Relation Between Adverse Childhood Experiences (ACE), Psychopathy, and Risk for Sexual Recidivism

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Kerry Keiser

*Not present: Co-investigator Jill Levenson, PhD

BACKGROUND
Adverse Childhood Experiences (ACE)

• Categories: (Larkin, Shields, & Anda, 2012)
  – Witnessing DV
  – Emotional & physical neglect
  – Physical, emotional, & sexual abuse
  – Loss of a parent or family member incarcerated
  – Raised with mentally ill or substance abusing household members

• Frequently co-occur (Levenson, Willis & Vicencio, 2017)

ACE Reliability

• Good test-retest reliability (Dube et al., 2004)
• Additive impact of ACEs is likely due, at least in part, to probabilities of more harmful ACE items (Schilling et al., 2008)
• Examination of individual ACE items, instead of ACE aggregate scores, to avoid misleading results/interpretation
ACE PREVALENCE RATES
(CDC, 1998; N = 17,000+)

Levenson, 2017

ADVERSE CHILDHOOD EXPERIENCES
looking at how ACEs affect our lives & society

Levenson, 2017; CDC, 1998

Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience — and the majority of respondents who reported at least one ACE reported more than one.
PROFOUND IMPACTS ON MEDICAL, BEHAVIORAL HEALTH, AND PSYCHOSOCIAL ADULT OUTCOMES

ACES can have lasting effects on....

- Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)
- Behaviors (smoking, alcoholism, drug use)
- Life Potential (graduation rates, academic achievement, lost time from work)

![Dose-response relationship chart](chart.png)

*ACES have been found to have a graded dose-response relationship with 40+ outcomes to date.

*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Levenson, 2017

Dose-response

"It's a non-linear pattern with outliers.....but for some reason I'm very happy with the data."
Dose-response

- Multitude of health and social problems:
  - Risk factors for poor health
    - e.g., obesity
  - Prevalent diseases
    - e.g., cancer; STDs
  - Mental health problems
    - e.g., anxiety; sleep disturbances; poor anger control
  - General health & social problems
    - e.g., impaired job performance; high perceived stress

(De Venteer, Demyttenaere, & Bruffaerts, 2013; Dube et al., 2001; Kelly-Irving et al., 2013; Lalor & McElvaney, 2010; Liu, Yang, Shi, Liu, & Wang, 2016; Ramiro, Madrid, & Brown, 2010)

Compounding & Detrimental

- “Problem-saturated households“ (Easton, 2012)
- “Early stressors exert prolonged influence into later years through stress proliferation—a cascade of processes that accumulate stressful events in adulthood, increasing susceptibility to compromised psychosocial functioning“ (Nurius, Green, Logan-Greene, & Borja, 2015)

- Need for preventative/reactive strategies
ACE scores higher in clinical, criminal, and marginalized populations

Levenson, 2016

ACE & Mental Illness

- ACE’s significantly related to serious mental illness in adulthood
  - Additive and “multiplicative synergistic effects”
  - Lack of ACEs act as a protective factor against development of mental illness

(Putnam, Harris, & Putnam, 2013)
ACES AND SEXUAL OFFENDERS

Male SO in TX (n = 366)
Levenson, Willis & Vicencio, 2017, JCSA

SO samples are 4-5X more likely than males in the general population to have ACE scores of 4+

<table>
<thead>
<tr>
<th>ACE Score</th>
<th>Male SO TX (n = 366)</th>
<th>CDC = 9%</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>15.9</td>
<td>38%</td>
</tr>
<tr>
<td>1</td>
<td>20.2</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>9.9</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>15.1</td>
<td></td>
</tr>
<tr>
<td>4+</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
Higher ACE Score associated with:
- Criminal Versatility (different types of arrests)
- Persistence (# of arrests)
- Sexual deviance
- Sexual Violence
- Substance abuse

Predictive ACE items
Levenson & Grady, 2015

- CSA
- DV
- Emotional Neglect
- Substance Abuse
- Unmarried Parents
- Incarcerated family member

Higher # of Sex Crime Arrests
Higher # of General Arrests
Psychopathy and ACE

Graham, Kimonis, Wasserman, & Kline, 2012

Krstic, Knight, & Robertson, 2016
How are you handling adversity in your life?

CURRENT STUDY
Aims

- Frequency of ACEs in a sample of civilly committed sex offenders and
  - Comparison to other samples.

- ACEs relationships to mental health diagnoses.

- Relationships between ACEs, Static-99R, and PCL-R.

- Implementation of RNR

To Answer

- What is the frequency of ACEs in a sample of civilly committed sex offenders?
  - How does that compare to other samples?
  - Which ACEs are highly correlated?

