Preventing Sexual Abuse by Adolescents

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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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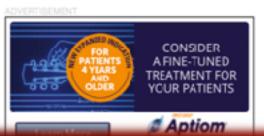
Assaults Among Young People Fall to Lowest Rate in 15 Years

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.

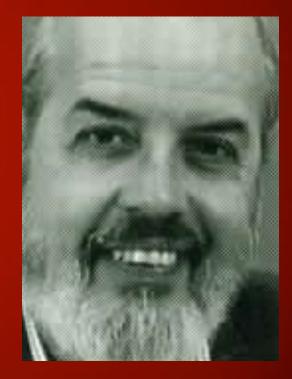
Headline: Group warns almost 500 food products contain chemicals found in yoga mats



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

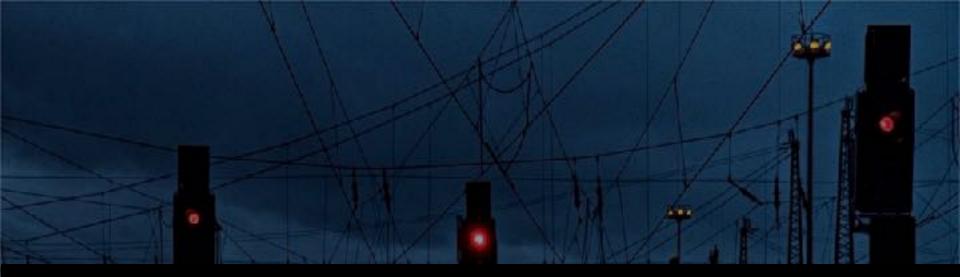
A REAL PROBLEM

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



