



The range of health impacts which can result from child sexual exploitation

1. **Post Traumatic Stress Disorder (PTSD):** children who are being or have been sexually exploited, are highly likely to experience feelings of anxiety, stress or fear so severe as to be known as Post Traumatic Stress Disorder (PTSD). The symptoms of PTSD can be grouped into three main categories¹:

- Re-Experiencing - this is a repeated reliving of the event, and interferes with daily activity. This category includes flashbacks, frightening thoughts, recurrent memories or dreams, and physical reactions to situations that remind you of the event.
- Avoidance - these symptoms stem from the desire of a person to change their routine to escape similar situations to the trauma. Victims might avoid places, events, or objects that remind them of the experience. Emotions related to avoidance are numbness, guilt, and depression. Some have a decreased ability to feel certain emotions, like happiness. They also might be unable to remember major parts of the trauma, and feel that their future offers less possibilities than other people have.
- Hyper-arousal - hyper-arousal symptoms are all physiological. They include difficulty concentrating or falling asleep; being easily startled; feeling tense, and 'on edge'; and angry outbursts. These can sum up to make it difficult for victims of PTSD to complete normal daily tasks.

2. **Substance Abuse:** children who are being or have been sexually exploited may turn to alcohol or other substances in an attempt to relieve their emotional suffering. From research in the U.S.A we know that victims of sexual assault report higher levels of psychological distress and the consumption of alcohol than non-victims, in part, to self-medicate². Some victims use substances to cope with the reality of what happened to them or to cope with the symptoms of Post Traumatic Stress Disorder, a common reaction to an extreme situation like sexual assault. However, it is not a healthy way to deal with the trauma of sexual assault and can cause additional problems, such as addiction or dependence, that hinder the healing process.

Victims of child sexual exploitation may abuse drugs to help them numb the painful memories of sexual violence. Victims may also turn to drugs instead of true recovery resources, such as counseling; they may not think that friends or family will understand them, they may not know where to access recovery resources, or they may be embarrassed to talk about what happened.

Friends, family and professionals in regular contact with children who are being or have been sexually exploited may be among the first to recognize the signs of

¹ "What are the symptoms of PTSD?" National Institute of Mental Health (NIMH), 2009: <http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/what-are-the-symptoms-of-ptsd.shtml>

² Interpersonal Violence and Alcohol Policy Briefing. World Health Organization. http://www.who.int/entity/violence_injury_prevention/violence/world_report/factsheets/ft_violence_alcohol.pdf



substance abuse. Early recognition increases chances for successful treatment. Warning signs include³:

- Giving up past activities or hobbies
- Spending time with new friends who may be a negative influence
- Declining grades or performance at work
- Aggressiveness, irritability
- Forgetfulness
- Disappearing money or valuables from family and friends
- Lying
- Depression or hopelessness
- Avoiding friends and family
- Drinking and driving or getting in trouble with the law
- Suspension from school or work

When compared to non-victims, rape survivors are 3.4 times more likely to use marijuana, 6 times more likely to use cocaine, and 10 times more likely to use other major drugs.

3. **Self-Harm:** the reasons why a victim of child sexual exploitation is vulnerable to self-harm, or self-injury is because they experience self-harm as providing⁴:

- A way to express difficult or hidden feelings. It's common for victims to feel numb or empty as a result of sexual assault
- A temporary sense of feeling again, as well as a way to express anger, sadness, grief or emotional pain.
- A way of communicating to others that support is needed
- A distraction from emotional pain
- Self-punishment for what they believe they deserve
- Proof that they are not invisible
- A feeling of control: It's not uncommon to feel that self-harm is the only way to have a sense of control over life, feelings, body, especially if other things in life are out of control

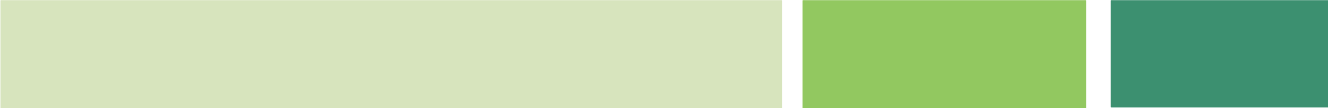
4. **Physical injury:** sexual exploitation is sexual assault, and children who are being, or have been sexually exploited, are likely to have genital and other injuries which need expert medical identification and treatment. Physical injuries can include contusions, lacerations, abdominal trauma, joint dislocation, mechanical back pain, lesions caused by forceful genital penetration and, in relation to pregnancy - placental abruption (with potentially very serious consequences for both mother and baby).

