

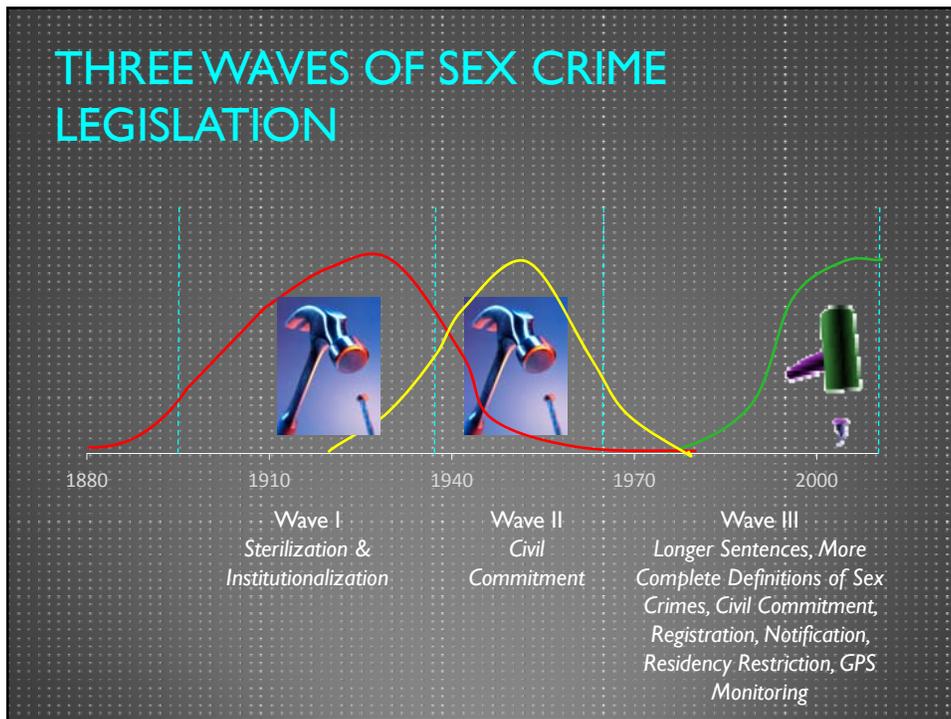
PREVENTION OF CHILD SEXUAL ABUSE

A Public Health Approach

OVERVIEW

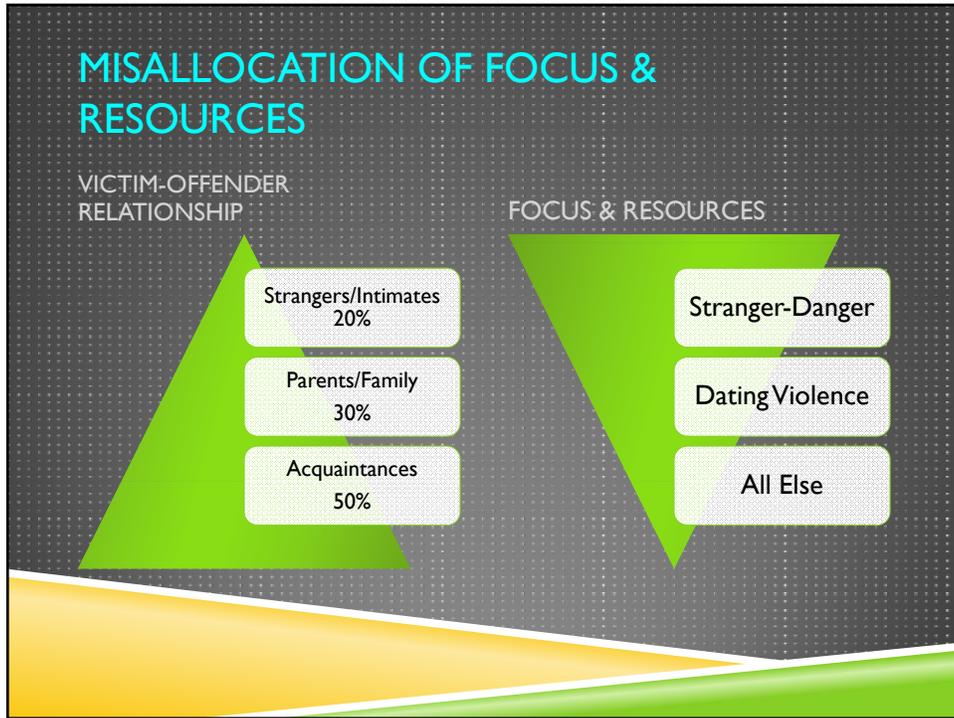
- ▶ Legislative responses to CSA and their limits
- ▶ Evidence supporting our ability to prevent CSA
- ▶ Prevention considerations
- ▶ Creating and sustaining a public health approach to CSA