- How are ACEs associated with mental health diagnoses such as anxiety, depression, or paraphilias?
To Answer

• Do high ACEs predict higher levels of psychopathy or risk for recidivism?

Specific Hypotheses

• Higher ACE scores will predict higher Factor 1 and Factor 2 scores on PCL-R.
  ○ Due to stronger associations between ACE scores and Facets 2 and 4
• Higher ACE scores will predict higher risk of recidivism (as measured by the Static99R).
METHODOLOGY & PROCEDURES

Participants

• $N = 319$ Adult male sex offenders residing at SRSTC
• Age: $M = 51.41$ ($SD = 10.60$)
• Race: 69% White; 23.2% Black; 5% Native American; 2.2% Hispanic; 0.6% Other
  – Dichotomized: 0 ‘Minorities’ 1 ‘White’
• Full Scale IQ: $M = 87.18$ ($SD = 15.93$)
Measures

**Adverse Childhood Experiences (ACE; CDC, 2013; Felitti et al., 1998; https://www.cdc.gov/violenceprevention/acestudy/)**

- 10 item self-report dichotomous (yes/no) scale
- Total score reflects number of adverse experiences.
- Reliability in current sample ($\alpha = .79$)

### Child Harm
- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect
- Love/Support

### Household Dysfunction
- Family Member Incarceration
- Household Substance Abuse
- Household Mental Illness
- Parental Divorce
- Household Partner Violence
Measures

Psychopathy Checklist – Revised (PCL-R; Hare, 2003)

• Semi-structured interview and collateral file review.

• 20 items scored on a 3-point scale

• Two factors
  – Four facets

Factor 1: Interpersonal/Affective
  Facet 1: Interpersonal
  Facet 2: Affective

Factor 2: Social Deviance
  Facet 3: Lifestyle
  Facet 4: Antisocial
Measures

**Static99R** *(Hanson & Thornton, 2000; Helmus, Thornton et al., 2012)*

- 10 item scale completed by a trained rater that has a total score ranging from -3 to 12
- Actuarial risk assessment tool designed to predict sexual recidivism
Measures

Static99R (Hanson & Thornton, 2000; Helmus, Thornton et al., 2012)

- Alternative latent constructs
  - Persistence/Paraphilia (Sexual deviance)
  - General Criminality
  - Age
Procedures

• Patients were assessed as part of routine clinical practice or during their yearly risk evaluations.

Analytic Procedures

• Frequency distributions, odds ratio calculations (SPSS v. 24)
• Point-biserial correlations; logistic regressions (SPSS v. 24)
• Path Analyses (AMOS v. 24)
RESULTS

Aim 1

• What is the frequency of ACEs in a sample of civilly committed sex offenders?
  – Which ACEs are highly correlated?
  – How does that compare to other samples?
ACE SCORES
M = 4.85 (SD = 2.80); Range = 0 – 10; Median = 5.00

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
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<td>16</td>
<td>5.1%</td>
</tr>
<tr>
<td>1</td>
<td>29</td>
<td>9.3%</td>
</tr>
<tr>
<td>2</td>
<td>36</td>
<td>11.6%</td>
</tr>
<tr>
<td>3</td>
<td>25</td>
<td>8.0%</td>
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<tr>
<td>4+</td>
<td>205</td>
<td>65.9%</td>
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<tr>
<td>TOTAL</td>
<td>311</td>
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FREQUENCY DISTRIBUTION
ACE BY ITEM

<table>
<thead>
<tr>
<th>ACE Item</th>
<th>% Yes</th>
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<tbody>
<tr>
<td>Verbal Abuse</td>
<td>67.8%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>61.1%</td>
</tr>
<tr>
<td>Divorce</td>
<td>60.1%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>57.6%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>56.9%</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>52.4%</td>
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<tr>
<td>Domestic Abuse</td>
<td>34.4%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>33.1%</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>33.1%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>32.2%</td>
</tr>
</tbody>
</table>

Comparison Populations

**CDC (N = 17,337)**
- Males: 7,970
- Race: 74.8% White
- 11.2% Hispanic/Latino
- 7.2% Asian/Pacific Islander
- 4.5% African American
- 2.3% Other
- Age: 48.3% between 30 and 60

**Levenson et al. (2014; N = 679 sex offenders)**
- 28% in civil commitment
- 72% in outpatient treatment
- Race: 67% white; 32% minority
- Age: 71% between the ages of 30 and 60 years

