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T-16

Adolescents Who Have Engaged in Sexually Abusive Behavior: Pathway and Externalizing Disorders

Pathways to Delinquent and Sex Offending Behavior in Adolescent Males

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Although the available literature suggests that only a small percentage of youth who engage in sexually abusive behaviors go on to commit additional sex offenses, these youths tend to be versatile in the type of offending behaviors that they engage in and are at much greater risk of recidivism for nonsexual criminal offending. Adverse Childhood Experiences (ACEs) have been linked to a greater likelihood of both general and sexual offending behaviors. However, previous empirical investigations have produced mixed results with regard to how varied adverse experiences and other environmental factors interact to influence the development and course of delinquent and sexually abusive behaviors across samples.

In the present study, we used structural equation modeling (SEM) to confirm factors of ACE survey items and indicators of sexual boundary problems in the home through confirmatory factor analysis (CFA) and analyze pathways between confirmed factors and patterns of delinquent nonsexual and sexually abusive behaviors. Our sample consists of male adolescents ($N = 285$; 84% Caucasian; age at first admission: $M=14.8$; $SD=1.6$) who have engaged in sexually abusive behaviors and received treatment at a youth facility. As predicted, CFA revealed a three-factor model, including: nonsexual abuse and neglect; household dysfunction; and sexual abuse and indicators of sexual boundary problems within the home of origin. Variations in individual ACE experiences were differentially associated with the onset, nature, and persistence of nonsexual delinquent and sexually abusive behaviors (see Tables 1 and 2). Additional discussion regarding findings, implications, and areas for future research will be included.

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Table 1. Structural Equation Model for Pathways to Nonsexual Delinquent Behavior						
Parameter	β	<i>SE</i>	<i>Est.</i>	<i>p</i>	95% CI	
Nonsexual abuse/neglect → Early arrest	.34	.51	0.68	.500	[-.66, 1.35]	
Household dysfunction → Early arrest	1.19	.48	2.48	.013	[.25, 2.13]	
Sexual abuse/boundary problems → Early arrest	-1.30	.41	-3.16	.002	[-2.10, -.49]	
Nonsexual abuse/neglect → Arrest for nonsexual violent offense	.79	.67	1.17	.243	[-.53, 2.11]	
Household dysfunction → Arrest for nonsexual violent offense	1.29	.67	1.94	.053	[-.02, 2.59]	
Sexual abuse/boundary problems → Arrest for nonsexual violent offense	-1.89	.55	-3.45	.001	[-2.96, -.82]	
Nonsexual abuse/neglect → No. arrests for nonsexual offenses	.60	.55	1.10	.272	[-.47, 1.68]	
Household dysfunction → No. arrests for nonsexual offenses	1.05	.53	1.98	.048	[.01, 2.10]	
Sexual abuse/boundary problems → No. arrests for nonsexual offenses	-1.53	.45	-3.39	.001	[-2.41, -.65]	

Note. Model Fit: χ^2_{diff} (68, *N* = 285) = 3.16, *p* = 0.206, *CFI* = 0.98, *RMSEA* = 0.03 [90% *CI* = 0.00, 0.05], *WRMR* = 0.80.

Table 2. Structural Equation Model for Pathways to Sexually Abusive Behavior						
Parameter	β	<i>SE</i>	<i>Est.</i>	<i>p</i>	95% CI	
Nonsexual abuse/neglect → Age of onset	1.94	1.08	1.80	.072	[-.18, 4.05]	
Household dysfunction → Age of onset	-1.47	.81	-1.82	.070	[-3.04, .12]	
Sexual abuse/boundary problems → Age of onset	-1.08	.52	-2.08	.038	[-2.09, -.06]	
Nonsexual abuse/neglect → Contact offense	-1.40	.50	-2.81	.005	[-2.38, -.42]	
Household dysfunction → Contact offense	1.19	.46	2.57	.010	[.28, 2.10]	
Sexual abuse/boundary problems → Contact offense	.29	.27	1.06	.287	[-.24, .81]	
Nonsexual abuse/neglect → No. sex offense arrests	-.07	.21	-0.31	.754	[-.48, .35]	
Household dysfunction → No. sex offense arrests	.23	.19	1.18	.239	[-.15, .60]	
Sexual abuse/boundary problems → No. sex offense arrests	-.27	.12	-2.23	.026	[-.51, -.03]	

Note. Model Fit: χ^2_{diff} (68, *N* = 285) = 2.57, *p* = 0.276, *CFI* = 0.95, *RMSEA* = 0.04 [*CI* = 0.02, 0.06], *WRMR* = 0.87.

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Learning Goals:

- We will discuss how determining developmental antecedents preceding the initial and subsequent instances of offending behavior may contribute to etiological theories of delinquent and sexually offending behaviors in youths, as well as advance the effectiveness of primary prevention and intervention efforts.
- We will demonstrate how disparate adverse exposures differentiated the onset and sequence of nonsexual and sexual offending behaviors in a treatment sample of male adolescents.
- In addition to exposures to individual adverse experiences, we will explore the manner in which differences between communities may influence the development and persistence of nonsexual and sexual offending. Community characteristics, such as social and economic features, community size, and closeness to resources will be examined.

