

LINKS BETWEEN SEXUAL ABUSE IN CHILDHOOD AND RISKY SEXUAL BEHAVIOR IN THE ADULTHOOD

Study



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EXECUTIVE SUMMARY

Violence against children and against women remains a current issue for most countries, including Republic of Moldova, says the global report UNICEF from 2014¹, „*Hidden in Plain Sight: A statistical analysis of violence against children*”, which is based on data from 190 countries. Currently, in the Republic of Moldova, we witness an increasing of the number of reported sex crimes involving children and also the diversification of the forms of sexual offenses against children: from the rape crime, to the use of children for perverse purposes and solicitation of children for sexual purposes. The statistics show a slight increase in rape crime of children, from 52 cases in 2009 to 81 cases in 2014. The growth trend is also present in the General Inspectorate of Police data. It registered 332 cases where children have been victims of sexual offenses in 2015 in comparison with 218 cases in 2014. More serious is the fact that 39 cases of sexual offenses against children in 2015 occurred in the family were committed by the biological father, concubine or other relatives.²

The purpose of this study was researching the consequences of childhood sexual abuse on adult life by the knowing the protective and risk factors. In particular, the study was focused on the following objectives: (i) analysis of psychological services for victims of sexual abuse (VSA) in the Republic of Moldova; (ii) knowing the experience of psychologists and psychiatrists in counseling VSA, including childhood victims of sexual abuse (CVSA); (iii) assessing ways of accessing of CVSA the psychological services; (iv) analysis of case studies on childhood sexual abuse; (v) identification and analysis of protective factors, and consequences of childhood sexual abuse on adult life; (vi) identification and analysis of risk factors of childhood sexual abuse on adult life; (vii) emphasizing the consequences of childhood sexual abuse on behavior in adulthood; (viii) submission of recommendations on the elimination of risk factors and strengthening the protective factors for child victims of sexual abuse.

To achieve the purpose and the objects of research, it was used a methodological approach based on the understanding and explanation of the behavior of victims of childhood sexual abuse who accessed counseling services of psychologists, psychiatrists

¹ <http://statbank.statistica.md/pxweb/Dialog/varval.asp?ma=JUS0106&ti=Infrastructiuni+impotriva+copiilor+dupa+tipul+infrastructiunii%2C+2000-2014&path=../Database/RO/12%20JUS/JUS01/&lang=1>

² http://www.igp.gov.md/sites/default/files/ni_starea_delicventei_juvenile_pe_12_luni_ale_anul_2015_.pdf

after reaching 18 years old. There were collected primary data from 50 specialists (48 psychologists and two psychiatrists) that offer counseling services in state and private institutions using the questionnaire survey method and were conducted 20 in-depths individual interviews with experts (19 psychologists and one psychiatrist) who had the experience of childhood sexual abuse cases. Totally, there were analyzed 30 cases of CVSA.

The research data shows that, currently, in the Republic of Moldova there is no professional College of Psychologists who would regulate and monitor their professional activity. In Moldova there are no regulations or standards that regulate this category of specialists. In the activity of the psychologists there are no standardized diagnostic tools adapted for the conditions of the Republic of Moldova. Each specialist provides psychological services depending on the studies he/she owns and training courses that he/she benefited from. Of the 50 professionals (psychologists and psychiatrists) interviewed, 33 had as beneficiaries victims of sexual abuse, and 23 have also counseled adults who were abused in childhood. The mentioned professionals offer services for different categories of beneficiaries: children aged up to 5 years old, children aged 5-10 years old, children aged 11-18 years old, adult women, adult men, couples. The range of services is different and includes individual counseling, individual psychotherapy, group psychotherapy, less often - support groups, various seminars, psychological assessments, assistance in court, remedial sessions, support/training for professionals from the services, psychopedagogical activities, couple psychotherapy, preparing for legal hearing etc.

