# SEXUAL ABUSE / RAPE IN FEMALE PRISONERS AND ITS LINK WITH SUICIDE ATTEMPT / DEPRESSION

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#### **Abstract**

Motivation for the paper: The interest in studying the phenomenon of sexual abuse in some of its dimensions arises from the possibility of analyzing a database of a research project on women in prison who presented addictive behaviors.

Objectives: Investigate the frequency of sexual abuse in women in prison and its association with other mental health problems such as suicide and depression.

What was done: A secondary analysis of a research study of women in prison in Mexico was conducted. How it was done and validated: Three variables of interest were analyzed from a statistical analysis which yielded various data in relation to sexual abuse and rape in women in prison, the database was approved by the research and ethics committee of the National Institute of Psychiatry Ramon de la Fuente Muñiz, in Mexico.

Major results: There was a significant relationship between sexual abuse and suicide attempt in women who are incarcerated, 11.3% attempted suicide in the last month, while 41.3% attempted suicide, at some time in their lives, mostly sexual abuse and rape occurred during childhood, within their homes and the main perpetrator was a family member or close friend of the male gender.

Conclusions: Prevention and awareness programs on sexual abuse and comprehensive care in prison spaces are required to meet and prioritize all the needs of those women who are deprived of liberty. Policies and measures aimed at redressing harm for victims of sexual abuse and rape are needed.

Keywords: Women, sexual abuse, prison, suicide, depression.

## 1. Introduction

According to the World Health Organization (2021), sexual violence is a public health problem, which violates women's human rights globally. According to UNWOMEN (2022), data it is estimated that, at some time in their lives, 736 million women, almost 1 in 3 women (30% aged 15 and over) have experienced physical and/or sexual violence by their partner, by someone other than their partner or both. In Latin America, prevalence studies indicate that sexual violence by their male intimate partners is common in the region.

The most common type of violence reported against women is psychological violence, followed by physical and finally sexual violence. This last type of violence has a great cultural load which causes it not to be reported so openly for reasons of shame or stigma (UNWOMEN, 2022). International surveys show the proportion of women who report ever having been subjected to forced sex by an intimate partner was 5% to 47%, while the percentage indicating having experienced forced sex in the previous year is 2% to 23% (Contreras, 2010).

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In Mexico, sexual abuse is a problem that directly affects women and occurs in various public and private spaces and within any social scale. Sexual abuse can be understood as a form of control, marginalization and discrimination against women that results from excessive and structural violence based on the difference in power between genders, stereotypes and cultural patterns according to each context. The emotional and psychological toll of sexual abuse on women if left unattended can be irreparable and inestimable.

Based on a study by Chen, et al. (2010) an association is reported between sexual abuse and other mental health problems such as; post-traumatic stress, anxiety, sleep disorders and suicide attempts, as well as an increased risk of developing major depression. Rape severity is often unknown as approximately one-third of women who suffered sexual abuse does not disclose their experience or do so many years later (Sciolla, 2011).

The consequences of sexual abuse depend on the age at which the abuse began, the duration of the event, and the type of relationship and sex of the abuser (López, 2019). One of the psychological consequences of people who have experienced sexual abuse can be suicide attempt or suicide, in addition to other mental health disorders such as depression (Baita, 2021). Traumatic events in people's lives are a risk factor for their mental health. It has been found that female victims of sexual abuse who reported the event, 43% reported suicidal ideation and 32% suicide attempts (Brokke, 2022).

People who attempt or commit suicide have been found to be 11 to 14 times more likely to do so if they use alcohol and drugs. Aggression, pessimism, hopelessness, impulsivity, a history of child and sexual abuse are all factors that influence the risk of suicide of a person with an addictive disorder (Yuodelis, 2015).

Another factor coupled with sexual abuse is the context in which women develop. According to available information, women living in societies with inequalities and violence may lack psychological and social well-being (Romero, 2018).

