### Preventing Sexual Abuse by Adolescents

### David S. Prescott, LICSW 2019

## CONTACT

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### AGENDA

- Background
  - Development, development, development
- Four key Points

### **The Bottom Line**

Protection against abuse

- Maturity
- Stability
- Occupation
- Supports, bonds, intimacy
- Plans for future
- Everything to lose by doing it again
- Prevalence is underestimated, BUT
  - Science versus science fiction

## CONTEXT



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#### MEDICALNEWS Pediatrics > General Pediatrics

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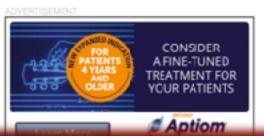
### Assaults Among Young People Fall to Lowest Rate in 15 Years

#### Declines among both sexes, across examined age ranges

by Molly Walker, Staff Writer, MedPage Today February 08, 2018

The rate of non-fatal assault injuries dropped by more than a quarter among young people from 2011 to 2015, researchers found.

Rates of young people ages 10 to 24 treated for non-fatal assault injuries in emergency departments fell 27.5% from 2011 to 2015, with the 2015 rate the lowest in 15 years (753.2 per 100,000 in 2015 versus 1,179.7 in 2001), reported Corrine F. David-Ferdon, PhD, of the CDC, and colleagues.



Indeed, rates of non-fatal assault injuries were down among young men and young women, as well as among all examined age groups (ages 10-14, 15-19 and 20-24), the authors wrote in the CDC's *Morbidity and Mortality Weekly Report*.



### SEXUAL AGGESSION IN COLLEGE MEN

- Abbey et al. (2001)
  - 343 college men
  - 33% reported having engaged in some form of sexual assault
  - 8% reported an act that met standard legal definitions of rape or attempted rape
- Koss, Gidycz, & Wisniewski (1987)
  - Found that 24.4% of college men reported "sexual aggression" since age 14
  - 7.8% admitted to acts that met standard legal definitions of rape or attempted rape

### SEXUAL AGGESSION IN COLLEGE MEN

- Abbey & McAuslan (2004)
  - 14% reported that they had committed a sexual assault within a 1year time interval
  - This is close to the rate presented in the only other study to our knowledge that examines sexual assault perpetration among adults longitudinally, which found a perpetration rate of 12.5% between the 1st and 2nd year of college (White & Smith, in press). These results further demonstrate the critical need for effective prevention programs for men in college.
- Caution: "sexual assault" not clearly defined

### WHAT WE FEAR



### REALITY



### **BOTTOM LINE**

- Prevalence and incidence = it is big
- We need a public health perspective over and above psychological and criminological perspectives
- Victim-to-victimizer hypothesis = incomplete
  - Self-report requires behavioral description...
  - See Levenson, Willis & Prescott, 2015

### **Developmental Aspects**

### FACTS

### People develop

- Average age of first offense is around 14
- People are more convinced by what they hear themselves say than by what others say to them
- Use developmental processes as your ally
  Meet your client where they dream

## **MOFFITT (1993)**

- 3 groups of delinquent adolescents:
- Adolescence-limited
  - Begins in adolescence; desists by adulthood
- Early onset, life-course persistent <u>with</u> neuropathology
  - Pre/peri/post-natal problems, sometimes in combination with family and community adversity
- Early onset, life-course persistent <u>w/o</u> neuropathology:
  - "A discrete class of individuals, a taxon that is different in kind from other antisocial individuals..."



### **TBI, TOXINS, ETC.**

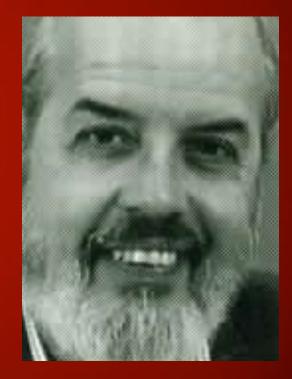
## Headline: Group warns almost 500 food products contain chemicals found in yoga mats



## QUINSEY ET AL. (2004)

Best predictors of juvenile delinquency among general youth (ages 6-11)

- Prior offending
- Substance use
- Being male
- Low socioeconomic status
- Antisocial parent



## QUINSEY ET AL. (2004)

Best predictors of juvenile delinquency among general youth (ages 12-14)

- Lack of strong prosocial ties
- Antisocial peers
- Prior delinquent offenses

### **THE PROBLEM**

- Smith, Goggin, & Gendreau, 2002
- Meta-analysis
- 117 studies since 1958
- 442,471 criminal offenders (including juveniles)

### No form of punishment reduced re-offense



### Two other large-scale studies have since confirmed

### **A REAL PROBLEM**

Prisons and intermediate sanctions **should not** be used with the expectation of reducing criminal behavior

- Includes intensive surveillance, electronic monitoring, DARE, Scared Straight, etc.
- Some indication of increased risk for low-risk criminals
- <u>www.ccoso.org</u>

## **4 PRINCIPLES**

- 1. Adolescents, not "little adults"
- 2. Most do not re-offend sexually
- 3. Resiliency and protective factors/processes
- 4. Be informed by trauma



### 1. ADOLESCENTS, NOT "LITTLE ADULTS"



## LETOURNEAU & MINER (2005)

### **Three Realities:**

- 1. Opportunity to intervene
- 2. More in with other "juvenile delinquents" than adult sex offenders
- 3. Re-offense rates very different from adults



### **BOTTOM LINE**

We need expertise in: Adolescent development •Sexual development •Sexual violence •General criminality



### 2. MOSTADOLESCENTS DO NOT RE-OFFEND SEXUALLY



## **CALDWELL (2016)**

- Meta-Analysis
- Studies since 2000
- Recidivism = 2.75%
- Screened out SMI





### 3. RESILIENCY AND PROTECTIVE FACTORS (& RISK FACTORS)



### **PROTECTIVE FACTORS**

- Supportive families
- Education
- Stability in one's daily life
- Adequate knowledge about human sexuality
- Having a confidante
- Ability to regulate emotions
- Opportunities to explore one's interests
- Hope
- Plans for the future







# **4.** The Importance of Trauma-Informed Care





### **BE TRAUMA-INFORMED** Really Trauma-Informed