The research data reveals psychologists who counseled 1-3 VSA cases, but also specialists who counseled 10-15 cases of VSA, including VCSA. Psychologists who had the largest number of victims of sexual abuse, as beneficiaries, work within the system of state social services, but also in the NGO sector that provides services to abused children and adults (Center for Assistance and Protection of Victims and Potential victims of human trafficking (CAP), Maternal Center from Căușeni, Center for Psychosocial Assistance to Child and Family "Amicul" of NCCAP, the International Center "La Strada". The number of sexual abuse victims who resort to private psychological offices is smaller because the services provided by them are for purchase.

The referral of the victims of sexual abuse to psychological services is done, most frequently by the social services (state institutions, non-governmental organizations) and the police, followed by direct addressing of the victims or their relatives. Less commonly, the victims are referred to psychological and psychiatric services by other psychologists, educational institutions, Youth Friendly Centers, Hotline, the Trust Line, Child Helpline.

Psychological services offered to victims of sexual abuse, including during childhood, are based on the use of techniques, methods and strategies to increase self-confidence, on offering support in managing negative emotions, using art therapy

etc. When the victim of childhood sexual abuse is married and this affects the couple relationship, some psychologists invite both partners to counseling sessions.

Psychologists who counseled victims of childhood sexual abuse have reported that overcoming the problems of sexual abuse does not always succeed, because it is also worked on other issues of the individual and the contribution of the victim also counts. Some specialists believe that the immediate addressing (after the sexual abuse took place) to the services of a psychologist would alleviate 90 percent of the problem.

There is no unanimous opinion among specialists on the quality of psychological services offered to victims of sexual violence. Some argue that the services are good, because they work with special methods and there is a differentiated approach for the child victims and adult victims. Others consider that the services provided to victims of sexual violence are poor due to lack of a regulatory framework, work standards, but also that the problem of child sexual abuse must be solved in complexity by training and enhancing the value of people that might provide support to the victim in the family and in the community. Also, the interviewed specialists reported that there is no long-term therapy being made.

Difficulties/challenges faced by professionals in counseling victims of sexual abuse, including victims of childhood sexual abuse are multiple and include: (i) difficulties characteristic to the victims; (ii) difficulties characteristic to their family; (iii) difficulties deriving from the stereotypes in the society; (iv) difficulties related to gaps in regulations and legal procedures for examining cases of violence; (v) difficulties caused by lack of services for victims of sexual violence and for their families; (vi) difficulties of the specialists who provide psychological services.

Maintaining and keeping the records of victims of sexual abuse remains at the discretion of each psychologist. Lack of standards for psychologists work shows that, of the 33 specialists who provided psychological services to victims of sexual abuse, 21 reported that they keep records of the cases that they work on. But there is no standard structure of keeping records of the sexual abuse cases for the psychologists from the Republic Moldova. The structure of files differ from one institution to another and from one specialist to another.

The research data revealed that the victims of childhood sexual abuse get the attention of psychologists and psychiatrists in particular through two ways: (i) the addressing of the person, (ii) placing the victim in a service center for victims or potential victims of human trafficking or centers for victims of domestic violence, maternal centers, with further reference to the psychologist/psychiatrist. Sometimes, the victims address themselves with certain psycho-emotional problems of depression, anxiety, conflicts, so the psychologist help them overcome these states. Within the counseling sessions, the trauma of abuse suffered in childhood is revealed.

The sexual offenders in case of VCSA, most frequently, are: (i) men (situations when the woman is the sexual aggressor were identified more rarely (2 situations, in one case

the sexual abuse was not confirmed); (ii) known persons including trustees of the child (biological father, concubine, guardian, uncle, cousin, etc.).

A significant proportion of cases of childhood sexual abuse, counseled by specialists, reflects the sexual abuses for a long time (1-8 years). In many cases, the sexual abuse occurs after leaving of one parent or both parents for employment. In many cases there has been noticed a precarious relationship between the mother and the abused child, including lack of attachment between the mother and the sexually abused child.

