

To cite this article:

Rasmussen, L. A. L. (2020-2021, Winter). Domestic violence and youth who are sexually abusive: Contemporary challenges in the era of COVID-19. Perspectives: Quarterly Newsletter of the California Coalition on Sexual Offending (CCOSO), 1, 5-6, 14-15. Online article on the CCOSO website at: www.ccoso.org

***Domestic Violence and Youth Who Are Sexually Abusive:
Contemporary Challenges in the Era of COVID-19***

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Trauma is a prevalent issue for youth who are sexually abusive. Research has persistently shown that youth who engage in coarse sexual improprieties and/or sexually abusive behaviors often have histories of childhood trauma. The trauma may include as physical abuse, sexual abuse, witnessing or being exposed to domestic violence (either between parents or siblings) and/or child neglect/emotional abuse (Barra et al., 2018; Miccio-Fonseca, 2013, 2018b; Seto & Lalumière, 2010). Those youth who are traumatized typically do not experience one type of trauma in isolation, but rather have histories of polyvictimization (Barra et al., 2018; Dillard, & Beaujolais, 2019).

Sexual victimization has often been emphasized as a primarily trauma impacting many youth who are sexually abusive (Leibowitz et al., 2012; Ryan, 1989). However, recent studies have evidenced that other traumatic experiences, particularly domestic violence and physical abuse, are even more salient than sexual abuse. A study of combined validation samples ($N = 2,717$) on the risk level assessment tool *MEGA*^f found that 43% of the sample had been physically abused and 45% had been exposed to domestic violence. In contrast, sexual abuse was much less prevalent, experienced by only 37% of the males in the sample.

Exposure to domestic violence (i.e., intimate partner violence) and child physical abuse are interrelated, as evidenced by a systematic review that showed that they cooccurred in different studies at a rate of 30 to 60% (Miller-Perrin & Perrin, 2013). The difference in rates can perhaps be attributed to how domestic violence is defined, that is, whether the children and youth in the studies directly witnessed the violence (i.e., being physically present and seeing or hearing a violent incident), or were indirectly exposed (i.e., seeing damage to the house, or injury to the victim). Whether they are witnesses, or indirectly exposed, domestic violence can have profound effects. An extensive review of the literature by Tull and Taylor (2012) documented that children exposed may have symptoms of anxiety or depression, intrusive thoughts and dissociation, and behavioral problems to include anger, aggression, and bullying others, substance abuse, truancy and/or poor school performance, and delinquency. Likewise, adolescents exposed to domestic violence may have impaired relationships with peers and adults, self-harming and suicidal behaviors, eating disorders, running away and conduct problems.

Although the research on domestic violence and youth who are sexually abusive is limited, available studies do show that those youth who were exposed to violence against females and later adjudicated for sex offenses “were deficient in their understanding and acquisition of prosocial relationship skills” (Hunter, 2004, p. 240). According to Miccio-Fonseca’s (2014), youth who are sexually abusive often have “histories of child abuse and maltreatment, domestic violence, and criminal histories and lifestyles (nonsexual and sexually related crimes)” that ultimately “contribute to deficits or impaired capacity for intimacy and/or sexual functioning” (p.

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12).

The author completed a 6-year longitudinal study (mean follow-up = 15.6 months, SD = 9.78) on a sample of 129 male adolescents who were adjudicated for sex offenses and placed in a secure custody residential facility (Rasmussen, 2017, In Press). More than half of the diverse sample (44.2% were ethnic minorities) experienced traumatic experiences in childhood. Included were child neglect/emotional abuse (76%), exposure to domestic violence (56.6%), physical abuse (52.2%), and sexual abuse (52.2%). Over two-thirds of those youth who were highest risk (as assessed by the *MEGA*^d risk level assessment tool) had histories of these traumas, including child neglect/emotional abuse (82.5%), exposure to domestic violence (67.9%), physical abuse (66.1%), and sexual abuse (66.1%) (Rasmussen, In Press). According to the author of the *MEGA*^d, the highest risk level of the Risk Scale (Very High Risk), “implies risk is likely at very critical levels, requiring immediate intervention...present a danger to self and/or others, possibly to lethality levels (i.e., sexually violent, and predatory sexually violent behaviors)” (Miccio-Fonseca, 2018b, pp. 462-463). The reported findings on this residential sample indicate that those youth who have more extensive histories of trauma are at greater risk for coarse sexual improprieties and/or sexually abusive behaviors.

