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T-13

How Abuse Experiences May Impact Youth

Distinct Abuse Experiences Related to Problem Sexualized Behaviors and Trauma

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Youth with problem sexualized behaviors (PSB) are children under the age of 12 who initiate harmful or developmentally inappropriate behaviors that involve sexual organs or regions of the body (Chaffin et al., 2008). The long-term implications of PSB are not well researched. One study found that 46% of adolescents who engage in sexually aggressive behaviors began engaging in sexually inappropriate behaviors prior the age of 12 (Burton, 2000). Sexually abusive behavior in adolescents may be partially explained by histories of sexual abuse and other forms of violent experience (Seto & Lalumière, 2010). Though a pilot study revealed that only 11% of a sample of youth with PSB had no substantiated experiences of sexual or physical abuse or exposure to domestic violence (Silovsky & Niec, 2002), not much is known about the distinct maltreatment histories of this population. Research has indicated that juveniles who engage in sexually abusive behaviors experience early childhood maltreatment at higher rates than adolescents in the general population (Levenson et al., 2017), and childhood trauma has been found to contribute to many of the developmental and behavioral issues observed in children with PSB (Creeden, 2009). Still, little is known about the specific types of abuse that occur synchronously with PSB in youth. Moreover, there is a dearth of studies examining the types of abuse associated with clinically significant post-traumatic stress symptomology for this group.

The current study had two research questions: (1) Do children with PSB differ from children without PSB in terms of their abuse disclosures?; and (2) Are the types of abuse disclosed associated with the child's likelihood of having clinically significant scores on a measure of post-traumatic stress? Administrative data were collected for youth (N=950) ages 3-18 who completed a clinical assessment at a Child Advocacy Center (CAC) in Ohio during the 2015 calendar year; the CAC primarily serves individuals with experiences of sexual abuse. Youth completed an intake assessment that included demographic information and their history of abuse experiences, in addition to either the Trauma Symptom Checklist for Young Children (TSCYC) for children ages 3-12 (Briere, 2005), or the Trauma Symptom Checklist for Children (TSCC) for children ages 8-16 (Briere, 1996).

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Two bivariate logistic regression models with hierarchical entry were run to answer the research questions. Both models included *age*, *sex*, and *race* in the first block as control variables. Model 1 included categories of abuse disclosures as independent variables; the dependent variable was whether disclosure of PSB was present. Results indicated that youth who disclosed PSB had a lower likelihood of being older (OR=.911, $p=.005$), a lower likelihood of disclosing *offender to victim fondling* (OR=.460, $p=.026$), and greater odds of disclosing *exposure to pornography* (OR=3.253, $p=.001$) compared with youth who did not disclose PSB. In Model 2, PSB was included as an independent variable with the abuse disclosures, and the dependent variable was whether youth reached a level of clinical significance on the sexual concerns subscale of the TSCC/TSCYC. Results revealed that youth with clinically significant scores had a lower likelihood of being older (OR=.904, $p<.001$), a lower likelihood of being male (OR=.542, $p<.001$), and greater odds of disclosing *physical abuse* (OR=1.678, $p=.001$) and *victim to offender sexual contact* (OR=2.242, $p=.003$) compared with youth who did not have clinically significant scores.

This study has implications for practitioners, recognizing that maltreatment, trauma, and sexualized behavior problems should be treated cohesively (Cohen, Berliner, & Mannarino, 2010; Levenson et al., 2017). Future research should examine PSB, maltreatment, and trauma prospectively, exploring the possibility that PSB may emerge as a means of coping. In addition to abuse type, research should also consider the roles of abuse severity, developmental timing, duration, and polyvictimization as they relate to PSB and trauma symptoms in youth.

Learning Goals:

- Increase knowledge about the relationship between child abuse types, problem sexualized behaviors, and trauma in children
 - Participants will be able describe how research can reveal associations between types of child abuse disclosures, disclosures of problem sexualized behaviors, and symptoms of post-traumatic stress in youth
- Increase knowledge about the study methods and findings, and how they fit into the broader knowledge base
 - Participants will discuss how variables were measured, and will be able to contextualize the results with the knowledge they gain on how abuse types can relate to problem sexualized behaviors in youth
- Increase awareness for how to translate research into practice
 - Participants will be able to articulate ways to connect research to intervention around abuse disclosures, problem sexualized behaviors, and trauma

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Kathryn Showalter, MSW received her MSW from The University of Kansas in 2013 and is currently a doctoral candidate at The Ohio State University in the College of Social Work. Her research focuses on the employment outcomes of women who experience intimate partner violence (IPV) and survivors' maintenance of employment and financial stability over time. Ms. Showalter has conducted academic research since 2012 and has been mentored in the fields of low-income financial planning and savings, household wealth and health outcomes, and family violence prevention. Ms. Showalter shows leadership in her field as author of multiple publications, presenter at national conferences, and committee member of the National Partnership to End Interpersonal Violence (NPEIV), Public Policy Action Team.

