

## **SHAPING THE FUTURE**

2019 ATSA Conference | Friday November 8 | 1:30 PM – 3:00 PM

**F-34**

### **Adverse Childhood Experience and Trauma Among Youth**

#### **Adverse Childhood Experiences and Subsequent Sex-Offense Characteristics in Adolescent Males Who Engage in Sexually Abusive Behavior**

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Empirical research dedicated to preventing sexual victimization has identified a number of factors that influence the development of sexually abusive behavior. For example, numerous studies have shown that adverse childhood experiences (ACEs), such as prior sexual victimization or maltreatment in early life, may potentially contribute to the onset, course, and severity of sexual offending (Burton, Miller & Shill, 2001; Dhawan & Marshall, 1996; Glasser et al., 2001; Hanson & Slater, 1988, Jaspersen, Lalumiere, & Seto, 2005; Seto & Lalumiere, 2010). Despite this, little is known about how other unique ACEs (e.g. household dysfunction, poor sexual boundaries within the home, and other types of child abuse) may influence maladaptive behaviors in sexual offenders and *specific behaviors* that occur during the course of a sexual offense. The current study investigates how child victimization and other unique childhood adversities may effect drug-related behaviors, violence, and other specific sexual offending behaviors in adolescent males who engage in sexually abusive behavior.

Archival data were collected by trained research assistants from 243 youths receiving residential treatment for sexually abusive behavior in the Southern U.S. (84.8% Caucasian;  $M = 14.79$ ). The mean age at first admission was 14.79 years ( $Range = 10-17$ ;  $SD = 1.6$ ). Please see Table 1 below for a list of predictor and outcome variables that will be assessed for this project. Analyses will include correlations, logistic regressions (enter method), and odds ratios (OR), according to the nature of the variables.

## **SHAPING THE FUTURE**

2019 ATSA Conference | Friday November 8 | 1:30 PM – 3:00 PM

Table 1: Variables and outcomes assessed	
<b>SUBSTANCE USE</b>	
<u>Predictor variables:</u>	<u>Outcome variables:</u>
Parental drug use	Participant substance use (how many, types of substances)
Parental alcohol use	Age of onset of substance use
Parental incarceration	# of drug arrests
Length of parental drug/alcohol use	#of sexual offenses under the influence
<b>VIOLENCE</b>	
<u>Predictor variables:</u>	<u>Outcome variables:</u>
Exposure to violence (domestic violence)	Participant history of aggression
Parental incarceration	age of onset of aggression
Presence of physical abuse	# of violent arrests
Characteristics of perpetrator (gender, relationship status)	# of sexual offenses involving violence
Length of physical abuse	presence of aggression in residential facility
<b>SEXUAL BEHAVIOR</b>	
<u>Predictor variables:</u>	<u>Outcomes variables:</u>
Presence of sexual abuse	Victim characteristics (gender, relationship status)
Porn use (presence of, introduction to and age at first use)	First offense characteristics (age and type)
Presence of other sexual abuse within the home (intrafamilial)	# of sexual offenses
Characteristics of perpetrator (gender, relationship status)	# of sexual arrests
Length of sexual abuse	# of victims

We anticipate that characteristics of exposure to substance abuse in the home (e.g., type of substance use, legal consequences resulting from abuse) will have an impact on the onset and nature of substance abuse in participants, with similar effects for early violence exposure (e.g., exposure to violence begetting earlier engagement in violent behavior) and exposure to sexual abuse and poor sexual boundaries in the home (e.g., sexual violence against children in the home associated with later sexual perpetration against children). Findings and implications for prevention and intervention will be discussed.

### **Learning Goals:**

- Participants will be able to identify differences in rates of childhood adversities between sexual abusers and the general population.
- Participants will learn how experiences of victimization and other childhood factors may influence maladaptive behaviors, as well as more specific behaviors carried out through the course of a sexual offense.
- Participants will be provided with a discussion of more targeted treatment strategies and preventative intervention for individuals who have experienced childhood victimization.

**Brittany S. Sharma, BS**, earned her Bachelor’s Degree in Clinical Psychology in 2017 from East Tennessee State University where she finished an honors thesis examining the development of sexually abusive behavior in adolescents who have been sexually victimized. She is currently participating as a research assistant in the Study of Health and Risk Lab supervised by Jill D. Stinson, PhD. Brittany’s current research interests include

## **SHAPING THE FUTURE**

2019 ATSA Conference | Friday November 8 | 1:30 PM – 3:00 PM

investigating behavioral outcomes associated with childhood maltreatment and other adversities in those who engage in sexually abusive behavior.

**Jill D. Stinson, PhD**, is a licensed psychologist and an Associate Professor and Director of Clinical Training at East Tennessee State University. She received her dual doctorate in Clinical Psychology and Psychology, Policy, and Law from the University of Arizona prior to serving as the Director of Sex Offender Treatment at Fulton State Hospital with the Missouri Department of Mental Health. Her research focuses on sex offenders with serious mental illness, personality disorders, self-regulatory problems, and histories of early childhood maltreatment, as well as issues related to sex offender community re-entry, stigma, and suicidality. Dr. Stinson has authored three books related to sex offender etiology, treatment, and motivation to engage in therapy. She serves as an Associate Editor for ATSA's official journal, *Sexual Abuse*, and has been on the Professional Issues Committee, Public Policy Committee, Membership Committee, and several Conference Planning Committees for ATSA, with an appointment of Co-Chair for the 2020 ATSA Conference in San Antonio, Texas.

