



FREAA

FINDING RECOVERY & EMPOWERMENT FROM ABUSE

Sexual Abuse: The Silent Epidemic

There is an epidemic happening all around us. This epidemic affects people you know very well: friends, family members, colleagues, students, people you love and care about. It may even affect yourself. Yet, because of denial, shame and stigma, it remains largely ignored, underreported and unrecognized.

The statistics on SA (sexual abuse) and CSA (child sexual abuse) are both sobering and disturbing:

- One in four girls will be sexually assaulted by the age of 18ⁱ
- One in six boys will be sexually assaulted by the age of 18ⁱⁱ
- 80% of women locked up in our prisons have been sexually or physically abusedⁱⁱⁱ
- CSA is associated with serious mental health problems, including substance abuse, PTSD, depression, and suicide^{iv}.

Rape is a crime against children and young people. 54% of women victims were under age 18 at the time of the first rape; and 83% were under the age of 25^v. Furthermore, as "... rape and sexual assault are the [most under reported crimes](#) in the world," the actual extent of this problem is actually higher than these statistics indicate^{vi}.

A recent documentary, [The Hunting Ground](#), has documented that sexual violence on the college campus is pervasive:

- Among undergraduate students, 23% of females and 5% of males experience rape or sexual assault through physical force, violence, or incapacitation^{vii}.
- In one year 300,000 college women, over 5% of women enrolled in colleges and universities, will experience rape. This does not include other forms of sexual assault^{viii}.
- Only 20% of female student victims, age 18-24, report their incidents to law enforcement^{ix}.

But whether students or not, women ages 18 – 24 are at higher risk for sexual violence.

The effects of child sexual abuse can be long-lasting and affect the survivor's mental health. Victims are more likely than non-victims to experience the following mental health challenges:

- About 4 times more likely to become addicted to drugs
- About 4 times more likely to experience PTSD as adults
- About 3 times more likely to experience depression or mental illness^x.
 - Many physical symptoms are associated with sexual victimization including chronic pelvic pain, premenstrual syndrome, gastrointestinal disorders, headaches, back pain, and facial pain^{xi}.

How Sexual Abuse Affects People

Many survivors of sexual assaults appear to recover on their own (with a little help from their friends, or with professional counseling). But many sexual assaults, especially CSA, become 'invisible wounds' which can affect them for the rest of their lives. Survivors talk about feeling 'deeply scarred' or like they're 'damaged goods.' Sexual abuse and assaults can trigger PTS (Post Traumatic Stress), which may not show up until years later. Some survivors don't discover their abuse until they're in their 40's, 50's or 60's, when symptoms and memories begin to surface.

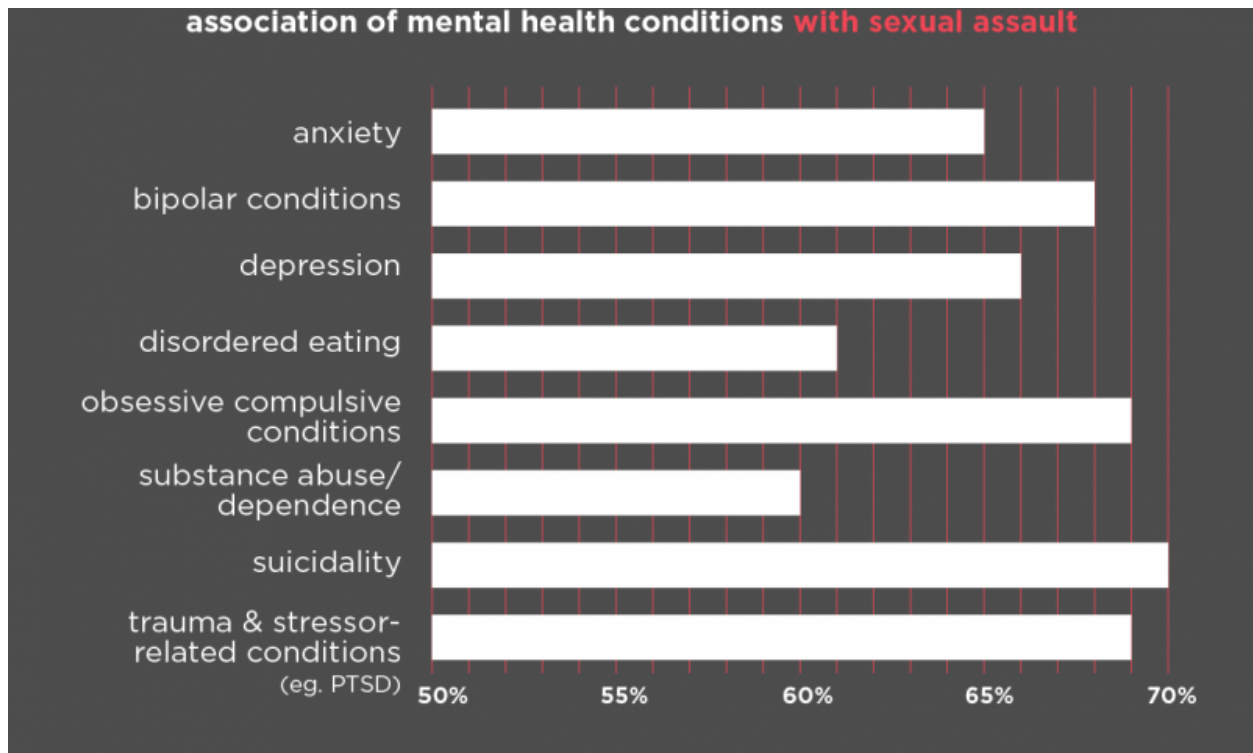
Symptoms of sexual abuse and assault can include:

