Devereux
ADVANCED BEHAVIORAL HEALTH
UNLOCKING HUMAN POTENTIAL™

HOW ORGANIZATIONS AND FAMILIES CAN KEEP THEIR CHILDREN AND ADOLESCENTS WITH DEVELOPMENTAL AND BEHAVIORAL DISABILITIES SAFE – RISK FACTORS, SCREENINGS, AND RED FLAGS

Yolanda Graham, M.D. and Kelsey Lawson, J.D.

LEARNING OBJECTIVES

- Participants will articulate characteristics associated with sexual abuse in various child settings based on available research
- Participants will identify specific interventions designed to promote safety in these settings
- Participants will synthesize information provided to evaluate and reduce risk in their settings

Devereux ADVANCED BEHAVIORAL HEALTH | UNLOCKING HUMAN POTENTIAL™

PREVALENCE

- Child Maltreatment Report 2020 revealed that 90% of all child maltreatment is committed by one or both parents
- Childhood sexual abuse occurs in 1 in 4 girls and 1 in 13 boys in the U.S. (CDC)
- U.S. Dept. of Education Study- Almost 10% of students were victims of sexual abuse or misconduct by school employees or volunteers (Shakeshaft, 2004)
- U.S. Dept. of Justice Study (2010) - 10.3% of juveniles reported being sexually abused by detention staff
- Child Maltreatment Report 2020 - .3% (885) of all sexual abuse cases were committed by group home or residential staff in 2020
- Other high risk settings include religious institutions, sports, and out-of-home placements (e.g., residential settings, group homes, foster care)

Devereux ADVANCED BEHAVIORAL HEALTH | UNLOCKING HUMAN POTENTIAL™

RISK PROFILES FOR VICTIMS

- Females are more likely to be victims
- Younger age
- Youth with intellectual disabilities, behavioral disorders, and communication disorders
- Lower socio-economic status
- Previous history of sexual victimization and other forms of maltreatment
- Previous exposure to violence or domestic abuse
- Lack of knowledge about sex and sexuality
- Low levels of assertiveness
- Desire for a caring relationship with an adult
- Longer length of stay in an out-of-home setting

RISK SPECIFIC TO IDD

Individual Risks

- More severe learning disability and communication difficulties
- Longer period of time receiving services
- Social isolation
- Living in residential settings
- Escalation in challenging behaviors
- Having a behavior management program or a medication to control behavior

Individual Protective Factors

- Ability to report events
- Knowledge of their right to not be violated and who to report to
- Understanding of social relationships
- Good coping strategies and assertiveness skills

RISK SPECIFIC TO IDD

Perpetrator Risks

– Male gender
– Newer employees
– Previous perpetrator of abuse
– Inability to cope with stress or inappropriate means to relieve stress
– Negative perceptions of individuals with IDD
– Belief that individuals with IDD are different and lack skills

Perpetrator Protective Factors

- Positive attitudes towards individuals
- Respect for preferences
- Feeling heard and valued by supervisor
- Confidence to challenge bad practices

Devereux ADVANCED BEHAVIORAL HEALTH | UNLOCKING HUMAN POTENTIAL™

WHO ARE THE PERPETRATORS?

Gender Differences

- 5-21% of male college students and 10.4% of male adults reported a sexual interest in young children (Ahlers, 2011;Templeton and Stinnett, 1991)
- Would you have sex with a child if you were sure you wouldn't get caught? 19% of adult men said yes (Briere & Runtz, 1989; Hayashino, 1995)
- 81-96% of abusers in institutional settings are male despite making up only 33% of staff (Gallagher, 2000)
- Women are perpetrators in 5-10% of sexual abuse cases (Peter, 2009)
- Women tend to be younger, abuse victims closer to their age, have relationship difficulties, low self-esteem, and a romantic connection to victim (Mototsune, 2015)

WHO ARE THE PERPETRATORS?

- Older, better educated, fewer ACEs than sex abusers in general, use of power and authority (Darling, 2013)
- 32% to 78% of institutional offenders had a personal history of sexual abuse (Erooga, 2012; LeClerc, 2015)
- Offenders worked at an institution on average 16 years before being detected (LeClerc, 2015) and had an average of 48 victims (Sullivan and Beech, 2004)
- Institutional offenders have higher IQs, are more likely to be pedophiles, use non-violent manipulative strategies, and are less likely to have a history of abuse (Turner & Briken, 2015)
- 78% had no prior arrests for sexual offenses (LeClerc, 2015)
- 53% reported no awareness of a sexual attraction to young children prior to institutional abuse (Erooga, 2012)
- Sullivan & Beech, 2004
  - 92.5% reported awareness of an attraction to younger children
  - 67.5% committed their first offense against a child by age 21
  - 56% reported it influenced their job choice
  - Average of 1.5 years before they commit their first offense in a work setting
  - 77.5% arranged to meet the child outside of work to abuse them