The consequences of childhood sexual abuse, regardless of age and sex, depends on many factors: (i) the time duration of sexual abuse; (ii) the frequency of the sexual abuse, (iii) the form of sexual abuse; (iv) the individual characteristics of the child; (v) the psychological services that the victim benefited from; (vi) the support from family etc. Research results show that the childhood sexual abuse determine: (i) hypersexualized behavior; (ii) anxious concern and inability to build lasting intimate relationships; (iii) internalization of victim behavior in choosing a life partner; (iv) problems in sexual relationships, lack of pleasure during sex, presence of unfounded pain physiologically, frigidity, lack of orgasm; (V) rebellious behavior as a self defense mechanism that is developed, including aggression; (vi) fear, distrust in people; (vii) health problems; (viii) repeated sexual abuse; (ix) suicide attempts; (x) the transmission victim of behavior, including to their children; (xi) lack of stable relations, simultaneous relations with 3-4 partners, including married; (xii) early sexual relations etc.

Among victims of childhood sexual abuse that come to the attention of psychologists from the system of services for victims and potential victims of human trafficking, victims of domestic violence, more commonly, there was found a risky sexual behavior as a result of sexual abuse in childhood (early sexual relations, changing of partners, multiple partners, sex in groups, prostitution, sexual exploitation situations etc.).

Protective and risk factors of childhood sexual abuse on adult life should be divided into several levels (according to the ecological model). At the individual level, an important role has the strong nervous system of the victim, strong character, motivation and desire to become a respected person, the ambition to get out of this state, intellectual abilities, self-confidence, self-esteem, ability to relate to others, resilience etc. At the interpersonal level, depends heavily on the family and its values, family background, the existence of a relationship of trust, the attitude of the mother/other close family members to the confession of the child, the degree of attention from the mother to the child's behavior, the strong relationship with the school, the wish to learn etc. At community level, in the Republic of Moldova, the protective factors are the urban environment, the interests and occupations for children, the training of specialists who interact with children and who may suspect and identify situations of abuse, etc. Lack of stereotypes, sexual education, presence of awareness campaigns, the presence of specialized services etc. constitute protective factors that are less present in the society. Also an important protective role plays the attitude that the victim has towards itself, the lack of blame and re-victimization in the community and in the society.

Risk factors of childhood sexual abuse on adult life at the individual level: fear, lack of confidence, the presence of a disability/delay in mental development, naivety, lack of basic life skills etc. At the interpersonal level: disorganized family, lack of emotional communication in the family, lack of affection, superficiality in emotional relations, the lack of trust relationships in the family, the presence of violence in the home family of the mother, migration of one parent/ both parents, lack of friends etc. At community level, there are observed more risk factors in rural areas. In rural areas, more commonly, we witness the blaming of the victims for the abuse, lack of privacy, marginalization, social discrimination. Lack of sex education, the presence of stereotypes, victim blaming, lack of psychological services are social risk factors in Moldova. Repeating the abuse experience deepens the trauma and increases the likelihood of risky sexual behavior, including exposure to other risks (e.g. human trafficking). Victims of childhood sexual abuse do not see other possibilities to escape from the sexual abuse. Victim behavior that the victims of childhood sexual abuse overtake causes low self-esteem, misunderstanding of themselves, no sense of self-esteem, lack of self-love. Those people do not focus on the qualities they have and that they must be appreciated and respected.

The research data is designed for specialists from social area (social services managers, psychologists and psychiatrists, social workers, community social workers, teachers, doctorsetc.), providing services to victims of sexual abuse, including childhood sexual abuse victims and the last but not the least, the decision makers.

The research results provide the basis for developing recommendations for harnessing the protective factors and for the annihilation of the risk factors from the victim's environment which could help him/her to overcome the suffered trauma. The recommendations are aimed at governmental authorities and civil society representatives. They include points related to the development of psychological services for the victims of sexual abuse and ensuring quality services that would reduce the consequences of the abuse trauma and strengthening the psychological service in the Republic of Moldova.