5. **Denial of the abuse/defence of the abuser:** there are two accepted explanations of why a child or young person may defend the abuser and/or deny that the relationship with the perpetrator is abusive.

- a) According to the **Stockholm Syndrome** children who experience a perceived or real threat to their physical or psychological survival and believe that the abuser will carry out the threat - as is the case when they are being or have been sexually exploited, can develop and retain an emotional 'bonding' with their

³ *Mental Health: Substance Abuse*. WebMD.com. 2009. <http://www.webmd.com/mental-health/substance-abuse>

⁴ Reach Out US. 2009. http://us.reachout.com/the_facts/dealing-with-suicide-self-harm/self-harm



abuser⁵. The positive feelings the child has for the abuser lead to the child supporting or helping the abuser. At the same time the child develops negative feelings toward family, friends, or authorities which creates isolation from other perspectives. This exacerbates the child's perception or real inability to escape from the situation.

Stockholm Syndrome develops subconsciously and on an involuntary basis, through several stages:

- The victim dissociates from his or her pain, helplessness or terror by subconsciously beginning to see the situation / world from the abuser's perspective. The victim begins to agree with the abuser and certain aspects of his or her own personality, opinions, and views will fade into the background
- By doing this, the victim begins to learn how to appease and please the abuser, which may keep him or her from being hurt or worse. Similarly this tactic can be used to manipulate the abuser into being less dangerous, at least for a little while
- After a while the victim begins to realise that his or her abuser portrays the same human characteristics as anyone else. At this point he or she will begin to see the abuser as less of a threat. Some abusers may even share personal information in an effort to bond with the victim and to promote pity rather than anger
- This bonding, in turn, leads to conflicting feelings (e.g., rage and pity) and illogical concern for the abuser. The victim ignores his or her own needs
- Once the traumatic event has ended, however, the victim must again learn not to dissociate from his or her emotions and not focus on the abuser. This can be a very difficult transition

The Stockholm Syndrome reaction may possibly be understood as a special kind of betrayal trauma⁶

- b) **Betrayal Trauma Theory**⁷ posits that whilst humans have evolved to be excellent self-protective detectors of potential or actual betrayal, under some circumstances detecting betrayal may be counter-productive to survival goals. Thus in cases where the victim is, or perceives themselves to be, dependent on the abuser, the victim remains 'unaware' of the abuse in order to maintain the relationship which s/he perceives as key to survival⁸. The theory accepts that the knowledge/memory of the abuse enters the 'system', but that the victim isolates or dissociates awareness from consciousness.

Betrayal theory gives three explanations for how the victim can be unaware of the abuse:

- i) The neurobiological impact of fear, and the stress it causes, impairs the hippocampus and related structures responsible for memory consolidation.

⁵ *Love and Stockholm Syndrome: The Mystery of Loving an Abuser*. Counseling Resource. Dr. Joseph M Carver, PhD. January 2004

⁶ J.J. Freyd, *What is a Betrayal Trauma? What is Betrayal Trauma Theory?* 2012 <http://pages.uoregon.edu/dynamic/jjf/defineBT.html>.

⁷ J.J. Freyd, 1996

⁸ Shultz & colleagues, 2003; Freyd, De Prince and Zurbrigger, 2007; Edwards et al, 2001; Sheiman, 1999



Hippocampus dysfunction in an individual with PTSD is likely to explain impaired ability to integrate memories for trauma at the point of retrieval⁹.

- ii) Dual-representation theory recognises verbally accessible memories (VAM) and situationally accessible memories (SAM)¹⁰. VAMs are linked to a particular point in time, can be updated and are verbally accessible. SAMs on the other hand, remain current and give rise to intrusive memories (flashbacks) in which 'one doesn't know what happened in a verbally accessible way'¹¹.
- iii) Avoidance. To the extent that fear-related memories are painful and aversive, anxiety models suggest that a sexually exploited child will increasingly avoid both external and internal reminders of the trauma. Particularly when these memories are prematurely inhibited, they may not be processed in ways that integrate them into other autobiographical memories, increasing the likelihood of unawareness¹².