Devereux ADVANCED BEHAVIORAL HEALTH | UNLOCKING HUMAN POTENTIAL™

PERPETRATOR RED FLAGS

- Asking to work with children of a specific age or gender
- Having hobbies that are appealing to children
- Reporting substance use or addiction
- Exhibiting poor impulse control
- Lack of mature adult relationships outside of work
- Distorted attitudes about sex
- Poor socio-affective functioning
- Poor self-management
- Admitting to acquiring or intentionally viewing child pornography
- Deviant sexual interest

Devereux ADVANCED BEHAVIORAL HEALTH | UNLOCKING HUMAN POTENTIAL™

HEALTHCARE SETTINGS

- Pediatricians accounted for 2.9% of all physicians disciplined by their state medical board for sex abuse of minors under age 14 (Dehlendorf,1998)
- 8.7% of sexual misconduct by physicians involved patients under age 14 (Canadian Task Force on Sexual Abuse of Patients)
- Increased vulnerability in pediatrics due to frequent, potentially private contact with children and examination of genital areas
- Stats (Spencer,1992; Feldman, 2001)
  - 1.56% of children experienced abuse while hospitalized; 50% of those were sexual abuse
  - 43% of perpetrators were nurses
  - 21% therapists
  - 21% volunteers
  - 14% physicians
  - 24% of all cases were substantiated; 18% remained indeterminate

Devereux ADVANCED BEHAVIORAL HEALTH | UNLOCKING HUMAN POTENTIAL™

HEALTHCARE SETTINGS

- AAP Guidelines (2011) identified the risk of institutional abuse as a concern for young people
- AAP Guidelines were updated in 2022; significant update in the reporting section
- Vulnerability in healthcare settings may be increased due to high levels of occupational stress and high levels of parental stress
- Abuse reports have been shown to be higher in healthcare settings when admission rates are high, and during the spring and fall (Kaufman, 2016)
- Complaints more likely to be reported by older children (mean 12.4 years)

Devereux ADVANCED BEHAVIORAL HEALTH | UNLOCKING HUMAN POTENTIAL™

AAP GUIDELINES: RED FLAGS

Red Flags

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

- Physicians with unique indications or increased frequencies of genital exams
- Unusually long exams, inappropriately ungloved contact, lack of draping for modesty, contact intended to stimulate the patient
- Sexualized statements or comments
- Excluding parents from examinations of pre-adolescent youth
- Photographs
- Sharing personal information
- Offers of extracurricular contact or activities
- Unsolicited emails, texts, or phone calls unrelated to clinical care

EDUCATIONAL SETTINGS

- Only 14 published since 2000 in the U.S. and Canada
- American Association of University Women (AAUW, 2001) - 9.6% of students targeted during their school career
- Wishnietsky (1991) - 13.5% of high school students reported having had intercourse with a teacher
- Multiple studies have shown pre-teens (10-12 yrs.) to be at highest risk in school settings followed by children 6-7 yrs.
- Shakeshaft and Cohan (2004)
  - 76% of victims were female
  - students of color more likely to be victimized
  - students with disabilities 3x more likely to be victimized
  - students with cognitive impairments were 4x more likely to be victimized
  - students with behavioral disorders 5x more likely to be victimized

EDUCATIONAL SETTINGS/PERPETRATORS

- Shakeshaft and Cohan (2004) – 96% of abusers were male
- Ratfiff et.al. (2014)
  - Males were more likely to offend against students ages 12 or younger and to be accused by their victims
  - Females were more likely to offend against students age 13 or older and to be exposed by another student or parental complaint
- 49% of sexual abuse cases in youth with disabilities were committed by other students (Caldas & Bensy, 2014)
- Parents are often groomed

FAITH-BASED SETTINGS

- Prevalence rates in studies of the Catholic Church range from 1.7% in the Netherlands, to 4.8% in Australia, to 4% in the U.S.
- Higher prevalence (60%) of adolescent males as victims (Scicluna, 2013)
- Multiple victims predicted by younger age of victim, younger age of priest at first offense, all male victims, offender history of being victimized (Perillo, 2008)
- John Jay College of Criminal Justice (2014)
  - Low number of convictions due to delays in reporting and the statute of limitations
  - Grooming more likely to involve alcohol and drugs, threats
- Risk Factors:
  - Priests have high levels of authority (cultural and political) in communities
  - Vow of celibacy
  - Large number of volunteers
  - Religious practices allowing those who abused children to remain within the system

Devereux ADVANCED BEHAVIORAL HEALTH | UNLOCKING HUMAN POTENTIAL™

RESIDENTIAL, GROUP HOMES, FOSTER CARE

- The Dutch and Netherlands (Euser, 2013)
  - 0.8% of child sexual abuse reports were made against DCP
  - 9-fold increase in sexual abuse in children placed in residential care compared to general population
  - More likely to be abused by another adolescent (50%) than staff (7%)
- Higher rates of peer-to-peer perpetration in these settings (Timmerman & Schreuder, 2014); male victims less likely to report
- 60% of known sexual abuse cases in foster care were committed by someone other than the foster parent (Benedict, 1994)