THREE WAVES OF SEX CRIME LEGISLATION



MONSTERS

- ▶ Sex offenders are viewed as the most dangerous type of criminal
- ▶ Sex offenders are considered
 - ▶ Very high risk to reoffend
 - ▶ Untreatable
 - ▶ Ungovernable
 - ▶ On an immutable trajectory toward increased violence and depravity
- ▶ Hence, near universal support for ever harsher and more restrictive consequences such as commitment, notification, residency restriction



MISSED OPPORTUNITIES

STYMIED DETECTION & INTERVENTION

1. If all sex offenders = monsters
2. and my boyfriend ≠ monster
3. then he cannot be sexually abusing my child

We need to recognize heterogeneity of people who commit sexual offenses

STYMIED PREVENTION

- ▶ If sex offenders are “unalterable” then prevention is impossible

We need to recognize the prevention is possible—and evidence already supports this

INEFFECTIVE POLICIES

Registration, notification and other modern sex crime policies were designed to deter sexual offending

- ▶ Do policies based on a few extraordinary cases work?
- ▶ Could policies make things worse, despite good intentions?

THE PUBLIC STRONGLY SUPPORT REGISTRATION/NOTIFICATION

Surveys document near universal support for registration and notification:

- ▶ Makes people feel safer
- ▶ Makes people more likely to report suspicious behavior
- ▶ Makes offenders behave better
- ▶ I would support these policies even if there is no scientific evidence showing that they reduce sexual abuse:
 - ▶ 73% “true” or “partially true”



Slide credits: Kurt Bumby, Jill Levenson

OFFENDERS SUBJECTED TO NOTIFICATION OFTEN SUFFER SEVERE SOCIAL HARM

Surveys of offenders and their families document possibly risk-enhancing effects:

- ▶ Loss of social supports, isolation
- ▶ Harassment of partners and children
- ▶ Loss of housing and employment
- ▶ Verbal/physical harassment

So what?

Registered offender victim of arson



Sex offenders' killer found names on state site



Slide credit: Kurt Bumby

REGISTRATION & NOTIFICATION DO NOT DETER SEXUAL OR VIOLENT RECIDIVISM

NO DIFFERENCES

REDUCED RECIDIVISM

INCREASED RECIDIVISM

Tewksbury, Jennings & Zgoba, 2012
 Agan, 2011
 Tewksbury & Jennings, 2010
 Zgoba et al., 2010
 Letourneau et al., 2010 (adult)
 Letourneau et al. 2009 (juv)
 Veysey, Zgoba, & Dalessandro, 2009
 Zgoba et al., 2009
 Sandler, Freeman & Socia, 2008
 Vásquez, Madden & Walker, 2008
 Letourneau & Armstrong, 2008 (juv)
 Zevitz, 2006
 Adkins et al., 2000
 Schram & Milloy, 1995

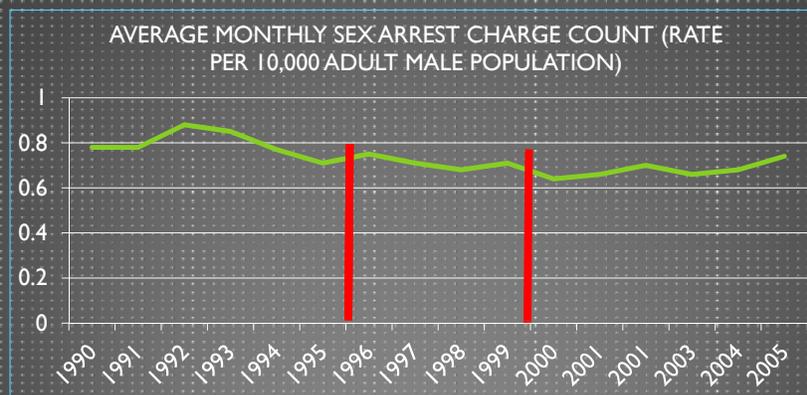
Prescott & Rockoff, 2011
 Duwe & Donney, 2008
 WSIPP, 2005