5. Depression: this one of the most common emotional and psychological reactions that children who are being or have been sexually exploited have. Symptoms include¹³:

- Prolonged sadness or unexplained crying spells
- Change in appetite with significant weight loss (without dieting) or weight gain
- Loss of energy or persistent fatigue or lethargy
- Significant change in sleep patterns (insomnia, sleeping too much, fitful sleep, etc.)
- Loss of interest and pleasure in activities previously enjoyed, social withdrawal
- Feelings of worthlessness, hopelessness, or inappropriate guilt
- Foreshortening ("we are all going to die anyway"), pessimism or indifference
- Unexplained aches and pains (headaches, stomachaches)
- Inability to concentrate, indecisiveness
- Irritability, worry, anger, agitation or anxiety
- Recurring thoughts of death or suicide

6. Sexually Transmitted Infections: children who are being, or have been sexually exploited may have contracted one of the following infections, for which they will need treatment: HIV/AIDS, Chlamydia, Crabs, Human Papilloma Virus (HPV or genital warts), Herpes, Hepatitis B, Syphilis, Trichomonas. An expert medical opinion is needed to identify and treat these infections because some of them can lead to very serious complications. These range from problems in pregnancy, passing the infection or disease on the baby, Pelvic Inflammatory Disease, cervical, penile and testicular cancer, damage to the liver, heart, brain and/or spinal cord, immune system failure and death.

7. Pregnancy /termination: young women who are being sexually exploited may struggle to exercise birth control due to a chaotic lifestyle, forgetfulness,

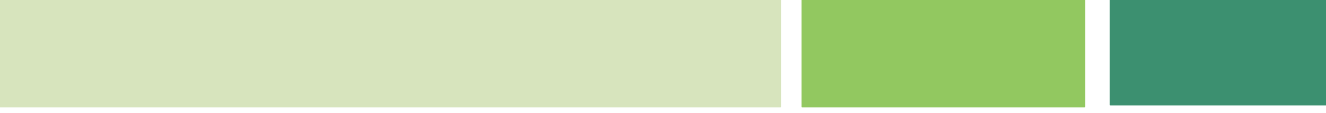
⁹ Bremner, 2001

¹⁰ Brewin, 2003; Brewin, Dalglis & Joseph, 1996

¹¹ Ibid

¹² Ibid

¹³ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Text Revision*, fourth edition, 2000



depression, hopelessness, substance abuse or because the abuser is actively sabotaging her birth control efforts.

Teenage mothers, particularly those who do not receive good support from their family, are at risk of social isolation, poor life habits, low education attainment - which limits their employment prospects, revictimisation, stress, and depression¹⁴.

Whilst for children or young women who choose to have a termination, the facts are:

- They twice as likely as their peers to abuse substances¹⁵
- They are 6 times more likely to commit suicide in the six months after the termination, than teenagers who have not had a termination¹⁶
- They have greater difficulty coping after a termination than older women, they are nearly three times more likely to be admitted to a mental health facility than other teenagers¹⁷
- Young women who report 'being particularly fond of children' do not do as well psychologically after a termination¹⁸. Teenagers who have a termination often have problems with sexuality and parenting in later life
- They report having a termination as a lonely, traumatic experience and associated with feelings of guilt, depression and a sense of isolation¹⁹
- They are more likely to report severe nightmares and to score higher on scales measuring antisocial traits, paranoia, substance abuse and psychotic delusions than are older women who have had a termination²⁰
- They are likely to become pregnant again within the next few years²¹. Among pregnant teenagers, those who have had a termination are at least four times more likely to have another termination²²

8. Flashbacks (re-experiencing): a flashback is when memories of past traumatic events feel as if they are taking place in the current moment. Many children who are being or have been sexually exploited experience these emotional returns to the trauma, believing themselves to be back at the scene of the attack or abuse. Flashbacks are also a symptom of PTSD.

According to the National Institute of Mental Health, "Flashbacks may consist of images, sounds, smells, or feelings, and are often triggered by ordinary occurrences, such as a door slamming or a car backfiring on the street. A person having a

¹⁴ Loignon, 1996

¹⁵ H. Armario et al, Drug Use among adolescent mothers: profile of risk, *Pediatrics*, 84, 1089, 144-150

¹⁶ B. Garfinkel et al, Stress, Depression and Suicide: A Study of Adolescents in Minnesota. Responding to High Risk Youth, University of Minnesota extension Service, 1986