**Reavis et al. (2013; N = 61 sex offenders)**
- Court ordered for outpatient treatment
- Part of a larger sample of offenders
ACE – SRSTC VS. OTHER SAMPLES

ACE – SRSTC vs. Other Samples

<table>
<thead>
<tr>
<th>ACE Item</th>
<th>Odds Ratio (SRSTC / CDC)</th>
<th>Odds Ratio (SRSTC / Levenson)</th>
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<tbody>
<tr>
<td>1. Verbal Abuse</td>
<td>25.65</td>
<td>1.85</td>
</tr>
<tr>
<td>2. Physical Abuse</td>
<td>3.68</td>
<td>2.15</td>
</tr>
<tr>
<td>3. Sexual Abuse</td>
<td>6.93</td>
<td>2.16</td>
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<td>4. Emotional Neglect</td>
<td>7.78</td>
<td>1.83</td>
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<td>5. Physical Neglect</td>
<td>4.13</td>
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<td>6. Divorce</td>
<td>5.41</td>
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<td>7. Domestic Abuse</td>
<td>4.04</td>
<td>1.66</td>
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<tr>
<td>8. Substance Abuse</td>
<td>4.34</td>
<td>1.55</td>
</tr>
<tr>
<td>9. Mental Illness</td>
<td>2.85</td>
<td>1.42</td>
</tr>
<tr>
<td>10. Incarceration</td>
<td>11.09</td>
<td>1.62</td>
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# ACE Correlations

<table>
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<tr>
<th></th>
<th>ACE 1</th>
<th>ACE 2</th>
<th>ACE 3</th>
<th>ACE 4</th>
<th>ACE 5</th>
<th>ACE 6</th>
<th>ACE 7</th>
<th>ACE 8</th>
<th>ACE 9</th>
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<td>ACE 2</td>
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<td>ACE 5</td>
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<td>.41**</td>
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<td>.35**</td>
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<tr>
<td>ACE 6</td>
<td>.20**</td>
<td>.18**</td>
<td>.07</td>
<td>.12*</td>
<td>.21**</td>
<td></td>
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<td>ACE 7</td>
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<td>.38**</td>
<td>.29**</td>
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<td>.30**</td>
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<td>ACE 8</td>
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<td>.29**</td>
<td>.17**</td>
<td>.20**</td>
<td>.32**</td>
<td>.22**</td>
<td>.35**</td>
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<td>ACE 9</td>
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<td>.25**</td>
<td>.22**</td>
<td>.29**</td>
<td>.29**</td>
<td>.24**</td>
<td>.31**</td>
<td>.31**</td>
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<tr>
<td>ACE 10</td>
<td>.15**</td>
<td>.13*</td>
<td>.05</td>
<td>.02</td>
<td>.20**</td>
<td>.24**</td>
<td>.21**</td>
<td>.29**</td>
<td>.15**</td>
</tr>
</tbody>
</table>

Verbal Abuse: **.62**

Physical Abuse: **.36**

Love/Support: **.38**

Domestic Abuse: **.35**

Substance Abuse: **.35**
Physical Abuse

Verbal Abuse

Domestic Abuse

Physical Neglect

Emotional Neglect

Physical Neglect

.62**

.41**

.38**

.35**
Physical Neglect

Emotional Neglect

Domestic Abuse

Substance Abuse

Physical Neglect

Domestic Abuse

.35**

.35**

.35**

.35**
Note:

- Item 6 (Parental Divorce) and Item 10 (Household Member Incarceration) were not strongly associated with any other ACE items.
Aim 2

- How are ACEs associated with mental health diagnoses such as anxiety, depression, paraphilias, or personality disorders?

<table>
<thead>
<tr>
<th></th>
<th>ACE (Child Harm)</th>
<th>ACE (Household Dysfunction)</th>
<th>ACE Total</th>
</tr>
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<tbody>
<tr>
<td>Pedophilia</td>
<td>.15**</td>
<td>-.02</td>
<td>.08</td>
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<tr>
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<td>-.01</td>
<td>.08</td>
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<tr>
<td>Anxiety Disorder</td>
<td>.13*</td>
<td>.11*</td>
<td>.14**</td>
</tr>
<tr>
<td>Depressive Disorder</td>
<td>.10</td>
<td>.09</td>
<td>.11*</td>
</tr>
<tr>
<td>Antisocial Personality</td>
<td>.05</td>
<td>.16**</td>
<td>.12*</td>
</tr>
</tbody>
</table>