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CONCLUSIONS

The analysis of psychological services for victims of sexual abuse (VSA) in the Republic of Moldova and the experience of psychologists and psychiatrists in the counselling VSA, including victims of sexual abuse in childhood (VSAC) allows us to conclude the following:

WITH REFERENCE TO THE PROFILE OF THE VSA BENEFICIARIES ACCESSING THE PSYCHOLOGICAL SERVICES

- ▶ Of the 50 professionals (psychologists and psychiatrists) interviewed, 33 had as beneficiaries victims of sexual abuse, and 23 counseled people, adult victims who were abused in childhood. The mentioned professionals offer their services for different categories of beneficiaries: children up to 5 years old, children aged 5-10 years old, children aged 11-18 years old, adult women, adult men, couples. The range of services is different and includes individual counseling, individual psychotherapy, group psychotherapy less often - support groups, various seminars, psychological assessments, assistance in court, remedial sessions, support for the specialists, pedagogical activities, couple psychotherapy, training for legal hearing etc.
- ▶ Women are more frequently victims of sexual violence, but also resort more frequently to psychological services. The referral of the victims of sexual abuse to psychological services is done more frequently by the social services and the police, followed by direct addressing of the victims or their relatives and the referral by some NGOs. Rarely the victims are referred to psychological and psychiatric services by other psychologists, educational institutions, Youth Friendly Centers, Hotline, Trust Hotline, Child Helpline.
- ▶ For people who have been abused in childhood and addressed to receive psychological services, these offenders, the most frequently are: (i) men (situations when the woman is the sexual aggressor were identified much more rarely (2 situations, in one case the sexual abuse has not been confirmed); (ii) known persons, including trusted persons of the child (biological father, mother's concubine, guardian, uncle, cousin etc.).

► The vast majority of aggressors, in the cases analyzed in this study are adults. Cases where the aggressors are young people exist, but there are fewer appeals at the specialists. Young abusers are more common in people with disabilities. The carried out research allowed the identification of cases of sexual abuse both in residential institutions for children with disabilities, and in the case of children with disabilities who live in families.

► A significant proportion of sexual abuse cases during childhood that were counseled by specialists reflect sexual abuses which took place for a long period of time (1-8 years). In many cases, the sexual abuse occurs after migration for work of one parent or both parents and in many cases there is present a precarious relationship between the mother and the abused child, including lack of attachment between the mother and the sexually abused child.

WITH REFERENCE TO PSYCHOLOGICAL SERVICE PROVIDERS FOR VSA

► Psychological services in the Republic of Moldova are offered in *state institutions* (psycho-pedagogical support services dedicated to children, psychological services offered to children in educational establishments, psychological services offered to children in placement centers, day care centers, psychological services offered to adults in centers for victims of domestic violence, or centers for victims and potential victims of human trafficking), and private institutions: a) the non-governmental institutions (specialized psychological services for different categories of beneficiaries - people with disabilities, overall victims of violence, etc.) and b) in private psychological offices.

► Psychologists who had the largest number of sexually abused children as beneficiaries work within the system of state social services or non-governmental sector that provide services to abused children and adults (Center for Assistance and Protection of victims and potential victims of human beings trafficking (CAP), Maternal Center Causeni, Center for Psychosocial Assistance to Child and Family "Amicul" of NCCAP, International Centre "La Strada". The number of the victims of sexual abuse who turn to private psychological offices is smaller, inclusively because the services provided by them are chargeable. Psychologists who provide charged psychological services said they had situations where victims of sexual abuse cannot pay for services and then they direct the beneficiaries towards the state service system or to the nongovernmental.

► Currently in Moldova there is no Professional College of Psychologists to regulate and monitor their professional activity. In Moldova there are no regulations or standards that regulate the activity of this category of specialists. In the work of psychologists there are no standardized diagnostic tools adapted for the conditions of the Republic of Moldova. Each specialist provides psychological services depending on the studies he/she owns and training courses that he/she benefited from.

