

Experiences of Childhood Adversity and Environmental Responsiveness to Trauma in Juvenile Sex Offenders in Residential Treatment

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Early exposure to abuse, neglect, and household dysfunction is linked to long-term detrimental effects on mental and physical health. Most research examines community adult samples, which do not adequately describe the experiences of youths involved with child protection, social service agencies, and the criminal justice system. Research regarding the effect of cumulative adversity on sex offending youths is needed to inform treatment and responses to abuse, maltreatment, and household dysfunction in their early development. We also know little regarding how other factors – such as environmental responsiveness, availability of health care services, and regional or area differences in exposure to adversity – affect such outcomes.

Our current study investigates the prevalence of childhood trauma and maltreatment using the Adverse Childhood Experience (ACE) survey in a sample of juvenile sex offenders in residential treatment. Important research questions include: 1) rates of maltreatment, violence exposure, and familial dysfunction in these youths; 2) frequency of placement in foster care, prior residential treatment, or other out-of-home placements and the relationship of childhood adversity and/or aggressive behavior by the juvenile; and 3) rates of childhood adversity, length of exposure, and environmental responsiveness to trauma as the result of rural vs. urban origin of the youth.

We are currently collecting data from archival records of male adolescents who have received residential care and sexual offender treatment at a youth treatment center since the facility's start in 2003. The expected participant pool includes approximately 500 juveniles referred for residential sex offender treatment for periods ranging from six months to three years. Data collection began in November 2014, and our current preliminary subsample ($n = 30$) is approximately 6.7% of the anticipated total. These participants are primarily White (9.67%) with a mean age of 14.77 years old ($SD=1.43$) at admission. Data collection is ongoing, and we expect to have 40-45% of data collection (est. $n = 200$) completed by October 2015.

Our findings thus far suggest that these juveniles have experienced higher rates of adverse childhood experiences than the general adult population, as reported in the literature. All 30 sampled have experienced at least one adverse event, and over 86% experienced four or more adversities (see Table 1). The average first out-of-home placement occurred at 9.5 years of age, with an average of 5.87 years spent in out-of-home placements prior to admission to the treatment facility. Preliminary statistics indicate differences in rates of adversities between metropolitan areas, non-core urban population areas, and rural areas using the rural-urban continuum codes outlined by the U.S.

Department of Agriculture. All of these questions will continue to be explored when data collection is complete.

Table 1. Prevalence of ACE's, $n = 30$.

Type of Adversity	Frequency	Percent
Emotional/Verbal Abuse	13	43.3
Physical Abuse	21	70.0
Sexual Abuse	19	63.3
Neglect	20	43.3
Caregiver Divorce/Separation	26	86.7
Caregiver Substance Abuse	22	73.3
Interpersonal Violence in Home	20	66.7
Caregiver Mental Illness	14	46.7
Caregiver Incarceration	12	40

Goals of the Poster Presentation:

1. The current project will examine the prevalence of childhood adversities and how the rates and cumulative prevalence of adversity in a sample of juvenile sex offenders in residential treatment compare to rates previously reported in the literature for adult, community samples.
2. We will describe the additional factors related to out-of-home placements for these juveniles, which will include foster care, juvenile justice interventions, psychiatric hospitalization, or other residential placement. We will differentiate findings related to placements prompted by the juvenile's exposure to adversity from those resulting from the youth's own behavioral problems.
3. We will also explore differences in environmental responsiveness between rural and urban areas including the average length of exposure, frequency of DCS involvement, manner in which authorities intervened, and influence of responses on type and severity of health and behavioral problems. These findings may inform policies for authority intervention and out-of-home placement for children and adolescents.