*p ≤ .05, ** p ≤ .01
### Pedophilia

<table>
<thead>
<tr>
<th></th>
<th>B (SE)</th>
<th>Lower</th>
<th>Odds Ratio</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
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<td>.02 (.01)</td>
<td>1.00</td>
<td>1.02</td>
<td>1.04</td>
</tr>
<tr>
<td>Race</td>
<td>1.66* (.28)</td>
<td>3.02</td>
<td>5.26</td>
<td>9.12</td>
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<tr>
<td>IQ</td>
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<td>.98</td>
<td>.99</td>
<td>1.01</td>
</tr>
<tr>
<td>ACE Total</td>
<td>.07 (.05)</td>
<td>.98</td>
<td>1.07</td>
<td>1.17</td>
</tr>
</tbody>
</table>

Note. $R^2 = .13$ (Cox & Snell), .17 (Nagelkerke). Model $\chi^2 (8) = 5.99, p = \text{n.s.}$

### Any Paraphilia

<table>
<thead>
<tr>
<th></th>
<th>B (SE)</th>
<th>Lower</th>
<th>Odds Ratio</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.07* (.02)</td>
<td>1.03</td>
<td>1.07</td>
<td>1.10</td>
</tr>
<tr>
<td>Race</td>
<td>1.61* (.32)</td>
<td>2.68</td>
<td>4.99</td>
<td>9.30</td>
</tr>
<tr>
<td>IQ</td>
<td>.02 (.01)</td>
<td>1.00</td>
<td>1.02</td>
<td>1.04</td>
</tr>
<tr>
<td>ACE (Total Score)</td>
<td>.13* (.06)</td>
<td>1.02</td>
<td>1.14</td>
<td>1.28</td>
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</table>

Note. $R^2 = .14$ (Cox & Snell), .22 (Nagelkerke). Model $\chi^2 (8) = 9.95, p = \text{n.s.}$
### Anxiety Disorder

<table>
<thead>
<tr>
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<th>Lower</th>
<th>Odds Ratio</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
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<td>.92</td>
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<tr>
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<td>25.46</td>
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<tr>
<td>IQ</td>
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<td>.99</td>
<td>.95</td>
<td>1.04</td>
</tr>
<tr>
<td>ACE (Total Score)</td>
<td>.35* (.16)</td>
<td>1.03</td>
<td>1.42</td>
<td>1.94</td>
</tr>
</tbody>
</table>

Note. R² = .03 (Cox & Snell), .12 (Nagelkerke). Model χ² (8) = 6.98, p = n.s.

### Depressive Disorder

<table>
<thead>
<tr>
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<th>B (SE)</th>
<th>Lower</th>
<th>Odds Ratio</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.04* (.02)</td>
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<td>1.04</td>
<td>1.08</td>
</tr>
<tr>
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<tr>
<td>IQ</td>
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<td>.96</td>
<td>.99</td>
<td>1.01</td>
</tr>
<tr>
<td>ACE (Total Score)</td>
<td>.18* (.08)</td>
<td>1.03</td>
<td>1.19</td>
<td>1.38</td>
</tr>
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</table>

Note. R² = .03 (Cox & Snell), .07 (Nagelkerke). Model χ² (8) = 10.76, p = n.s.
### Antisocial Personality Disorder

<table>
<thead>
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<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-.01 (.01)</td>
<td>.97</td>
<td>1.00</td>
</tr>
<tr>
<td>Race</td>
<td>-1.29* (.28)</td>
<td>.16</td>
<td>.28</td>
</tr>
<tr>
<td>IQ</td>
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</tr>
<tr>
<td>ACE (Total Score)</td>
<td>.11* (.05)</td>
<td>1.02</td>
<td>1.12</td>
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</tbody>
</table>

Note. $R^2 = .09$ (Cox & Snell), .12 (Nagelkerke). Model $\chi^2 (8) = 6.22, p = \text{n.s.}$

<table>
<thead>
<tr>
<th>B (SE)</th>
<th>Lower</th>
<th>Odds Ratio</th>
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<tbody>
<tr>
<td>Age</td>
<td>-.01 (.01)</td>
<td>.98</td>
<td>1.00</td>
</tr>
<tr>
<td>Race</td>
<td>-1.22* (.29)</td>
<td>.17</td>
<td>.30</td>
</tr>
<tr>
<td>IQ</td>
<td>.02* (.01)</td>
<td>1.00</td>
<td>1.02</td>
</tr>
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<td>ACE (Child Harm)</td>
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<td>1.04</td>
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<tr>
<td>ACE (Household Dysfunction)</td>
<td>.20* (.10)</td>
<td>1.01</td>
<td>1.22</td>
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</tbody>
</table>