**Kelcey L. Puskiewicz, MA**, is a doctoral candidate in the Clinical Psychology program at East Tennessee State University. She is currently completing a predoctoral internship at a facility that provides residential treatment to youth who have engaged in sexually abusive behavior. Kelcey's current research interests include the influence of early developmental adversity and other environmental factors on mental health and behavioral outcomes in high-risk populations, as well as barriers to effective re-entry for individuals who commit sexual and nonsexual offenses in rural communities.

### **Trauma and Maternal Attachment as Risks for Executive Function Deficits among Youth who have Sexually Harmed**

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Traumatic experiences can adversely impact neurological zones responsible for higher order thinking, or executive functioning (Steinberg, 2008), which can contribute to a host of psychological and behavioral deficits (Jaffee & Maikovich-Fong, 2014), including youth delinquent or sexual offending behaviors (Nikulina & Spatz Widom, 2013). Early adverse relational experiences, when coupled with victimization, may disrupt normative pre-frontal neurological development via executive functioning, and create vulnerabilities for behavioral problems (Perry, Pollard, Blakley, Baker, & Vigilante, 1995). Additionally,

## SHAPING THE FUTURE

2019 ATSA Conference | Friday November 8 | 1:30 PM – 3:00 PM

there is evidence to suggest traumatic events contribute to insecure attachments styles which subsequently links to sexual violence (Grady, Yoder, & Brown, 2018) and that executive functioning might mediate the relationship between sexual abuse victimization and sexual violence (Yoder, Grady, & Precht, in press). To date, there is a dearth of research examining how traumatic events, PTSD, and insecure attachments collectively link to executive functioning among youth. This study tests associations among these factors and investigates how they contribute to executive functioning in a sample of youth who have sexually harmed.

**Methods:** The current study draws from a sample of male youth who committed sexual crimes ( $N = 196$ ) from a Midwestern state. Trauma was measured using the Childhood Trauma Questionnaire. Trauma symptoms were measured with the Trauma Symptom Checklist for Children. Maternal attachment was measured using the Inventory of Parental and Peer Attachment. Finally, executive functioning was measured using the Behavior Rating Index of Executive Function-Self Report. Data were analyzed in a two-stage process. First, bivariate correlations were run. Second, three successive multiple regression models were run to test three dependent variables of interest related to executive functioning: meta-cognition, behavioral regulation, and the global executive functioning composite. Covariates included trauma symptoms, trauma events, maternal attachment characteristics, age, race, and poverty status.

**Results:** The results from all three regression models revealed significant equations. The first model regressed behavioral regulation on the independent variables of interest. Youth with higher trauma symptoms were at the greatest risk of behavioral regulation deficits, ( $F(8, 186) = 2.408, p = .017, R^2 = .09$ ). The second model regressed meta-cognition on the independent variables of interest. Youth with higher trauma symptoms and those who reported being very poor were at the greatest risk of meta-cognition deficits ( $F(8, 186) = 3.78, p < .001, R^2 = .140$ ). Finally, the third model regressed global executive functioning on the independent variables of interest. The results revealed that youth with higher trauma symptoms and youth who reported being very poor, were at the greatest risk of global executive functioning deficits ( $F(8, 186) = 2.971, p = .004, R^2 = .113$ ).

**Implications:** In the presentation, we will discuss our interpretations of these results, including our theories as to why trauma symptoms resulting from early developmental adversities can contribute to youths' deficits in executive functioning. Micro practice implications include the need to focus on executive functioning among youth who have experienced specific types of abuse, particularly for those living in poverty. Policy implications include the need for the justice system to include trauma-informed care and parent training, as well as to consider how addressing macroeconomic issues, such as poverty, might contribute to a reduction in the incidence of sexual harm.

## **SHAPING THE FUTURE**

2019 ATSA Conference | Friday November 8 | 1:30 PM – 3:00 PM

### **Learning Goals:**

- Identify symptoms of executive functioning deficits and explain their importance in the research and treatment of children who have experienced maltreatment.
- Explain the contribution of subtypes of traumatic experiences and attachment to trauma symptoms and articulate why this is relevant to the treatment of youth who have committed sexual harm.
- Identify how maternal attachment and poverty relief can be seen as relevant policy issues aimed at treating the dynamic impact of childhood maltreatment.

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**Adam Brown, PhD** is Assistant Professor of social work at the Silberman School of Social Work at Hunter College, City University of New York, and is a clinical affiliate at the Institute for Sexual Wellness in Weymouth, MA. His research aims to contribute to the prevention of sexual abuse by focusing on typologies and etiologies of youth and young adults who have sexually harmed. He presents his research multiple times annually at social science conferences and agencies that serve these populations. He is author or coauthor of multiple journal articles, most recently in *Youth, Violence, and Juvenile Justice* and *Sexual Abuse*. He is a clinical and research member of ATSA. Dr. Brown maintains a private practice in New York City.

**Jamie Yoder, PhD** is Assistant Professor of Social Work at The School of Social Work, Colorado State University. Dr. Yoder has practice experience working with sexually abusive youth and victims of sexual crimes. Her research interests span etiology, prevention initiatives, and equitable and effective intervention strategies for sexually abusive youth with a particular focus on systemic strength-based services. Her

## ***SHAPING THE FUTURE***

2019 ATSA Conference | Friday November 8 | 1:30 PM – 3:00 PM

scholarship record thus far exemplifies her dedication to advancing theory, practice, and policy in the delinquency and sexual abuse fields. Dr. Yoder has been a lead author and has co-authored many peer-reviewed articles related to these topics. She is currently involved in various funded projects examining youth sexual offenders and non-sexual offenders in Ohio and Colorado. Dr. Yoder is has vast statistical and analytical expertise, evidenced by her substantial academic record as a scholar.

**Kristina Fushi, B.S.** is a recent graduate of University of Massachusetts, Amherst.