

**Connecticut General Assembly**  
**Testimony on Eliminating the Statute of Limitations for Sexual Assault Crimes**  
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I have spent the larger part of the past 20 years working around the country with various governmental and non-governmental agencies to implement trauma-informed policies and practices. This has included 1) dismantling statutory and policy frameworks and organizational practices that are inconsistent with well-established research and harmful to survivors, and 2) actively building a scaffolding of laws, policies and practices that create pathways to healing and justice.

As the United States and other countries respond to the call for trauma-informed care at all levels of policy and practice, we have to acknowledge the reality that having a statute of limitations on sexual assault crimes is anything but trauma-informed. In fact, placing limits on when a survivor can report and seek justice for the harm that they were forced to endure is antithetical to the research on the impacts of sexual assault. This research crosses various disciplines, and has been validated by experts across the globe.

It is such an indignity that, despite our deep understanding of the neurobiological, psychological and social impacts of sexual assault, we continue to have a law in this state that does not reflect undisputed science; a law that - through its very existence - replicates trauma, uplifts and maintains a culture that tells survivors that they don't matter, and is a barrier to fairness, equity and justice.

So I am here to offer a reminder about the research on trauma and the impacts of sexual assault - research that offers a clear explanatory framework regarding why so many survivors don't report the harm they suffered, why a statute of limitations on sexual assault crimes is irresponsible in light of the research, and why we have a moral imperative to ensure a statutory framework that is responsive to the research-confirmed needs of survivors.

The first body of research that I want to remind us of today is that which relates to the impact that sexual assault has on the brain and body. Sexual assault engages neural mechanisms that help victims survive the terror of what is happening to them, and neural mechanisms that are responsible for encoding the memory of it. When the brain acknowledges that something traumatic is happening to the body, it signals a hormonal release to help the body respond. These hormones - catecholamines (adrenaline, cortisol) - help victims to fight or flee. And, for some victims, the way they survive is by freezing. They don't fight back. This is also a hormonally activated response and can involve an entire shutdown in the body called tonic immobility. Tonic immobility is often referred to as "rape-induced paralysis." It is an autonomic, mammalian response; in other words, it is uncontrollable. This is not something a victim decides to do. It is evolutionarily wired into us to ensure our survival.

The brain also signals the body to release additional hormones, opiates, that help the body to deal with the physical and emotional pain that accompanies sexual assault. These hormones blunt the physical

and emotional pain that courses through the victim's body and can contribute to what appears to be a flat affect after the assault.

The brain's memory encoding process is also impacted by sexual assault. The hippocampus is the structure in the brain that processes information into memories. It takes sensory information - auditory, visual - and both organizes and consolidates it. Sexual assault interrupts this process - the very hormones that flood our system and help us respond to and survive the extreme violation of sexual assault make it very difficult for us to encode and consolidate the memory of it. Why? The information that comes into the brain and body during a sexual assault is so threatening and horrifying that it engages the amygdala first - our brain's fear center. The brain then struggles to process this information because it is laden with fear and terror. Accessing these memories in the days, weeks, months and years following the assault can be extraordinarily difficult, especially when survivors are lacking in social and institutional supports.

The presence of all the hormones that help victims to survive sexual assault not only disrupts how their memories are encoded, but they also render the thinking part of the brain less accessible. Why? Thinking is not a priority when an a human being is under attack. Rational thought is a liability and the survival of the organism takes precedence.

A critical point here is that this neurobiological response is the equivalent of an atomic bomb going off in the body. It can take days, weeks, months and years to recover from this and to access and integrate memories. And, because the assault has taught us that the world is not safe, survivors can be easily triggered into this place of high activation. Reporting may not even be on their radar - they are just trying to survive each moment of their life.

The second body of research I want to elevate is that which relates to the reasons survivors may not report their abuse or assault within a certain period of time. In addition to enduring the significant and prolonged impacts trauma has on the body, survivors experience a host of barriers to reporting the violence they endured - these barriers are intrapersonal, interpersonal/social, institutional and societal. They are too numerous to fully describe here, but I will highlight some.

Intrapersonal barriers to reporting include, but are not limited to, shame, guilt, embarrassment, fear, and denial. Sexual assault is one of the most psychologically damaging forms of crime that anybody could experience. Too often, following a sexual assault, survivors may not report their experience, hoping that by remaining silent they can avoid reliving the violence of it. Having to disclose or discuss the assault with others can cause many survivors to re-experience the assault as if it were happening for the first time or happening again.

Relational/social barriers are also very common. For example, survivors may have very real indicators that reporting their abuse could lead to the harm of their loved ones or break up their family. Power dynamics also make reporting extremely difficult, especially for marginalized groups such as persons of color and those that identify LGBTQ. Persons that are known to or more powerful than the survivor can create additional barriers with disclosure. The perpetrator may be a person who has authority or some form of control over the survivor, or the perpetrator may be someone a survivor interacts with regularly. The survivor may think the perpetrator is a good person in other areas of their life; as such, the survivor may not want to "hurt" the perpetrator by reporting.

Societal barriers to reporting are also very real and significant. Society still tends to blame the survivor for the abuse committed against them. Blaming the survivor can result in confusing and conflicting feelings as they struggle with thoughts or beliefs they could have prevented or stopped the abuse. When survivors begin to question their own actions in response to the assault/abuse they inadvertently render the perpetrator blameless.

Finally, it is also well documented that institutional responses to survivors, including those from law enforcement and social services, often cause them more harm and lead them to discontinue their efforts to report. Many survivors experience secondary victimization when they access institutions that are supposed to protect them. Secondary victimization occurs when the attitudes, beliefs and behaviors of social system personnel are victim blaming and insensitive. Survivors' experiences disclosing to institutions often exacerbate their trauma, and make them feel like they are experiencing a second assault - hence the term "secondary victimization." Many survivors actively avoid reporting so as to avoid the emotional and social violence of harmful institutional responses. Most survivors say they leave their interaction with institutions feeling blamed, depressed and anxious, and 80 percent say that they feel reluctant to seek further help after that interaction.

The third and final body of research I would like to elevate today is that which relates to survivor resilience and healing. We now know survivors can begin to heal when they are provided with the right conditions. Research shows that when survivors are provided with safe environments and empathic, nonjudgmental interactions and processes, and, most importantly, time, they can and do access their memories, integrate what has happened to them, and take the actions they need for healing and justice. We must create a statutory framework that supports this incredibly important process.

In closing, I ask all of you here today: If we know that that sexual harm has significant and prolonged impacts in survivors; if we know that well researched neurobiological, intrapersonal, relational/social, institutional and societal realities create barriers to reporting; and if we know that survivors need time to process the violence they endured and access their personal agency - how can we justify a statute of limitations? How can we deny survivors the opportunity for the justice and healing they deserve and privilege those who committed harm? How can we ignore the research and uphold a law that functions as yet another barrier to survivors' access to personal agency and justice?

Connecticut's 5-year statute of limitations for sexual assault crimes is the 3rd shortest in the nation. Meanwhile, 28 states have either no statute of limitations or a period of 20 years or more. It is time to eliminate the statute of limitation and open the doors to real justice.