- *Aches and pains (with no visible cause), tension, headaches*
- *Anger, irritability, angry outbursts*
- *Anxiety, depression and panic attacks*
- *Addictions to alcohol, drugs, relationships, 'emotional eating'*
- *Feeling 'weak' or constantly tired; numb or disconnected*
- *Difficulties focusing, concentrating, 'getting things done'*
- *Nightmares and sleep problems*
- *Self-harming, self-hatred and suicide^{xii}.*

Sexual abuse can also wreak havoc on relationships. Survivors report experiencing:

- *Feeling angry, irritable, angry outbursts, feeling 'crazy,' crying, yelling or screaming*
- *Boundaries: lacking good boundaries, letting people 'walk all over them;' or overly rigid*
- *Moods: feeling upset or crying "for no reason;" feeling 'crazy' 'unstable' or 'irrational'*
- *Lack of trust: not able to trust others, a partner, or even oneself*
- *Intimacy issues: avoiding intimacy while still craving it*
- *Sexuality: avoiding sex, or being overly promiscuous*
- *Self-blame: low self-esteem and self-worth.*

A recent meta-analysis reviewed nearly 200 independent studies involving more than 230,000 adult participants. This analysis, which reviewed 40 years of research, found that sexual assault is associated with increased risk for anxiety, depression, substance abuse, suicidality, and other mental health conditions^{xiii}.



https://medicalxpress.com/news/2017-08-suicide-mental-health-conditions-linked.html?utm_source=nwletter&utm_medium=email&utm_campaign=daily-nwletter

Sexual abuse does not occur by itself: people who've been sexually abused have often experienced physical and emotional abuse as well. The [ACE Study](#) documented the effects of ACEs (Adverse Childhood Experiences, or traumas) on both mental and physical health. The major findings include:

- ACEs (Adverse Childhood Experiences) are much more common than previously suspected
- ACE's can include: physical, emotional and sexual abuse; physical or emotional neglect or abandonment; having an alcoholic or addicted parent or family member who is incarcerated or mentally ill.
- Direct correlation between ACEs and addictions, anxiety, alcoholism, depression, smoking, obesity & over-eating, intimate partner violence, having multiple sexual partners and suicide attempts.
- Direct correlation between ACEs and physical conditions, including cancer, heart disease, strokes, diabetes, hypertension & 11 other conditions^{xiv}.

What can we do?

Most sexual assaults are perpetrated by someone known to the victim; and often by a family member. We all can take an active role in our own safety, and the safety of our loved ones. While we cannot completely eliminate the risk of sexual violence, there are strategies we can follow to reduce that risk, and to be pro-active when something does occur.

RAINN ((Rape, Abuse & Incest National Network) has some excellent resources on preventing sexual assault:

[Protecting children from sexual assault](#)

[Keeping Safe for Students](#)

[Staying safe on campus](#)

[Preventing sexual assault](#)

[Planning for safety](#)

Therapy for sexual abuse

The most common treatment for sexual assault and child sexual abuse is cognitive therapy (also called 'talk therapy.'). Cognitive therapy is a short-term form of psychotherapy based on the idea that how we think affects how we feel emotionally. Cognitive therapy focuses on present thinking, behavior, and communication rather than on past experiences, and is oriented toward problem solving. Cognitive therapy has been applied to a broad range of problems including depression, anxiety, panic, fears, eating disorders, substance abuse, and personality issues.