¹⁷ R. Somers, Risk of Admissions to Psychiatric Institutions among Danish Women who Experience Induced Abortion: An Analysis based on national Report Linkage (Ph.D. Dissertation, Los Angeles: University of California, 1979, Dissertation Abstracts International, Public Health 2621-B)

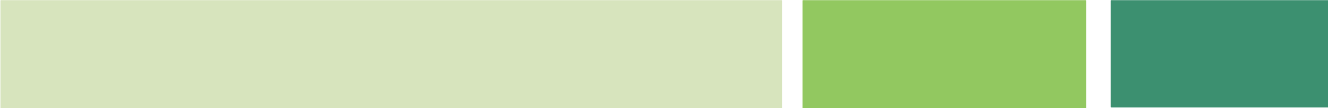
¹⁸ E.M. Smith, A follow-up study of women who request abortion, *American Journal of Orthopsychiatry*, 1973,43: 574-585

¹⁹ E. Biro et al, Acute and Long-Term Consequences for Adolescents who Choose Abortions, *Pediatric Annals* 15(10) 667-672, 1986

²⁰ N. Campbell et al, Abortion in Adolescents, *Adolescence*, 23:813-823, 1988

²¹ S.R. Wheeler, Adolescent pregnancy Loss, in J.R. Woods Jnr and J.L. Woods (eds); *Loss During Pregnancy or the Newborn period* (1997); and H. Crejic et al, Follow-up of 50 adolescent girls 2 years after abortion, *Canadian Medical Association Journal*, 116:44,1997

²² T. Joyce, The Social and Economic Correlates of pregnancy Resolution Among Adolescents in New York by Race and Ethnicity: A Multivariate Analysis, *American Journal of Public Health*, 78(6):626, 1988



flashback may lose touch with reality and believe that the traumatic incident is happening all over again²³.

Flashbacks can be triggered by many stimuli, such as sensory or emotional feelings. It can sometimes feel as though flashbacks come from nowhere, making it difficult to distinguish between past and present. They can often leave the survivor feeling anxious, scared, powerless, as well as any other emotions they felt at the time of the traumatic event²⁴.

Some flashbacks are mild and brief, a passing moment, while others may be powerful and last a long time. Many times the individual does not even realize that s/he is having a flashback and may feel faint or dissociate.

9. **Borderline Personality Disorder:** Borderline Personality Disorder, known as BPD, is one of many possible long-term effects of child sexual exploitation. Research by the Psychiatric Clinics of North America indicates that 40-to-71% of BPD victims reported having been sexually abused when younger²⁵. Adults with BPD are also considerably more likely to be the victim of violence, including rape and other crimes²⁶. As defined by the National Institute of Mental Health, BPD "is a serious mental illness characterized by pervasive instability in moods, interpersonal relationships, self-image, and behavior. This instability often disrupts family and work life, long-term planning, and the individual's sense of self-identity²⁷."

Diagnosis of BPD should be made only by a mental health professional. For someone to be diagnosed with any personality disorder, the symptoms must be severe and must go on long enough to cause significant emotional distress or problems functioning in relationships or at work²⁸.

While each individual's experiences and reactions are unique, there are some common symptoms, including²⁹:

- Fear of abandonment
- Dramatic and frequent mood swings
- Depression or anxiety experienced in short bursts
- Intense anger (sometimes escalating into physical confrontations)
- Difficulty controlling emotions or impulses
- Impulsive and risky behavior (e.g., substance abuse, unsafe sex, gambling, erratic driving)
- Self-harm
- Suicidal thoughts and suicide (8-10% of patients with BPD commit suicide)³⁰

²³ "Anxiety Issues," National Institute of Mental Health, November 2 2010

<http://www.nimh.nih.gov/health/publications/anxiety-disorders/complete-index.shtml#pub4>

²⁴ What is a "Flashback?" Virginia Sexual and Domestic Violence Action Alliance, 2006.

