

Testimony in Support of Senate Bill 2275
February 2, 2021

Chair and Members of the Committee.

My name is Anna Frissell. I am the Executive Director of the Red River Children's Advocacy Center, located in Fargo and Grand Forks. I am here today to ask for your support for Senate Bill 2275.

From Chris Johnson, the Chair of the Prevention of Child Sexual Abuse Task Force, you heard testimony about the roots of the Task Force and our strategy for moving forward. I want to focus once more on the problem and what we can do together.

It is estimated there are 42 million survivors of child sexual abuse in the US and research tells us that 60% of victims never tell anyone about the abuse, living without intervention and dealing with the consequences of trauma for their whole lives^{1,2}. Nearly 70% of all reported sexual assaults (including assaults on adults) target children aged 17 and under^{3,4}.

Child abuse happens in North Dakota. Every year Children's Advocacy Centers and other providers see hundreds of children that are sexually abused, raped and threatened. These children have experienced and witnessed violence and may have been exploited through pornography and trafficking. All of these singular incidents of trauma and heinous crimes are what our Prevention Task Force is working to stop. Senate Bill 2275 is a carefully thought out request, which will provide much needed funding for resources/capacity to support the work of the Prevention of Sexual Abuse of Children Task Force.

Children who are sexually abused are at significantly greater risk for a wide variety of mental health and physical health problems including PTSD, anxiety, depression and suicide^{5,6}. They are more likely to have substance abuse issues, delinquency, and academic difficulties^{6,9}. They are at increased risk for teen pregnancy⁷, other sexual behavior problems⁸ and eating disorders¹⁰. Not only does child sexual abuse affect children, often adults who were abused as children carry this pain with them for a lifetime. Adults with a history of child sexual abuse are 30% more likely than their non-abused peers to have a serious medical condition such as diabetes, cancer, heart problems, stroke or hypertension.¹¹ The Center for Disease Control has estimated the lifetime cost of child abuse to be approximately \$210,012 per victim¹².

The legislature created a Task Force that is committed to improving the response to and prevention of child sexual abuse. A multidisciplinary group of professionals working to arm North Dakota to join the war against child sexual abuse waging across the country.

The Task Force brought together a proactive, multidisciplinary statewide team looking at strategies that can bring about change in behavior and norms: Focusing on policies and practices that will work toward the goal of preventing child sexual abuse before it happens. At the same time, developing education plans that educate both adults and children: Arming adults with the knowledge to recognize grooming behaviors used by predators to prey on vulnerable young people, and how to report and of course; supporting body safety education for children, as research tells us they are more likely to tell an adult once they have this knowledge.

The Task Force strategy recognizes that intervention is important in helping those who have been victimized to have the ability to heal and to not continue the cycle of their own abuse. But when one works in the area of child sexual abuse you quickly realize you must not only intervene for the sake of those children who have already been abused but also take steps to stop the abuse from happening in the first place. To this end, the Task Force members are all working toward stopping child sexual abuse.

At the same time that the Task Force is looking at a statewide strategy, there are also efforts to build or continue prevention campaigns that are blossoming in numerous North Dakota communities, like in Cass County where the Stand to Protect campaign is the foundation of a movement that will be customized to the community needs and resources; or Red Flag Green Flag, a foundational and long standing program that has made its way into many school systems; or Darkness to Light used by many agencies around North Dakota to bring education to children and communities. Senate bill 2275 will build resources that will allow exploration about and sharing of these community built resources moving toward the common goal....to end the sexual abuse of our children.

I have served on many Task Forces and typically they have a goal, that with the membership each taking a small piece of the puzzle, can be accomplished. This Task Force's mission is different: Stopping child sexual abuse requires not only systemic change but changes to our culture and norms. These kinds of changes take dedicated resources and many years but the end result will save countless lives.

I believe there is little controversy about the laudable goal of the Task Force. The Task Force members recognize that the resources of the State are stretched. We

have accomplished a great deal as a Task Force as we have set up the play book for moving forward. But we are ambitious and believe that when this Task Force was created it was with the idea to get the plays on the field and win the game! To implement our strategy, we will need the resources to make it happen.

We know that child sexual abuse is a serious problem; it is everyone's problem; and something needs to be done about it. The good news is the Task Force is positioned with a well thought out strategy to ramp up the statewide discussion about how North Dakota can lessen the risk to the kids in all of our lives, the children we love.

Chair and Members of the Committee. Thank you for allowing me the opportunity to testify before you today.

1. London, K., Bruck, M., Ceci, S., & Shuman, D. (2003) Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law*, 11(1), 194-226.
2. Ullman, S. E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse*, 16(1), 19-36.
3. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved January 12, 2009 from <http://www.ojp.usdoj.gov/bjs/pub/pdf/saycrle.pdf>
4. National Crime Victimization Survey, Statistic calculated by staff at Crimes against Children Research Center. 2002.
5. Walker, E.A. Gelfand, A., Katon, W.J., Koss, M.P, Con Korff, M., Bernstien, D., et al. (1999). Medical and psychiatric symptoms in women with children and sexual abuse. *Psychosomatic Medicine*, 54, 658-664.
6. Kilpatrick, D. G., Ruggiero, K. J., Acierno, R., Saunders, B. E., Resnick, H. S., & Best, C. L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting and Clinical Psychology*, 71, 692-700.
7. Noll, J. G., Shenk, C. E., & Putnam, K. T. (2009). Childhood sexual abuse and adolescent pregnancy: A meta-analytic update. *Journal of Pediatric Psychology*, 34, 366-378.
8. Girardet, R. G., Lahoti, S., Howard, L. A., Fajman, N. N., Sawyer, M. K., Driebe, E. M., et al. (2009). Epidemiology of sexually transmitted infections in suspected child victims of sexual assault. *Pediatrics*, 124, 79-84.
9. Wells, R., McCann, J., Adams, J., Voris, J., & Dahl, B. (1997). A validation study of the structured interview of symptoms associated with sexual abuse using three samples of sexually abused, allegedly abused, and non-abused boys. *Child Abuse & Neglect*, 21, 1159-1167.

10. Fuemmeler, B. F., Dedert, E., McClernon, F. J., & Beckham, J. C. (2009). Adverse childhood events are associated with obesity and disordered eating: Results from a U.S. population-based survey of young adults. *Journal of Traumatic Stress, 22*, 329 – 333.
11. Sachs-Ericsson, N., Blazer, D., Plant, E. A., & Arnow, B. (2005). Childhood sexual and physical abuse and 1-year prevalence of medical problems in the National Comorbidity Survey. *Health Psychology, 24*, 32 – 40.
12. Fang, X., Brown, D., Florence, C., Mercy, J. (2012) The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect, 36*:2,156–165