Sandler & Freeman, 2010
 Letourneau et al., 2009 (juv)
 Prescott & Rockoff, 2011
 Letourneau & Armstrong, 2008 (juv)

RESEARCH PROGRAM

- ▶ In 2006, NIJ awarded funding to examine the effects of South Carolina's registration and notification (SORN) policy (2006-WT-BX-0001)
- ▶ Our research examined SORN effects on:
 1. General deterrence (primary prevention)
 2. Specific deterrence (recidivism)
 3. Plea bargains
 4. Guilty dispositions
 5. Failure to register and recidivism

REGISTRATION BUT NOT ONLINE NOTIFICATION ASSOCIATED WITH REDUCED FIRST-TIME SEX CRIMES

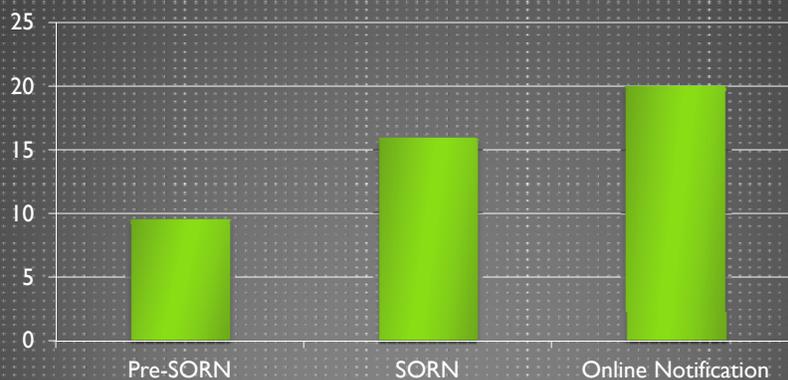


REGISTRATION DOES NOT REDUCE SEXUAL OR NONSEXUAL RECIDIVISM

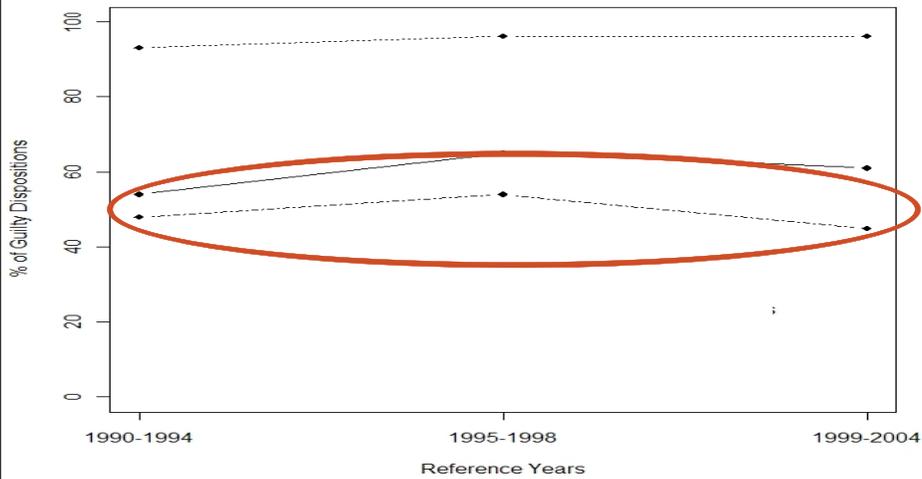
Cox's relative risks models for sexual recidivism events.