Note. $R^2 = .09$ (Cox & Snell), .12 (Nagelkerke). Model $\chi^2 (8) = 4.51, p = \text{n.s.}$

### ACE groups

<table>
<thead>
<tr>
<th></th>
<th>Low ACE (n = 109) (Mean = 1.66)</th>
<th>Moderate ACE (n = 106) (Mean = 4.96)</th>
<th>High ACE (n = 104) (Mean = 8.09)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Paraphilia</td>
<td>1.25</td>
<td>1.93</td>
<td>2.93</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>1.78</td>
<td>5.61</td>
<td>16.70</td>
</tr>
<tr>
<td>Depressive Disorder</td>
<td>1.33</td>
<td>2.38</td>
<td>4.12</td>
</tr>
<tr>
<td>ASPD</td>
<td>1.20</td>
<td>1.73</td>
<td>2.45</td>
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Aim 3

• Higher ACE scores will predict higher Factor 1 and Factor 2 scores on PCL-R.
  o Due to stronger associations between ACE scores and Facets 2 and 4
Aim 4

- Higher ACE scores will predict higher risk of recidivism (as measured by the Static99R).
DISCUSSION

Summary

• Approximately 66% of patients at Sand Ridge reported experiencing 4+ ACEs
• Highest frequency items
  – Verbal Abuse
  – Physical Abuse
  – Divorce
Higher ACE scores for SRSTC patients

- Higher rates of ACEs compared to other samples
  - For example: Up to 25X more likely than CDC sample to experience verbal abuse
  - For example: Up to 2.5X more likely than sex offender sample to experience physical neglect

ACE Item Inter-Correlations

“It’s important to remember that correlation does not imply causation. Besides, we all know it was Brian.”
ACE Item Inter-Correlations

- Co-occurrence of ACEs was high among SRSTC population
- Exception of parental divorce and parent being incarcerated

ACEs & Mental Health Px

- Child harm items
  - Pedophilic Disorder; any paraphilic disorder; anxiety disorders
- Household dysfunction:
  - Anxiety disorders and ASPD
- ACE total score
  - Anxiety and Depressive disorders
ACEs & ASPD

- ACE total score
  - One unit change increases odds of being diagnosed with ASPD by 12%

ACEs & PCL-R

- Household dysfunction $\rightarrow$ Factor 2 (Social Deviance)
  - Household dysfunction $\rightarrow$ Facets 3 (Lifestyle) & 4 (Antisocial)
ACE & PCL-R

• Child harm: significant negative predictor of Facet 2 (Affective)
  – Cautious interpretation
  – Less emotional distress
  – CU traits may be protective
  – Kristic, Knight, & Robinson (2016) findings

ACE & Static-99R

• Child harm significantly predicted:
  ➔ Sexual deviance

• Household dysfunction
  ➔ negative predictor of sexual deviance
  ➔ significant predictor of youthful stranger aggression
  ➔ significant predictor of age
How do ACEs translate into sexual assault?*

*Sex offenders use sexual assault to meet emotional and social needs

- Children are less threatening
- Early conditioning experiences
- Learned behavior
- Sexualized coping
- Self-regulation deficits/problems

Levenson, Willis, & Prescott (2017)

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Neurobiological Effects of Childhood Adversity

**Attachment**
- Early trauma impacts relational skills
- Impairs Trust

**Cognition**
- Following trauma, brain selectively focuses on maintaining safety rather than planning, learning, or future-oriented activities

**Self-regulation**
- Cognitive processing impairment can result in long-term effects on emotional and behavioral self-control capacities

Levenson 2016
TIC & Prevention
What do we know about human nature?

<table>
<thead>
<tr>
<th>Children need to feel</th>
<th>In the absence of this…</th>
<th>TX = corrective experience: opportunities for</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accepted</td>
<td>• Crime</td>
<td>• Attachments</td>
</tr>
<tr>
<td>• Valued</td>
<td>• Gangs</td>
<td>• Meaningful pursuits</td>
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<tr>
<td>• Connected</td>
<td>• Boundary violations</td>
<td>• Self efficacy</td>
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<tr>
<td>• Empowered</td>
<td>• Self Medication</td>
<td>• Self Sufficiency</td>
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</tbody>
</table>

Levenson, Willis & Prescott (2017)

Public Policy

Today's abused and neglected children are more likely than non-abused youngsters to become tomorrow's criminal offenders.

Disadvantaged communities breed hopelessness, disempowerment, and maladaptive coping.

Investing in primary prevention services for at-risk families and marginalized communities is critical to breaking the intergenerational cycle of violence.

Levenson, Willis & Prescott (2017)
COMMENTS & QUESTIONS