Risk Factors

- Power differential between child and caregiver
- Child dependent on caregiver for survival
- Avoidance of discussions around sex and sexual abuse
- Lack of subject expertise (especially in foster care)
- Inadequate resources (training, structural supports)

Devereux ADVANCED BEHAVIORAL HEALTH UNLOCKING HUMAN POTENTIAL™

SPORTS

Cultural Risk Factors:

- High degree of competitiveness, emphasis on team success and winning
- More focus on team loyalty than individual well-being
- Culture of silence and obedience
- Victim blaming mentality, false allegations,
- Normalization of violence
- Coaches often seen as a parent figure, authority unquestioned

Environmental Risk Factors:

- Youth with low self-esteem or who are “different” being pushed into sports as a remedy
- High level of volunteers
- Travel
- Individual coaching sessions
- Grooming

Devereux ADVANCED BEHAVIORAL HEALTH | UNLOCKING HUMAN POTENTIAL™

PRAESIDIUM

Praesidium's mission is to prevent sexual abuse of children and vulnerable adults and to preserve trust in respected organizations. Praesidium offers training, accreditation, risk consulting, and employee screening services.

www.praesidiuminc.com

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

Preventing and Addressing Child Sexual Abuse in Youth Serving Organizations: A Desk Guide for Organizational Leaders (2020)

Overarching Goals

1. Focus on child wellbeing and safety above all else
2. Make training a cornerstone of organizational practices
3. Increase the monitoring of adult-child interactions
4. Collaborate with children and parents
5. Identify safety concerns and generate solutions to specific organizational safety risks
6. Increase organizational evaluations and accountability
7. Address youth sexual behavior
8. Strengthen human resource management

www.americanhealth.jhu.edu/themes/custom/bahi/assets/pdfs/DesktopGuide.pdf

PREVENTION FRAMEWORK PRACTICES

Goal	Practices
Focus on child wellbeing and safety above all else	• Place safety ahead of other organizational goals ("child safety culture") • Create and enforce policies that emphasize caring and professional relationships with children • Overtly recognize boundary violations that signal departure from professional relationship • Use child-focused language to maintain boundaries between children and adults
Make training a cornerstone of organizational practices	Child safety culture is needed to make training effective – this requires commitment from leadership Three dimensions of training: • Knowledge • Attitudes • Awareness

Preventing and Addressing Child Sexual Abuse in Youth Serving Organizations: A Desk Guide for Organizational Leaders (2020)

Devereux ADVANCED BEHAVIORAL HEALTH | UNLOCKING HUMAN POTENTIAL™

PREVENTION FRAMEWORK PRACTICES

Goal	Practices
Increase the monitoring of adult-child interactions	• Establish policies that "enhance visibility" to increase likelihood that adult-child interactions are observable by other adults • Use physical spaces to maximize visibility • Policies must be tailored to fit space & program needs • Policies must be enforced to be effective • Policies must be assessed for ongoing effectiveness
Collaborate with children and parents	Consider children and parents as part of the solution to child sexual abuse • Educate about abuse risks and how to report concerns • Encourage parent participation/visiting • Engage in policy or initiative development • Obtain feedback about fidelity to culture/policies

Preventing and Addressing Child Sexual Abuse in Youth Serving Organizations: A Desk Guide for Organizational Leaders (2020)

Devereux ADVANCED BEHAVIORAL HEALTH | UNLOCKING HUMAN POTENTIAL™

PREVENTION FRAMEWORK PRACTICES

Goal	Practices
Identify safety concerns and generate solutions to specific organizational safety risks	• Conduct localized safety assessments • Identify high-priority safety risks (e.g., environmental risks, high-risk situations, and daily/routine activities) • Effective localized strategies require strong implementation plans and ongoing oversight
Increase organizational evaluations and accountability	• Develop systematic approaches at the organizational and individual levels • Analyze concerns/complaints and use this information to inform change needed to enhance safety • Regularly review safety practices

Preventing and Addressing Child Sexual Abuse in Youth Serving Organizations: A Desk Guide for Organizational Leaders (2020)

PREVENTION FRAMEWORK PRACTICES

Goal	Practices
Address youth sexual behavior	• Recognize healthy sexual development (including being alert for biases) • Set clear expectations for youth and parents • Use a graduated approach for training staff to respond to youth sexual behaviors, which includes taking steps for immediate safety and awareness of reporting obligations
Strengthen human resource management	• Create recruitment and selection processes that assess for skills/attitudes toward child safety • Include organizational expectations for protecting child safety in the selection process • Maintain strong supervision practices with safety goals

Preventing and Addressing Child Sexual Abuse in Youth Serving Organizations: A Desk Guide for Organizational Leaders (2020)

Devereux ADVANCED BEHAVIORAL HEALTH UNLOCKING HUMAN POTENTIAL™

Questions?

UNLOCKING
HUMAN POTENTIAL™

Yolanda Graham, M.D.

ygraham@devereux.org

Kelsey Lawson, J.D., M.S

Kelsey.Lawson@devereux.org

Devereux
ADVANCED BEHAVIORAL HEALTH

UNLOCKING
HUMAN POTENTIAL™