The author’s study examined the association of trauma exposure and termination from the residential program (using chi square analyses). Termination from the residential program was significantly associated with exposure to domestic violence ($p < .026$, 1-sided), and physical abuse ($p < .001$, 1-sided). However, sexual abuse and neglect/emotional abuse were not associated. Polyvictimization was also found to be a significant variable in this study. Each subject was given a “Trauma Score” ranging from 0 to 4, depending on how many of the four variables (i.e., physical abuse, sexual abuse, child neglect/emotional abuse, exposure to domestic violence) were endorsed. The mean Trauma Score was 2.37, SD = 1.37; 86.6% had a Trauma Score of 1 or more. Multiple trauma was significantly associated with termination from the program ($p < .033$, 2-sided) (Rasmussen, In Press).

The findings that exposure to domestic violence and physical abuse were significantly associated with termination from the residential program while sexual abuse and child neglect/emotional abuse were not, suggests that youth who experience different traumas may vary in their response to treatment. It is possible that youth who have been exposed to domestic violence and/or physically abused may have a different clinical presentation; the same can be said of youth who experienced polyvictimization. Treatment providers, particularly in residential facilities, would do well to consider exposure to domestic violence and physical abuse as salient traumas and provide specific interventions for those youth who have experienced them. A trauma-informed approach is necessary when treating youth who are sexually abusive, as evidenced by the high percentage (86.6%) in this sample who experienced polyvictimization.

In tandem with Miccio-Fonseca’s (2014) Family Lovemap model, it is quite possible that exposure to domestic violence and child sexual abuse (and/or polyvictimization) may contribute to distinctive intimacy deficits in youth who are sexually abusive that are not seen in those who

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experienced only sexual victimization. In homes where physical abuse and/or exposure to domestic violence takes place, parents and/or other caregivers model coercion and aggression, as opposed to respect and cooperation. The findings of the author's study are consistent with Hunter et al.'s conclusion regarding their study of 206 adolescent sex offenders in residential care: "exposure to violence against females...imparts harmful attitudes toward females and the strategic value of dominance and aggression" (Hunter, 2004, p. 240). In their sample (182 of whom had complete data), 53.8% reported they reported they had "witnessed a male relative beat a female" (2003, p. 33).

The COVID-19 pandemic that has devastated the nation and the world over the past year presents additional stressors to families of youth who are sexually abusive. Imposed stay-at-home orders and closure of schools result in these youths being cut-off from avenues of peer socialization and potentially delayed in academic progress. A recent study that examined professionals' experiences working with intrafamilial child sexual abuse cases during the COVID-19 pandemic in U.S. and Israel found increased financial, environmental, and emotional difficulties in families where intrafamilial child sexual abuse took place. Professionals working in the area of domestic violence report a significant increase in domestic violence reports during the pandemic. A recent article (February 8, 2021) on the website of Inside Edition indicated that increasing unemployment and isolation brought about by COVID-19 has engendered "a pandemic within a pandemic" when it comes to domestic violence. The article indicated domestic violence experts who staff the National Domestic Violence hotline have reported increasing calls related to the pandemic. Katie Ray-Jones, CEO of the National Domestic Violence Hotline, told Inside Edition. "We've had nearly 22,000 individuals reach out and indicate that COVID is being used as a strategy to either further intimidate, isolate, create fear and even abuse the survivor themselves". Youth who are sexually abusive who are living in homes where domestic violence takes place may in some cases be exposed to abusers' tactics of using the circumstances of the pandemic to further abusive behavior, yet another incidence of how intimidation and coercion are modeled in their family systems.

A trauma-informed approach is needed for treating youth who are sexually abusive, and have histories of abuse trauma or exposure to domestic violence. One option is the author's Trauma Outcome Process Assessment (TOPA) model (Rasmussen, 1999, 2012; Rasmussen et al., 1992). This model focuses on increasing the youth's awareness of thoughts, feelings, body sensations, motivations, and behaviors through experiential and cognitive-behavioral interventions. The youth is helped to recognize self-destructive and abusive patterns of behavior, clarify responsibility, correct thinking errors, express feelings, and thus engage in an adaptive response of Recovery and Integration.

Lateef and Jenney (2020) described the TOPA model as "a comprehensive, ecologically based practice model that recognizes the varying effects of traumatic experiences, such as CSA [child sexual abuse], on the etiology of sexually abusive behavior among youth" (p. 6). Studies by independent researchers (Borja & Callahan, 2009; Callahan et al., 2013) have empirically

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supported some constructs in the model. The TOPA model provides a viable intervention option for youth who are sexually abusive who have experienced exposure to domestic violence, physical abuse, other abuse trauma, and/or polyvictimization. The model is pliable and capable of addressing both the youth's historical trauma and current crises in the COVID-19 pandemic.

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