

# VULNERABLE GIRLS, SEXUAL VIOLENCE AND CHILDHOOD OBESITY: THE NEED FOR A GENDERED AND EMPOWERMENT APPROACH

## I. BACKGROUND

America's girls suffer from sexual violence, alone and in silence. The silent suffering of being violated, often by family, friends, or other persons who were to be trusted, dims girls' self-esteem and cuts down their belief in who they can become and what kind of relationships they deserve. Girls are left forever changed by the violation done to their bodies and spirits, and they are too often denied the supports needed to heal. Instead, girls—especially girls in vulnerable communities—are left to quietly endure the iniquity. These vulnerable girls who are left behind are subject to more violence and render their bodies and spirits disembodied through severe obesity and eating disorders.

## II. ELABORATION: SEXUAL VIOLENCE, OBESITY, AND EATING DISORDERS

There is an undeniable interrelationship between sexual violence and disordered eating that is distinctly experienced by girls and women. Studies (Glaister & Abel, 2001; Silverman, Raj, Mucci, & Hathaway, 2001) have unearthed the insidious interrelationship between sexual violence and eating disorders and obesity.<sup>1</sup>

Girls (as well as women) subject to sexual violence engage in eating disorders as an attempt to protect themselves from revictimization, and to exert agency over their bodies since the violence done to their bodies denies their sense of control and power. Palmer et. al (1990) reported that eating disorders and morbid obesity are four times more frequent in childhood sexual abuse survivors than in non-abused individuals.<sup>2</sup> A study conducted by Ackard and Neumark-Sztainer (2001), pointed to victims of sexual violence attempting to manipulate their bodies to be unattractive to preempt the possibility of repeated or future sexual transgressions and violence committed against them.<sup>3</sup> Similarly, Briere and Runtz (1988) found that victims of sexual violence express self-blame which triggers self-destructive behavior such as intentional obesity, but that the act of intentional obesity is also a self-protection mechanism.<sup>4</sup>

**To effectively alleviate the pervasive impact of childhood obesity and eating disorders among girls, especially our most vulnerable girls, there must be a gender-specific approach which recognizes the interrelationship between sexual violence and eating disorders, and provides girls opportunities to heal from the trauma of sexual violence, in order to reclaim their health, well-being, and full potential.**

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<sup>1</sup> Glaister, J.A. & Abel, E. *Experiences of Women Healing from Childhood Sexual Abuse*, *Archives of Psychiatric Nursing*, 15, 188-194, 2001. Silverman, J. G., Raj, A. Mucci, L.A., Hathaway, J.E. *Adolescent Girls and Associated Substance Abuse, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy and Suicidality*. *American Medical Association*, 2001.

<sup>2</sup> Palmer, R.L., et al. *Childhood Sexual Experiences with Adults Reported by Women with Eating Disorders: An Extended Series*. *Br. Journal of Eating Disorders*, 29, 166-176, 1990.

<sup>3</sup> Ackard, D. M. & Neumark-Sztainer, D. *Date violence and date rape among adolescents: Associations with disordered eating behaviors and psychological health*. Paper presented at the presented at the annual convention of the American Psychological Association, San Francisco, CA, 2001.

<sup>4</sup> Briere, J. & Runtz, M. *Symptomology Associated with Childhood Sexual Victimization in a Nonclinical Adult Sample*. *Child Abuse and Neglect*, 12, 51-59, 1998.



### **III. SEXUAL VIOLENCE, DISORDERED EATING, AND OUR MOST VULNERABLE GIRLS**

During the years 1990-2000, girls' detention jumped by 50 percent, compared to a 4 percent increase for boys.<sup>5</sup> While the rate of incarceration for girls outpaces that of boys, girls are not being arrested for violent crimes. The overriding reasons for girls' arrests are for the gendered offenses of running away or prostitution.<sup>6</sup> Many girls charged with runaway offenses are escaping from homes where there is sexual and or physical violence directed at them. Girls engaged in prostitution are often already victims of violence, and they comprise the majority of youth detained for prostitution.