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.

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.

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Externalizing Disorders as a Potential Risk Factor for Adolescent Males

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Externalizing disorders, as described by DSM-V (2013), are an empirically supported group of mental health conditions characterized by impulsiveness, antisocial behaviors, and disruptive conduct. These include Conduct Disorder (CD), Oppositional Defiant Disorder (ODD), Attention-Deficit/Hyperactivity Disorder (ADHD), and Impulse Control Disorders (ICDs). Symptoms often emerge during childhood or adolescence, when brain development is still ongoing. A prematurely-developed prefrontal cortex, paired with reward-seeking and emotional responses in youth, can contribute to impulsive behaviors and limited ability to predict the consequences of one's actions (Casey, Jones, & Hare, 2008). Compared to females, males tend to be diagnosed with higher rates of externalizing disorders (Kerr, Reinke, & Eddy, 2013), which may place them at higher risk for engaging in risky and/or harmful behaviors.

Research indicates that youth with externalizing disorders engage in a number of risky/harmful behaviors that could have negative consequences. A meta-analysis by Allely (2014) suggests that certain externalizing disorders, such as ADHD, may be a risk factor for self-harm behaviors in child, adolescent, and adult populations. Further, those with externalizing disorders in late childhood tend to have co-morbid depression and are more prone to suicidal ideation and suicide attempts during late adolescence and early adulthood (Kerr, Reinke, & Eddy, 2013). Others have also found a strong connection between externalizing disorders and suicidal behaviors among youth (Beautrais, 2000; Goldston et al., 1998; Hills, Cox, McWilliams, & Sareen, 2005; Verona & colleagues, 2000; 2001; 2004).

Moreover, externalizing disorders, such as ADHD or CD, are correlated with sexual offending behaviors, which may be a result of sexual disinhibition (Kafka, 2012). While diverse, persons who have engaged in sexually abusive behavior often evidence antisocial behaviors and diagnoses of ADHD and CD (Prendergast, 2004; Shields, 1995). Grant et al. (2009) additionally indicated that the presence of trauma may also contribute to behavioral problems that resemble externalizing disorders.

The current study aims to investigate male adolescents with and without externalizing disorders (i.e., ADHD, ODD, CD, and ICDs) by investigating a sample of youth in a residential treatment facility for sexually abusive behaviors ($N = 295$). Data related to adolescents' self-harm behaviors, suicidal ideation and/or attempts, sexual offending behaviors, arrest histories, and diagnostic mental health histories were gathered from archival records. Within the sample, 234 participants were diagnosed with at least one externalizing disorder, including ADHD ($n = 209$), ODD ($n = 91$), CD ($n = 102$), and ICDs ($n = 50$). Chi-square analyses and one-way ANOVAs will be conducted to explore relationships

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among externalizing disorders, presence and frequency of self-harm behaviors and/or suicide attempts, frequency and types of sexual offenses committed, and frequency and types of arrest. Presence of PTSD diagnoses and Adverse Childhood Experiences (ACE) will also be taken into consideration, as previous literature suggests that early sexual, physical, and emotional trauma may also contribute to behavioral problems and sexual offending behaviors in adolescents (Grant et al., 2009).

The goal of the current study is to fill gaps within the literature by identifying areas of concern among adolescents with externalizing disorders. The findings from the current study will be discussed in terms of clinical implications regarding risk reduction, prevention, and treatment.

Learning Goals:

- Participants will gain an understanding of how externalizing disorders may negatively impact adolescent males from a residential sexual offender treatment facility for youth who engaged in sexually abusive behaviors.
- Participants will learn about types and frequency of risky and/or harmful behaviors engaged in by adolescents with externalizing disorders, including self-harm, suicide attempts, arrest histories, and sexual offending behaviors.
- Participants will learn about the intersection of externalizing disorders and comorbid trauma.

Lydia L. Eisenbrandt, MA, is a graduate student at East Tennessee State University's Clinical Psychology doctoral training program. She is most interested in research pertaining to serious mental illness and rural primary care. Ms. Eisenbrandt holds a Master's degree in psychological science from the University of North Carolina, Wilmington (2015) and a bachelor's degree in psychology from the State University of New York at Potsdam (2013).

Alyssa P. Gretak Leal, MA, is a graduate student in East Tennessee State University's Clinical Psychology doctoral program. She has particular research and clinical interests in ex-offender reintegration. Prior to enrolling at ETSU, Mrs. Gretak spent a year working in collaboration with the St. Vincent DePaul Homeless Shelters and the Montgomery County office of Ex-Offender Reentry through the University of Dayton in Dayton, Ohio. She holds a master's degree in clinical psychology from the University of Dayton (2015) and a bachelor's degree in psychology and sociology from Southern Illinois University – Edwardsville (2013).

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

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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.