► Overall, in the Republic of Moldova there is a lack of psychological culture. The population does not address to a psychologist. The causes of the low number of appeals of the population for psychological services is determined by the lack of services in the territory on the one hand, and shame to address on the other hand. Respectively, the number of sexual abuse victims who resort to psychological services is small.

► There is no unanimous opinion on the quality of the psychological services offered to victims of sexual violence among specialists. Some argue that they work using special methods, and that there is a different approach of work with child victims and adult victims, and sometimes it gets to court. Others say that the quality of services provided to victims of sexual violence are poor due to lack of a regulatory framework, work standards, but also due to the fact that the problem of sexual abuse of children, is not solved in complexity through training and the capitalization of people that could provide support.

► The difficulties/challenges faced by specialists in counselling victims of sexual abuse, including victims of sexual abuse in childhood are numerous and include: (i) difficulties characteristic for the victims; (ii) difficulties characteristic to their family; (iii) difficulties deriving from stereotypes that exist in society; (iv) difficulties related to gaps in regulations and legal procedures for examining cases of violence; (v) difficulties caused by lack of services for victims of sexual violence and their families; (vi) difficulties of the specialists offering services.

► Maintaining and keeping records of victims of sexual abuse remains at the discretion of each specialist. Of the 33 specialists who provided services to victims of sexual abuse, 21 said that they document the cases with which they work. The survey data reveals that there is no standard, unique structure of documentation of sexual abuse cases at the psychologists from the Republic of Moldova. The files vary from one institution to another and from one specialist to another. Of the 21 psychologists documenting these cases, 7 indicated that they make differences in documenting cases of sexual abuse in general and sexual abuse in childhood. Psychologists have noted that the files of the victims of sexual abuse in childhood contain more data on parents/carers, the person's needs, explanations, data about the consequences of the sexual abuse, specific applied methods.

WITH REFERENCE TO THE RISK FACTORS AND CONSEQUENCES OF CHILDHOOD SEXUAL ABUSE

► Risk factors for childhood sexual abuse on adult life include: (i) *at individual level* (fear, lack of confidence, presence of a disability/delay in mental development, naivety, lack of basic skills of life, etc.); (ii) *at interpersonal level* (disorganized family, lack of emotional communication in the family, lack of affection, superficiality in emotional relations, the lack of trust relationships in the family, the presence of

violence in the family home of the mother, migration of one parent/both parents, lack of friends, etc.) (iii) *at community level* (rural environment, blaming the victims for what happened, lack of privacy, marginalization, social discrimination, etc.) (iv) *at social level* (lack of sexual education, the presence of stereotypes, victim blaming, lack of psychological services etc.).

► The consequences of childhood sexual abuse, regardless of age and sex, depends on many factors: (i) the duration of time of sexual abuse; (ii) the frequency of sexual abuse, (iii) the form of the sexual abuse; (IV) the individual characteristics of the child; (V) psychological services benefited by the victim; (Vi) support offered by the family, etc.

► The survey reveals that childhood sexual abuse causes multiple effects: (i) hypersexualized behavior; (ii) anxious concern and inability to build lasting intimate relationships; (iii) internalization of victim behavior in choosing a life partner; (iv) problems in sexual relationships, lack of pleasure in sex, physiologically unfounded presence of pain, frigidity, lack of orgasm; (v) rebellious behavior as a mechanism by which it develops self defense, including aggression; (vi) fear, distrust in people; (vii) health problems; (viii) repeated sexual abuse; (ix) suicide attempts; (x) the transmission of victim behavior including to own children; (xi) lack of stable relationships, relations with 3-4 men at the same time, including married men; (xii) early sexual relations; (xiii) prostitution; (xiv) fear of becoming mothers etc. Among victims of childhood sexual abuse that come to the attention of psychologists from the system of services for victims and potential victims of human trafficking, victims of domestic violence, most commonly are found risky sexual behavior as a consequence of childhood sexual abuse (early sexual relations, changes of partners, multiple partners, sex in groups, prostitution, sexual exploitation situations etc.).