The National Survey on the Dynamics of Household Relations (ENDIREH) is one of the main sources of information on the situation of violence experienced by women in our country. In the latest report on the group of women who suffer some type of violence, it has been considered to women of the third age, indigenous, disabled, etc. Although vulnerable groups of women such as Afro-descendant women, street women, migrants or women in prison are not included (ENDIREH, 2011). This last group of women is for which there is very little data at the national level, which is why it does not allow their problems to be visible from the field of mental health.

Within prisons there is little information about people suffering from various mental disorders such as depression, anxiety and post-traumatic stress. 14% of women in prison reported having major depression. There are also cases of child sexual abuse among people who are incarcerated; about 20 to 70% reported having suffered it (Caravaca, 2019).

## 2. Design

Non-experimental, descriptive, ex post facto cross-sectional field study.

*Instrument:* The variables that were used were chosen from a questionnaire designed specifically of 242 questions, which investigates various topics of mental health and addictions in women in prison. A statistical analysis was performed with the following reagents; specifically, the sexual abuse questions were from the National Survey of Addictions (Secretaría de Salud, 2002).

Sexual abuse:

- Has anyone ever forced or pressured you into sexual contact? That is, have you been touched by your sexual parts, or have you touched someone else's sexual parts against your will?
- Has anyone ever forced you to have sex against your will, i.e. using blows or physical force or threatening you in any way, i.e. raped you?
- How many times has it happened to you?
- How old were you the first and second time that happened to you?
- Did a single person or more than one force you?
- What sex were they?
- Where did this happen?
- Did you take a report, report or tell someone?
- Did the complaint proceed?
- Did they believe you?

The reactives exploring depression and suicidal risk were taken from the MINI International Neuropsychiatric Interview (Sheehan, 1998). The MINI International Neuropsychiatric Interview is a short, structured diagnostic interview that explores the diagnostic categories of DSM-IV and ICD-10. It contains 130 questions organized into modules that assess 16 disorders of axis I of the DSM-IV. The administration time of the instrument is around 15 minutes.

According to the DSM-V for the diagnosis of an episode of major depression, the presence of 5 or more symptoms is required in a period of 2 weeks (Tolentino, 2018). For suicide attempt, at least 5 symptoms are needed to diagnose suicidal behavior disorder (Fehling, 2021).

#### Depression:

- In recent weeks, have you felt depressed or down most of the day, almost every day?
- In recent weeks, have you lost interest in most things or enjoyed less of the things you usually liked?
- In the last two weeks, when you were feeling depressed or uninterested in things, did your appetite decrease or increase almost every day?
- Did you have trouble sleeping, almost every night?
- Almost every day, did you talk or move slower than usual or were you restless or had difficulty staying calm?
- Almost every day, did you feel most of the time fatigued or without energy?
- Almost every day, did you have difficulty concentrating or making decisions?
- On several occasions, did you want to hurt yourself, did you feel suicidal, or did you wish you were dead?
- Over the course of your life, did you have other periods of two or more weeks, when you felt depressed or uninterested in most things and that you had most of the problems we just talked about?
- Have you ever had a period of at least two months without depression or lack of interest in most things and this period occurred between two depressive episodes?

#### Risk of suicide:

- During the last month, have you thought you would be better off dead or have you wished you were dead?
- Have you wanted to hurt yourself?
- Have you thought about suicide?
- Have you planned to commit suicide?
- Have you attempted suicide?
- Throughout your life, have you ever attempted suicide?
- How old were you the first time you tried?
- When was the last time?

#### 3. Objective

The objective of this paper is to study the frequency of sexual abuse in a group of women in prison who have used psychoactive substances and to determine if there is a relationship between sexual abuse, depression and suicide attempts.

