

TESTIMONY IN SUPPORT OF SB 134:

CIVIL ACTIONS – CHILD SEXUAL ABUSE – DEFINITION AND STATUTE OF LIMITATIONS

****SUPPORT****

TO: Hon. William Smith Jr., Chair, and members of the Senate Judicial Proceedings Committee

FROM: Kay Connors, LCSW-C, Instructor, Department of Psychiatry, University of Maryland School of Medicine

DATE: February 2, 2021

“The world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing.” —Albert Einstein

As a clinical social worker and trauma therapist for over 35 years and a faculty member at the University of Maryland School of Medicine in the Department of Psychiatry, I am submitting this testimony in support of SB134, the Hidden Predator Act of 2021. SB134 is essential for justice and healing for survivors of child sexual abuse. Central to healing from child sexual abuse is the opportunity to be seen and heard along with creating safety for the survivor and potential future victims.

Child sexual abuse is the sexual victimization of a child by an adult or older child, and it is frequently accompanied by coercion, threats, and force. The National Child Abuse and Neglect Data System defines child sexual abuse as a range of sexual acts that may include oral, genital, or anal penetration, as well as sexual touching, exposure, exploitation, and voyeurism. Childhood sexual abuse is a worldwide public health problem that occurs throughout all communities and in socioeconomic, educational, racial and ethnic groups. Due to its hidden nature and the frequent absence of physical evidence, child sexual abuse often goes undisclosed and undetected and may not come to light until many years or decades after the abuse occurred.

Child sexual abuse can have wide-reaching and long-lasting effects. Recent brain science has demonstrated that childhood sexual abuse causes changes in the developing brain and its functioning and alters a child’s development, including the ability to be resilient and adjust later in life. The landmark Adverse Childhood Experiences (ACEs) study conducted with 17,000 adults and later replicated in several studies throughout the country with 500,000 participants, including Maryland citizens, consistently demonstrates that child sexual abuse is a common experience, estimated at 24.7% for women and 20.7% for men. The ACEs study and other research studies have shown that child sexual abuse commonly occurs with other adversities and traumatic experiences and is linked to chronic health and mental health problems. ACEs are known to impact child development, such as brain development, stress regulatory systems, social emotional and cognitive development, and increases the likelihood of having 2 or more co-occurring mental health diagnoses including ADHD, mood, anxiety, addiction, impulse control problems, as well as medical disorders such as, heart and digestive diseases, diabetes, asthma, cancer.

Child sexual abuse is also shown to be associated with some of the most serious mental health problems, suicide and psychosis. Adolescents and young adults who have experienced child sexual abuse are at a higher risk of developing psychotic disorders, such as schizophrenia. For example, researchers found that sexual abuse before the age of 16 was strongly associated with psychosis. Within individuals suffering from psychosis, a history of child sexual abuse is associated with higher levels of impairing and distressing symptoms, particularly hallucinations and delusions. This may be due in part to the hypervigilance and thinking patterns sexual abuse survivors need to use to cope while living in unsafe and psychologically damaging situations. With regards to suicide, child sexual abuse was strongly associated with a history of suicide attempts as well as suicidal intent and was more common in women. As people age, their PTSD symptoms may worsen. With aging comes life changes such as retirement, loss, moves and changes in life-style (e.g. more screen time), and increased risk of medical problems and decreased physical abilities. Increased isolation, feeling more vulnerable, along with not having the coping strategies that were available to them when they were younger put older child abuse survivors at risk of struggling with unwanted memories and re-emerging fears of the abuse.

Traumas, including child sexual abuse, greatly impact how memories, emotions and cognitions are processed and stored in the mind and impacts beliefs about oneself and relationships to others. Sadly, when children do not disclose sexual abuse, they can suffer long-term difficulties. Researchers have documented that the traumatic effects of sexual abuse may include:

- Powerlessness: having an ongoing sense of fear and vulnerability
- Betrayal: no longer being able to trust others' good intentions
- Stigmatization: feeling secrecy, shame and/or "damaged" related to the sexual abuse
- Traumatic sexualization: associating sexuality and sexual behavior with fear, pain, and coercion rather than pleasure, intimacy, and choice.

There are many reasons victims of child sexual abuse do not disclose to anyone for many years. Some people may never disclose. Fear of not being believed, reprisals from perpetrators and of being blamed are common reasons to not disclose. When it does happen, disclosure is often a process, not a single event. Childhood sexual abuse survivors report not wanting family or other people to know, being unable to prove the incident occurred, and fear that authorities will not take it seriously. Other reasons that childhood sexual abuse survivors do not disclose may include posttraumatic stress symptoms of trying to avoid thinking about, remembering, or talking about the sexual abuse because it is frightening and emotionally painful and brings up overwhelming feelings of shame and thoughts that they might have deserved what happened.

The Hidden Predator Act of 2021 (SB134) recognizes the rights of childhood sexual abuse survivors seek justice for past abuse and illegal acts and empowers survivors to move forward in their healing process. ***For these reasons, I urge a favorable committee report and passage of Senate Bill 134 without amendments.***

Sincerely,



Kay Connors, LCSW-C

Instructor, Department of Psychiatry, University of Maryland School of Medicine

Executive Director, Taghi Modaresi Center for Infant Study, Division of Child and Adolescent Psychiatry

737 West Lombard Street

Room 498

Baltimore, MD 21201

Office: 410-706-3216

Clinic: 410-328-3522

Cell: 443-845-7196

kconnors@som.umaryland.edu