Helplessness and Hopelessness: The Relationship of Negative Emotional States to Offending Behaviors Among Youth

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Sexual violence continues to be a significant public health issue (Letourneau, Eaton, Bass, Berlin, & Moore, 2014), with adolescents accounting for more than one third of sexual crimes committed against minors (Finkelhor, Ormrod, & Chaffin, 2009). In an effort to reduce these crimes, researchers have been exploring potential causal factors, including previous maltreatment or traumatic experiences (Berman & Knight, 2015). This focus is largely due to numerous studies that demonstrate the high rate of childhood maltreatment among adolescents who commit sexual crimes (Burton, Duty, & Leibowitz, 2011). However, researchers are only beginning to examine how the impact of specific outcomes of childhood maltreatment (CM) relate to subsequent sexual offending. In this study, we examine two of these factors, helplessness and hopelessness, and their relationship to sexual and nonsexual crimes in a sample of adolescents who have committed sexual crimes. Implications for practice, policy, and research will be discussed.

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Methods

Surveys were administered to a racially diverse group of males who had sexually harmed ($N = 332$), ranging from 12 to 20 years ($M = 16.7$, $SD = 1.65$), placed in residential facilities in a midwestern state. Sexual crimes were measured with the Self Report Aggression Scale, a multi-item inventory used in prior studies (e.g. Burton & Meezan, 2004). Delinquent behaviors were measured using Elliot, Huizinga, and Ageton's (1985) Self-Reported Delinquency scale. Subtypes of abuse and neglect were measured with the Childhood Trauma Questionnaire (Bernstein & Fink, 1998). Personality traits were measured with the Millon Adolescent Clinical Inventory (Millon, 1993). Finally, hopefulness was measured with the Hopelessness Scale for Children (Kazdin, Rodgers & Colbus, 1986). Correlations were run to determine the relationship of hopelessness to trauma, as well as numerous sexual and nonsexual crimes. Significant relationships were tested using ordinary least squares (OLS) regression.

Results

All subtypes of CM positively correlated with helplessness, whereas hopelessness was not associated with having been sexually or physically abused. Helplessness was associated with the severity of sexual crimes, as well as the commission of multiple nonsexual crimes, both violent and nonviolent. Hopelessness was not associated to any sexual crime characteristics and only associated with delinquent crime that was not interpersonal in nature (property damage). In the regression models, controlling for child maltreatment, helplessness predicted modus operandi of sexual assault ($F(5, 249) = 3.473$, $p < .01$) and force used in sexual assault ($F(5, 223) = 5.582$, $p < .001$), as well as general delinquency ($F(5, 270) = 19.669$, $p < .001$). Hopelessness, which showed no relationship to sexual behaviors, predicted general delinquency when controlling for child maltreatment, ($F(4, 271) = 24.372$, $p < .000$).

Implications

In the presentation we will discuss our interpretations of these results, including our theories as to why hopelessness and helplessness demonstrated different relationships with the various sexual and delinquent behaviors we examined. Overall, the practice implications include the need to focus on CM in this population and to address hopelessness and helplessness as potential triggers for crimes. Policy implications include the need for the justice system to include trauma-informed care, and consider how current policies (e.g. registering youth) contribute to negative emotional states. Research implications highlight the need for deeper investigations of the relationship between negative emotional states and offense specific triggers.

Learning Goals:

At the end of the presentation, the participants will be able to:

- Identify negative emotions and explain their importance in the research and treatment of children who have experienced maltreatment.

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- Explain the distinction between helplessness and hopelessness, and articulate why this distinction is relevant to the treatment of youth who have committed sexual harm.
- Identify how the concepts of helplessness and hopelessness can promote policies aimed at treating the dynamic impact of childhood maltreatment, as opposed to static subtypes of maltreatment (e.g. sexual abuse, physical neglect).

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