► Repeating the abuse experience deepens the trauma and increases the likelihood of risky sexual behavior, including exposure to other risks, for example - human trafficking. Victims of childhood sexual abuse do not see other possibilities to escape sexual abuse. Victim behavior which is taken over by the childhood victims of sexual abuse causes low self-esteem, a self misunderstanding, no sense of self-respect, lack of self-love. Those people do not focus on the capabilities they have, on the fact that they should be appreciated and respected for the abilities they possess.

WITH REFERENCE TO THE PROTECTIVE FACTORS:

► The protective factors of sexual abuse in childhood on adult life include: (i) *at individual level* (strong nervous system of the victim, strong character, motivation and desire to become a respected person, ambition to get out of this state, intellectual abilities, self-confidence, self-esteem, ability to relate to others, resilience etc.); (ii) *at interpersonal level* (family and its values, family background, the existence of a relationship of confidence, the attitude of the mother/other



close family members to the child's confession, the degree of attention from the mother to the child's behavior, the strong relationship with the school, wish to learn etc.); (iii) *at community level* (urban environment, presence of interests and occupations for children, training of the professionals who interact with children and some may suspect and identify situations of abuse etc.); (iv) *at social level* (lack of stereotypes, sexual education, presence of awareness campaigns, the presence of specialized services etc.). Also an important protective role plays the attitude of the victim to him/herself, lack of guilt and re-victimization in the community and society.

RECOMMENDATIONS

The study results show the social reality on the access of the VSA, including VSAC to the psychological services, consequences of childhood sexual abuse on adult life, protective and risk factors of childhood sexual abuse on adult life. These results allow submission of **recommendations** having the purpose to prevent case of sexual abuse of children, and in the case of VSA - reducing the consequences of trauma.

Prevention of children sexual abuse is possible to be carried out by removing/minimizing the risk factors and increase the role of the protective factors. In this connection, it is recommended:

- ▶ Developing and strengthening strategies and systemic approaches in child protection area (individual, family, community, social level).
- ▶ Prioritizing actions of primary prevention of sexual abuse against children by including actions/programs in all universal services (education, health, social protection, public order) and through information campaigns and public, especially children awareness.
- ▶ Promoting structural programs of child sexual abuse prevention, designed especially for preschool children.
- ▶ Capacity building of the professionals from the sectors of education, social protection, public order, justice in the field of prevention, identification and referral to services of child sexual abuse cases.
- ▶ Developing programs and family support services, parenting education, for assistance of the families which are in various risk situations.
- ▶ Developing state psychological services in all administrative territorial units and informing the population and the ability to access these services.
- ▶ Providing free access to all child victims to specialized rehabilitation and reintegration services.

Considering that within this study there also has been conducted an analysis of the psychological services that provide assistance for victims of VSA and VSAC, we would like to stress separately several recommendations to strengthen the psychological service in the Republic of Moldova, which is a factor of protection at the level of the child protection system to prevent and combat sexual abuse against children. In this regard there would be welcomed the following recommendations:

- ▶ Developing the legal framework for regulating the profession of psychologist, organization and functioning of the Professional College of Psychologists in the Republic Moldova.
- ▶ Establishing of quality standards for the offered psychological services, professional record of psychologists specialized in assisting victims of sexual abuse.
- ▶ Developing and introducing a mechanism of professional growth of psychologists, including on specific areas such as the granting services for victims of violence in general and sexual abuse of children, specifically.
- ▶ Developing of the spectrum of psychological services for VSA, including family members and offering long term counselling services for this category of victims.
- ▶ Strengthening partnerships among psychologists offering services to VSA, including VSAC and representatives of social, educational, medical, law institutions, civil societyetc.
- ▶ The development of specialized programs of therapy for abusers who commit sexual offenses.