<http://www.vadv.org/Resources/flashbacks.html>

²⁵ Zanarini MC. Childhood experiences associated with the development of borderline personality disorder. *Psychiatric Clinics of North America*, 2000; 23(1): 89-101

²⁶ Borderline Personality Disorder," National Institute of Mental Health, August 24, 2010:

<http://www.nimh.nih.gov/health/publications/borderline-personality-disorder-fact-sheet/index.shtml>

²⁷ Borderline Personality Disorder," National Institute of Mental Health, August 24, 2010:

<http://www.nimh.nih.gov/health/publications/borderline-personality-disorder-fact-sheet/index.shtml>

²⁸ Borderline Personality Disorder," Mayo Clinic, May 19 2010:

<http://www.mayoclinic.com/health/borderline-personality-disorder/DS00442>

²⁹ Borderline Personality Disorder Symptoms, " Mayo Clinic, May 19 2010:

<http://www.mayoclinic.com/health/borderline-personality-disorder/DS00442/DSECTION=symptoms>

³⁰ Borderline Personality Disorder," National Alliance on Mental Illness:

http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=44780

- Dysfunctional social relations

10. Sleep Disorders (nightmares, insomnia and Sleep Terror Disorder):

many children who are being or have been sexually exploited experience sleep disturbances and disorders. In Sleep Terror Disorder, the young person experiences repeated abrupt awakenings from sleep, usually beginning with a panicky scream or cry. Whilst asleep the child is going through behavioral manifestations of intense fear and is difficult to awaken or comfort. After finally waking, the individual has no recollection of the event except perhaps a single image³¹. Lack of sleep exacerbates the young person's inability to cope with the circumstances they find themselves in.

11. Eating Disorders (anorexia nervosa, binge eating and bulimia):

children who are being or have been sexually exploited can develop eating disorders because self-starvation, bingeing, and purging may feel like a way to regain control of a certain aspect of their lives. Factors stemming from sexual abuse that may result in an eating disorder include³²:

- Low self-esteem
- Feelings of inadequacy or lack of control in life
- Depression, anxiety, anger or loneliness
- Difficulty expressing (often overwhelming) emotions and feelings

But ultimately, the damage caused by eating disorders can worsen their physical and emotional health as well as their self-esteem.

10. Somatic (Body) Memories: somatic/body memories are when the stress of the memories of the abuse experienced by an individual take the form of physical problems that cannot be explained by the usual means (medical examinations, etc.). These are often called 'psychosomatic symptoms' meaning that the symptoms are due to the connection between the mind and the body. Physical problems that can come of these somatic memories include headaches, migraines, stomach difficulties, light headedness/dizziness, hot/cold flashes, grinding of teeth, sleep disorders, etc. They are difficult to diagnose and cure and may add to the difficulties in recovery.

11. Dissociative Identity Disorder: Dissociative Identity Disorder (DID), previously referred to as multiple personality disorder (MPD), is a dissociative disorder in which two or more separate and distinct identities (or personalities) control an individual's behavior at different times. Dissociation is a mental process in which a person's thoughts and feelings may be separated from his or her immediate reality.

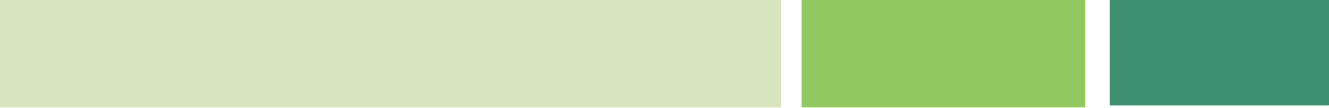
Most mental health practitioners believe that dissociation exists on a continuum. At one end of the continuum, are instances of dissociation that many people experience such as daydreaming or highway hypnosis. At the other end, though, is chronic and complex dissociation which may impair an individual's ability to function in the 'real' world. Dissociative Identity Disorder (DID) is³³:

- a) The presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self)

³¹ *Diagnostic and Statistical Manual of Mental Disorders*. American Psychiatric Association. 2000

³² *National Eating Disorders Association*. 2009. <http://www.nationaleatingdisorders.org/index.php>

³³ *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*

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- b) At least two of these identities or personality states recurrently take control of the person's behavior
 - c) Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness
 - d) The disturbance is not due to the direct physiological effects of a substance (e.g., blackouts or chaotic behavior during Alcohol Intoxication) or a general medical condition (e.g., complex partial seizures)

While the causes of DID are not entirely known, it is believed that the disorder stems from physical or sexual abuse in childhood. It is believed that children develop this disorder when during abusive situations they slip into dissociative states in order to remove themselves from the situation. If the abuse continues over time, it is believed that children may then begin to split into alter identities during these times of dissociation.

12. **Suicide:** there is a heightened risk of suicide or attempted suicide from young people who are being, or have been, sexually exploited. Factors which influence this include depression, substance abuse, self-harming and 'foreshortening', in which a young person's view of their own future becomes passive, rigid and fatalistic ("we're all going to die anyway").