- Implementing primary prevention strategies such as engaging bystanders, educating youth about healthy relationships, and changing social norms;
- Operating 24 hour free and confidential statewide hotlines in both English and Spanish;
- Building state and local capacity for program planning, implementation, and evaluation; and
- Evaluating state and local programs for outcomes and effectiveness.

In 2017, the CT Department of Public Health partnered with the Community Health Center Association of CT (CHCACT) and the CT Coalition Against Domestic Violence (CCADV) to foster system-level violence prevention within community health centers across Connecticut. This initiative is meant to continue for the next 5 years, with the ultimate goal of training all FQHCs and community health centers. Regional trainings will be held to connect each FQHC with the crisis centers in their region, and resources will be provided for model health center policies and interventions.

In addition, in Connecticut, both the Judicial Branch Court Support Services Division and the Department of Correction must file annual reports for compliance with PREA. CSSD reports can be found [HERE](#) by searching for PREA, and the Department of Correction reports can be found [HERE](#).<sup>17</sup>



Source: CT Dept of Public Health

## Conclusion

It is important to have a comprehensive approach to prevention, services, and justice that goes beyond the current system. An effective Public Health approach can bring together diverse communities and professionals to address complex health and social conditions. While PREA has provided access to resources for victims in confinement situations, there is a lacking investment being made to prevent child sexual abuse before it occurs.<sup>18</sup> “Limited effective evidence-based strategies for proactively protecting children from child sexual abuse are available. More resources are needed to develop, evaluate, and implement evidence-based child sexual abuse primary prevention strategies to ensure that all children have safe, stable, nurturing relationships and environments.” Critical gaps still exist in understanding child sexual abuse.

### *Improve surveillance systems and data collection*

- Develop and implement surveillance systems to assess child sexual abuse perpetration and victimization in real-time to measure recent and lifetime exposure
- Use standard definitions and measures of child sexual abuse to increase availability and quality of data
- Collect data focused on victimization AND perpetration of all forms of child sexual abuse to improve our understanding of all aspects of child sexual abuse

### *Increase understanding of risk and protective factors*

- Develop research that assesses exposure to child sexual abuse and risk and protective factors over time to inform primary prevention efforts
- Identify risk and protective factors for child sexual abuse at multiple levels of influence—individual, relationship, community, and societal
- Examine and identify distinctions between different types of child sexual abuse perpetration to inform primary prevention efforts
- Determine how risk and protective factors for child sexual abuse perpetration interact with other forms of violence perpetration to better prevent all forms of violence

### *Strengthen and develop evidence-based policies, programs, and practices*

- Further evaluate evidence-based approaches in different populations, communities, and settings
- Identify, develop and evaluate programs and practices that reduce youth and adult perpetrated CSA
- Develop and evaluate comprehensive primary prevention programs, practices, and policies that address individual, relationship, community, and societal factors that impact child sexual abuse

### *Disseminate and implement evidencebased policies, programs, and practices*

- Act on the best available evidence now – scale-up, implement, and communicate information about existing evidence-based strategies to prevent child sexual abuse
- Explore how to adapt the existing evidence-based interventions for different populations and settings
- Identify strategies for effectively communicating best practices for child sexual abuse prevention among practitioners, researchers, clinicians and others working directly with children

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## Footnotes

1. Acoca, 1998; see also Holsinger, Belknap, & Sutherland, 1999
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3. Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S.L. 2010. "Trends in childhood violence and abuse: Evidence from 2 national surveys." *Archives of Pediatrics & Adolescent Medicine*, 164(3), 238-242
4. Finkelhor, D., & Shattuck, A. 2012. Characteristics of crimes against juveniles. Durham, NH: Crimes Against Children Research Center. Retrieved from [http://www.unh.edu/ccrc/pdf/CV26\\_Revised%20Characteristics%20of%20Crimes%20against%20Juveniles\\_5-2-12.pdf](http://www.unh.edu/ccrc/pdf/CV26_Revised%20Characteristics%20of%20Crimes%20against%20Juveniles_5-2-12.pdf)
5. Dierkhising et al., 2013; Ford, Grasso, Hawke, & Chapman, 2013; Saada Saar, Epstein, Rosenthal, & Vafa, 2015
6. Epstein, R., Blake, J. J., & Gonzalez, T. 2017. *Girlhood interrupted: The erasure of black girls' childhood*. Washington, DC: Georgetown Law Center on Poverty and Inequality. Retrieved from <https://www.law.georgetown.edu/poverty-inequality-center/wp-content/uploads/sites/14/2017/08/girlhood-interrupted.pdf>
7. Auslander et al., 2002; Jonson-Reid & Way, 2001; Kaplan, 1998; Lipschitz, Rasmusson, Anyan, Cromwell, & Southwick, 2000; Prescott, 1997
8. Rhodes, Ebert, & Meyers, 1993
9. Stiffman, Earls, Robins, & Jung, 1988

10. Acoca, 1998; Tyler, 2002
11. Kipke, Simon, Montgomery, Unger, & Iversen, 1997.
12. Kaufman & Widom, 1999.
13. <https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html>)
14. Mapping it out: A tool to get started on providing victim services for incarcerated survivors, National Sexual Violence Resource Center, 2015
15. Ibid
16. Sexual Violence Prevention Program (ct.gov)
17. <https://www.jud.ct.gov/Search/JudSearch.aspx?col=allconn&q1=url%3awww.jud.ct.gov&ws=0&qm=0&st=1&nh=20&lk=1&rf=0&rq=0&q2=url%3awww.jud.ct.gov-&q3=url%3awww.jud.ct.gov&qp=url.www.jud.ct.gov&SinglePane=Y&qt=BRIA> and the Department of Correction reports can be found HERE <https://portal.ct.gov/DOC/Miscellaneous/PREA>.
18. Preventing Child Sexual Abuse, National Center for Injury Prevention and Control, Division of Violence Prevention, Center for Disease Control



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Relay services can be accessed by calling 7-1-1. Anyone who is out-of-state or using Relay can connect to Connecticut 2-1-1 toll free by dialing 1-800-203-1234.

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