Covariate	SE			Hazard	
	β_j	β_j	χ^2	Ratio	95% CI
Age	-0.01	.00	3.20	0.99	0.99, 1.00
Race	-0.13	.09	2.06	0.86	0.73, 1.05
Priors	0.05	.01	12.77***	1.05	1.02, 1.08
Registration	0.11	.22	0.27	1.12	0.73, 1.73
Minor	-0.46	.10	23.57***	0.63	0.52, 0.76

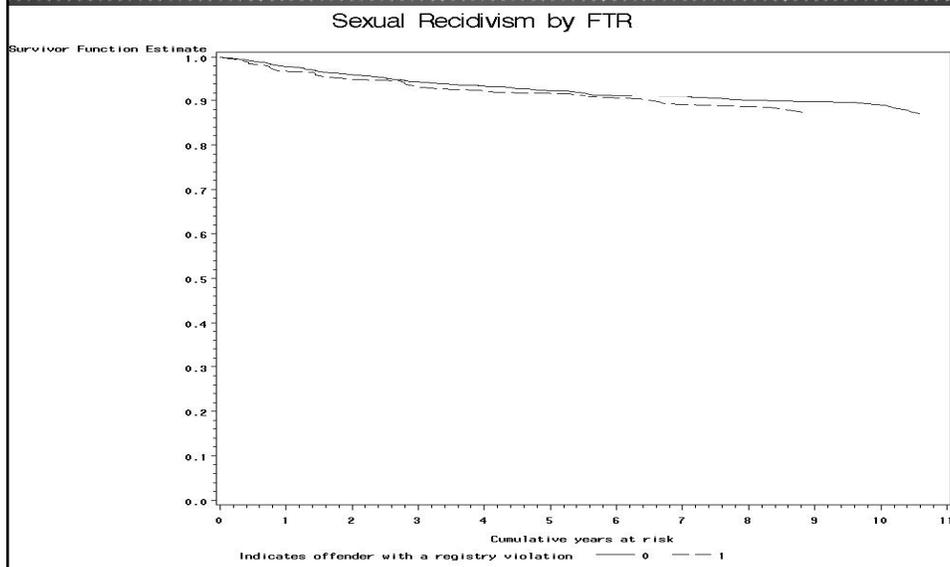
REGISTRATION AND ONLINE NOTIFICATION ASSOCIATED WITH INCREASED LIKELIHOOD OF PLEA BARGAIN



ONLINE NOTIFICATION ASSOCIATED WITH SIGNIFICANTLY REDUCED LIKELIHOOD OF GUILTY DISPOSITION



NO RELATIONSHIP BETWEEN FAILURE TO REGISTER AND SEXUAL RECIDIVISM



SUMMARY

In combination, these results suggest that SC policy

- ▶ achieved a modest level of general deterrence
- ▶ failed to influence recidivism
- ▶ increased likelihood of plea bargains
- ▶ decreased likelihood of adjudications for sex crimes following online notification
- ▶ FTR is not associated with sexual recidivism

A PUBLIC HEALTH APPROACH TO CSA

Judicial interventions are necessary but insufficient and often poorly designed

A more comprehensive public health approach is needed; an approach that emphasizes prevention as much as prosecution

PEER-FOCUSED BULLYING PREVENTION

- ▶ Childhood victimization including CSA has declined markedly since the early 1990's
- ▶ But declines have leveled out recently except in peer-on-peer sexual assaults
- ▶ Widely adopted bullying prevention programs have likely contributed to ongoing reductions in sexual assaults by peers

Sexual assault	2003	2008
By a known adult	0.3	0.2
By a nonspecified adult	0.3	0.3
By a peer	1.2	0.6
Bullying	21.7	14.8

CHILD-FOCUSED CSA PREVENTION

- ▶ Child-focused safety programs focus on 3 Rs:
 1. Recognize potentially abusive situations
 2. Resist abusive overtures
 3. Report previous/ongoing abuse
- ▶ Program evaluations indicate that pre-school & elementary children
 - ▶ Increase knowledge about CSA prevention concepts
 - ▶ Increase self-protection skills
 - ▶ Retain knowledge & skills longer if parents were included in programming
- ▶ Longitudinal research needed to determine whether programs reduce sexual abuse victimization
- ▶ Need to expand focus to parents

ADULT-FOCUSED SEXUAL VIOLENCE PREVENTION

- ▶ Only 8% of prevention programs focus on men
- ▶ Nearly all programs have been implemented with college students
- ▶ Nearly all programs focus on teen or adult rape vs CSA
- ▶ Results suggest some programs
 - ▶ Alter attitudes and beliefs about rape
 - ▶ Reduce self-reported likelihood to rape
 - ▶ Reduce sexually aggressive behavior
- ▶ Need to expand focus to younger and higher-risk groups
- ▶ Need to expand focus to prevention of CSA