Girls Behind Bars share narratives of repeated physical and sexual violence. In a study conducted by the Oregon Social Learning Center, chronically delinquent girls reported their first sexual encounter at the age of 6.<sup>7</sup> Another study on delinquent girls revealed that in California, 81 percent of chronically delinquent girls reported being physically abused and 56 percent were sexually abused.<sup>8</sup>

Sexual or physical violence is more central to girls' pathways to detention than it is for boys. For example, the Oregon Social Learning Study found that while 3 percent of delinquent boys experienced physical abuse, 77.8 percent of the girls were abused.<sup>9</sup>

Rather than be placed in detention for running away or prostitution, they require a safe place to heal. Detention is not safe. Girls in detention report being physically and sexually assaulted by male staff. Girls in detention receive minimal access to mental and physical health screening and treatment. Detention units are riddled with problems of overcrowding and a dearth in basic services. Often, girls in detention are subject to isolation and restraints—practices which are especially inappropriate for victims of sexual and physical trauma.<sup>10</sup>

Girls vulnerable to involvement in the criminal justice system, and girls in the criminal justice system, demonstrate the commonplace characteristics of being victims of sexual violence. They suffer from eating disorders and obesity—as well as other manifestations of trauma—such as substance abuse, mental health disorders, and teenage pregnancy. Unfortunately, these girls generally have no place to turn. They live in homes where there is abuse or neglect, are often relegated to the foster-care system, and attend schools that are indifferent to the potential and needs of these girls.

Our most vulnerable girls require opportunities to heal from the profound trauma that has disfigured their lives and their hopes. They deserve the opportunity to reclaim their bodies, minds, and spirits from the traumas of sexual violence—and they deserve a chance to be safe. There are few community-based, therapeutic, gender-specific empowerment programs for girls in crisis. Girls are rarely afforded the opportunity to be alternatively sentenced or referred to community-based and gender-specific programs, since few exist. Only a handful of cities such as Philadelphia, San Francisco, and Boston are developing empowerment-based programs for vulnerable girls, with an emphasis on full healing from violence and trauma.<sup>11</sup>

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<sup>5</sup> Sickmund, M. Sladky, T.J., and Kang, W., *Census of Juveniles in Residential Placement Datebook*, 2004.

<sup>6</sup> Snyder, H. (2004). *Juvenile Arrests 2002*. Washington, DC Office of Juvenile Justice and Delinquency Prevention. OJJDP Statistical Briefing Book.

<sup>7</sup> Chamberlain, P. (January 24-26, 2002), *The Multidimensional Treatment Foster Care Model: Research and Community-Based Services*. Presented at 2<sup>nd</sup> National Training Conference on Juvenile Detention Reform. Portland, Oregon: Annie E. Casey Foundation.

<sup>8</sup> Acoca L., and Dedel, K., *No Place to Hide: Understanding and Meeting the Needs of Girls in the California Juvenile Justice System*, San Francisco, Ca.: National Council on Crime and Delinquency, 1998.

<sup>9</sup> Chamberlain, 2002.

<sup>10</sup> Id.

<sup>11</sup> Id.



#### **IV. EMPOWERMENT-BASED GIRL ORGANIZATIONS: A CHANCE FOR GIRLS SUFFERING FROM SEXUAL VIOLENCE AND EATING DISORDERS**

An advocacy agenda is required to expand the number of girl empowerment-based organizations. Gender-specific and empowerment programs honor the relational identities of girls and provide therapeutic, safe, and strength-based interventions to address the imprint of gendered violence on girls' development. Cities such as Philadelphia, San Francisco, and Boston have stitched together either collaborative relationships to provide girls gender-responsive programs or assembled a continuum of care. Each city revamped its approach to girls in crisis to be comprehensive, safe, and both community and family-based. In Boston and San Francisco, the juvenile justice and child welfare systems formed collaborative relationships with community-based organizations to provide individual plans for girls in crisis which addresses the girls' needs from a strength-based assessment. In Philadelphia, the Department of Human Services spearheaded an across systems continuum which includes a critical response to girls' mental and physical health needs and braids together the justice and dependency systems as points of entry for vulnerable girls to receive comprehensive services. So many of the girls served by these innovative girl empowerment-based programs are able to heal from the trauma of sexual violence, reclaim their bodies from obesity and eating disorders, exercise a healthy sense of power and agency over their lives, and thus achieve their full potential.



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