While it can feel good to 'talk about it,' and 'get it off your chest,' the effects ---- especially symptoms ---- usually don't change or go away; and many people remain in talk therapy for years. In some cases, talking and continually rehashing the past can reinforce old limiting beliefs, the sense of being a 'victim,' and can make things worse.

Over the past 20 years several alternative approaches to treating sexual abuse have emerged. These techniques are called 'energy therapies,' as they work with energy in our bodies. While they may look 'strange' --- moving the eyes back and forth, or tapping acupressure points with our fingertips --- they are being proven to be effective, and the results are often surprisingly long-lasting^{xv}.

Also called 'power therapies,' these approaches include:

EFT: The Emotional Freedom Techniques

TFT: Thought Field Therapy

TTT: Trauma Tapping Technique

TAT: Tapas Acupressure Technique

EMDR: Eye Movement Desensitization and Reprocessing.

Many counselors and therapists are adopting these techniques because:

- *They have minimal or no side-effects*
- *They are highly effective*
- *The results are long-lasting*
- *They tend to work faster than talk therapies*
- *They can be used for self-healing & self-empowerment..*

While using energy therapy, survivors often report:

- *"It's just GONE."*
- *"It's O.K. now. It's all over."*
- *"It doesn't bother me anymore."*
- *"I can't quite find it – it seems very distant now."*
- *"I can see it, but it doesn't have anything to do with me."*
- *"I don't care about it anymore – it's just not important."*
- *"I'm not afraid anymore; I feel fine."*
- *"I don't feel the way I used to."*

As one therapist told me: *"If my client is open to it, I always use energy therapy as part of their treatment for sexual abuse and assault. It is gentle and thorough, and often able to heal at a deeper level than words alone can reach. "*

These changes can happen in only a few minutes of treatment, and yet the inner transformation is often profound and enduring. There is also often a generalization effect: meaning that the treatment of one issue can trigger resolution of other related issues. Energy techniques can be used to treat a wide variety of symptoms including:

- *fears, worries, anxieties, panic and phobias*
- *painful memories, grief and traumatic experiences*
- *stress, burnout, exhaustion*
- *anger, rage, resentment, irritability*
- *moodiness, sadness, depression*
- *insecurity, low self-worth*
- *relationship issues*
- *performance issues*
- *limiting beliefs^{xvi}*

You will find many interesting cases and success stories in our SUCCESS STORIES section; and information on how to use some of these techniques for yourself in our _____ section.

We wish you many Blessings on your Healing Journey.

References

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ⁱⁱ Finkelhor, David, et al. "Sexual Abuse in a National Survey of Adult Men and Women: Prevalence, Characteristics and Risk Factors," Child Abuse and Neglect, 1990.

ⁱⁱⁱ <https://rewire.news/article/2007/12/11/powerless-in-prison-sexual-abuse-against-incarcerated-women/>

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^{vi} In 1996, more than two-thirds of rape/sexual assaults committed in the nation remained unreported. (Ringel, C. (1997, November). *Criminal Victimization in 1996, Changes 1995-1996 with Trends 1993-1996, NCJ-165812, p.3. Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice.*)

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^{viii} Kilpatrick, D.G., Resnick, H.S., Ruggiero, K.J., Conoscenti, L.M., & McCauley, J. (2007). Drug- facilitated, incapacitated, and forcible rape: a national study (NCJ 219181) Medical University of South Carolina, National Crime Victims Research & Treatment Center; Charleston, SC

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^x H.M Zinzow, H.S. Resnick, J.L. McCauley, A.B. Amstadter, K.J. Ruggiero, & D.G. Kilpatrick, Prevalence and risk of psychiatric disorders as a function of variant rape histories: results from a national survey of women. *Social psychiatry and psychiatric epidemiology*, 47(6), 893-902 (2012).

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^{xii} Adult manifestations of childhood sexual abuse. Committee opinion No. 498. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011; 118:392-5.

^{xiii} Emily R. Dworkin et al, Sexual assault victimization and psychopathology: A review and meta-analysis, *Clinical Psychology Review* (2017). DOI: 10.1016/j.cpr.2017.06.002

^{xiv} <http://www.ncdsv.org/images/SexualAssaultStatistics.pdf>

^{xv} Sebastian, B., & Nelms, J. (2017). The effectiveness of Emotional Freedom Techniques in the treatment of posttraumatic stress disorder: A meta-analysis. *Explore: The Journal of Science and Healing*, 13(1), 16-25. <http://dx.doi.org/10.1016/j.explore.2016.10.001>

^{xvi} Church, D. (2013). Clinical EFT as an evidence-based practice for the treatment of psychological and physiological conditions. *Psychology*, 4(8). <http://www.scirp.org/journal/PaperInformation.aspx?PaperID=35751>