TREATMENT OUTCOME STUDIES: RISK OF RE-VICTIMIZATION & PERPETRATION

CSA Increases Risk of Future Victimization

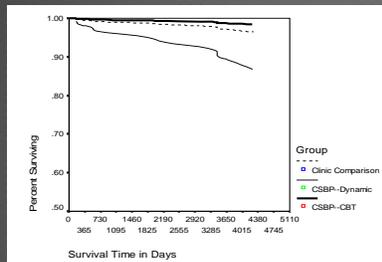
- ▶ CSA + PTSD = increased risk for re-victimization
- ▶ Trauma-focused CBT reduces risk of PTSD, depression and other common symptoms
- ▶ Longitudinal research needed to determine whether treating PTSD also reduces re-victimization

CSA Increases Risk of Future Perpetration

- ▶ CSA of boys 3-7 years old increases risk of future perpetration *though most victims do not become offenders*
- ▶ Longitudinal research needed to determine whether effective treatment of abuse-related symptoms also reduces risk for perpetration

TREATMENT OUTCOME STUDIES: CSBP

Treatment Reduces Risk of Future Sexual Harm



Children with severe sexual behavior problems treated with family-focused CBT were no more likely to commit a future sexual offense than children treated for anxiety disorders

TREATMENT OUTCOME STUDIES: JSO

Three RCTs support family-based treatment for juveniles who sexually offend

Lower sexual & nonsex recid
N = 16

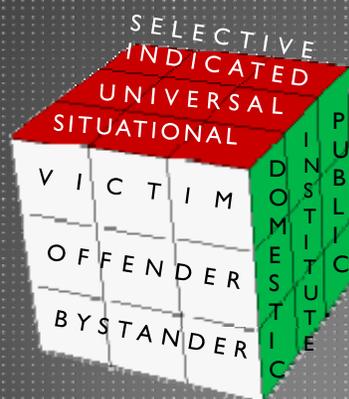
Lower sexual & nonsex recid
N = 48

Lower sexual risk, delinquency & substance use & fewer secure placements
N = 127

TIME FOR A NEW WAVE - A NEW PUBLIC HEALTH APPROACH TO CSA

- ▶ In combination the available research suggests
 - ▶ Widely adopted, effective prevention programs can meaningfully reduce incidence of abuse
 - ▶ Involvement of parents improves prevention
 - ▶ Behavior of potential offenders and bystanders can be influenced
 - ▶ Effective treatment reduces trauma-related symptoms and might reduce re-victimization and future perpetration
 - ▶ Effective treatment reduces future perpetration

MORE THAN A HAMMER



HOW DO WE CREATE AND SUSTAIN A PUBLIC HEALTH PERSPECTIVE FOR CSA?

1. Collaboration with prevention partners
2. Development of sustainable funding streams
3. Demonstration projects in high-impact areas
4. High quality education of early career researchers
5. Provide objective and accurate information to stakeholders including the judiciary, media and politicians

PRESENTER CONTACT INFORMATION

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CITATIONS

- ▶ Letourneau, E. J., Henggeler, S. W., Borduin, C. M., Schewe, P. A., McCart, M. R., Chapman, J. E., & Saldana, L. (2009). Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial. *Journal of Family Psychology, 23*, 89-102.
- ▶ Letourneau, E. J., Levenson, J. S., Bandyopadhyay, D., Sinha, D., & Armstrong, K. S. (2010). Effects of South Carolina's sex offender registration and notification policy on adult recidivism. *Criminal Justice Policy Review, 21*, 435-458.
- ▶ Letourneau, E. J., Levenson, J. S., Bandyopadhyay, D., Armstrong, K. S., & Sinha, D. (2010). The effects of sex offender registration and notification on judicial decisions. *Criminal Justice Review, 35*, 295-317.
- ▶ Letourneau, E. J., Levenson, J. S., Bandyopadhyay, D., Armstrong, K. S., & Sinha, D. (2010). Effects of South Carolina's sex offender registration and notification policy on deterrence of adult sex crimes. *Criminal Justice and Behavior, 37*, 537-552.
- ▶ Failure to register citation: Levenson, J. S., Letourneau, E. J., Armstrong, K. S., & Zgoba, K. M. (2010). Failure to register as a sex offender: Is it associated with recidivism? *Justice Quarterly, 27*, 305-331.