

ACEs, Onset of Aggression, and Initiation of Out-Of-Home Placements in a Sample of Youth in Residential Treatment for Sexually Abusive Behavior

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Adverse Childhood Experiences (ACEs) exhibit a strong influence on later functioning in adolescence and adulthood, including impacts on physical and mental health, as well as behavioral and risk-related outcomes. A dose-response effect is evident, in that as the number of ACEs increase, the likelihood of detrimental outcomes similarly rises. Important outcomes associated with increased ACEs include: physical health problems like cancer or heart disease, risky sexual behaviors, diagnosis of a trauma-related disorder, and criminality (Felitti et al., 1998; Espleta et al., 2018; Lew & Xian, 2019; Ramakrishnan et al. 2019; Van Niel et al., 2014). More recently, the exploration of the impact of ACEs has demonstrated differential accumulated risk in offender populations, with ACEs that are more prevalent and a more intensified dose-response relationship between ACEs and outcomes associated with sexual offending and other violent behaviors (Harlow, 1999; Levenson, Willis, & Prescott, 2014; Baglivio et al., 2014; Stinson, Quinn, & Levenson, 2016).

One such population evidencing increased risk are youth who have engaged in sexually abusive behaviors. These youth have experienced ACEs at higher rates than other typical youth in the community, or those involved in the justice system (Baglivio & Epps, 2016; Levenson, Willis, & Prescott, 2016), resulting in them being categorized as high-risk. Predictors like out-of-home placements have been linked to an earlier onset of aggression and sexually abusive behaviors (Hall, Stinson, & Moser, 2017). Conversely, ACEs and the youth's own behavior are two important factors to consider when evaluating the timing and persistence of an out-of-home placement.

The current study evaluates the temporal relationship between two main factors (specific ACEs and the youth's own behavior) and out-of-home placements. We also plan to examine the relationship between these two factors and the persistence of specific placements. Data for this study consisted of archival records that were collected from a nonprofit inpatient treatment facility for adolescents who had engaged in sexually abusive behavior.

The sample was comprised of 290 males and 5 females between the ages of 10 and 17 years of age ($M = 14.8$, $SD = 1.56$). The mean age was 14.8 years at time of first admission ($SD = 1.56$; range: 10-17 years). The sample was minimally diverse with regard to ethnicity: 83.1% Caucasian, 9.5% African American, 0.7% Hispanic, 4.4% mixed race, and 2.4% unspecified. The majority of participants were referred by the state's Division of Children's Services (68%), while others were referred by court representatives (20%), parents/guardians (3%), mental health providers (4%), insurance representatives (0.7%), or others (0.3%). These referrals were often used as an alternative to formal legal sanctioning (i.e., court diversion). Prior to admission, the majority of participants were residing in either a family member's home (40.3%), residential care (78.3%) and/or foster care (48.4%), though others came from group homes (37.3%), inpatient care (36.9%), and/or a friend's home (4.4%). The majority had only one admission to the current facility (89.5%), while approximately 10% had two or more admissions.

It is expected that physical and sexual abuse will be the most significant predictors for placements like juvenile detention centers and residential treatment facilities. It is also expected that ACEs will prompt more immediate but also longer out-of-home placement decisions resulting from the youth's own behavior. This study is for an honors thesis and has a completion deadline set

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for next month. For this reason, statistical analyses are still underway. Results and implications for this research will be discussed.

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