#### 4. Methods

This is a secondary analysis of a study of women in prison conducted in Mexico. (Romero, 2002; Galvan, 2006; Saldívar, 2006; Colmenares, 2007; Romero, 2007; Romero, 2010)

### 5. Results

Sexual abuse

According to the statistical analysis, of the 213 study participants, 42.3% report having suffered sexual abuse. The age range in which sexual abuse occurred begins from 3-33 years, the most representative being the range of 3-8 years with 27%, followed by 9-13 years, 24% and 14-18 years, 23%. Based on the results, sexual abuse occurs more when the victim is a minor. Regarding how many times sexual abuse occurred only once, 74.4% was only 1 time, followed by 2 times, 3.7% and 5 times, 4.9%. Regarding where the sexual abuse occurred for the 1st time, 17.8% was in the victim's home, followed by

the street, 6.6% and the aggressor's house, 5.2%. As for the second time, 3.8% was in the house the victim followed by the house of the aggressor, 2.8% and the hotel, 2.3%. In the case of the perpetrator of sexual abuse was a relative or known person of the male gender, being the stepfather the highest percentage with 5.6% followed by the partner, 4.2%, and the uncle, 3.2%.

Rape

From the statistical analysis, of the 213 study participants, 41.8% report having suffered a rape. The age range in which the rape occurred starts from 1-39 years, with the highest percentage being 14-18 years with 15.9%, followed by 9-13 years, 7.5% and 1-8 years, 6%. In the case of the perpetrator of the rape was a relative or known person of the male gender, being the partner of the victim the highest percentage with 8.9% followed by a known 3.8%, and the cousin, 2.8%.

Based on the statistical analysis, the differences observed in Table 2, there is no statistical relationship between sexual abuse and depression according to the results obtained. According to the Chi-square test in Table 3. The relationship between sexual abuse and rape and suicide attempt can be seen to be statistically significant.

## 6. Discussion

In recent decades, interest has increased in the study of sexual abuse in childhood and its consequences in adult life in various areas, since it has been observed that the consequences of inattention do not allow people to have a satisfactory quality of life. Although internationally there have been many works on the subject in Mexico, research on this topic is little. International studies have consistently indicated that child sexual abuse is a risk factor for psychopathological development during adulthood (Sumalla, 2017). Long-term consequences such as major depression, post-traumatic stress disorder, phobias, panic attacks, depersonalization, suicide, and substance abuse have been identified.

Women who suffered some sexual abuse during childhood do not receive comprehensive care within the prison, since within the institution other forms of violence are consolidated through the mistreatment of the victims. Similarly, one way to resist pain, the trauma generated by sexual abuse and confinement within the prison itself is the consumption of various substances, such as a form of forgetting, pain suppression, and a therapeutic method that sometimes may not work when the effect no longer suppresses pain and generates other conflicts (EQUIS, Justice for Women, 2020).

The results of this study can help to understand an edge of the problem of sexual abuse in women in prison since little has been explored with this type of population in Mexico. Sexual abuse can occur at any stage of life, although according to the results, sexual abuse occurred more in childhood than in other age ranges. Therefore, prevention and awareness programs on sexual abuse should be implemented.

Sexual violence should be addressed from a gender perspective and based on comprehensive care which includes health services, education and access to justice to report the act and seek reparation for the damage. Sexual abuse could be understood from that use of the body of the other, taking away all value, a violent act without a sense of domination and control that permeates the life of the person, an aggression for aggression (Segato, 2017).

This study can show that women in prison who reported sexual abuse in childhood could also suffer some type of rape in adulthood or sexual violence within the same prison, which we can consider this population with a multitraumatic process that can continue to worsen and not allow a recovery or management of daily problems, so suicidal ideation is more present.

The urgency of treatment for this type of population is necessary to achieve a reintegration of the population and for this it is necessary to train the personnel in charge of this type of population, not only in psychological or psychiatric care but also with a work of sensitization of this type of population in gender and violence. A limitation of the present study is that the data are not current, but it is the only information available on the subject. Surely a new project would yield higher frequencies.

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