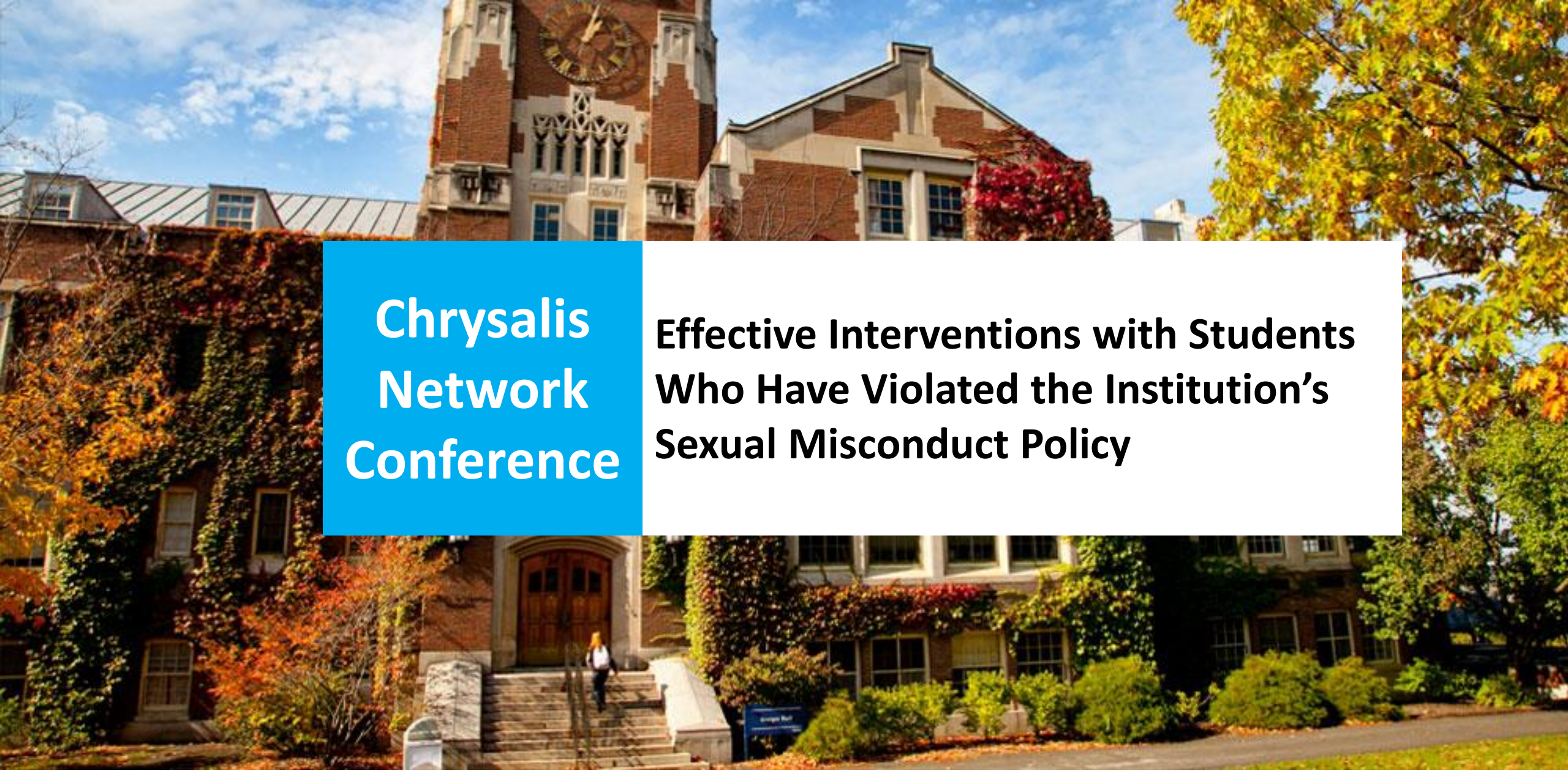
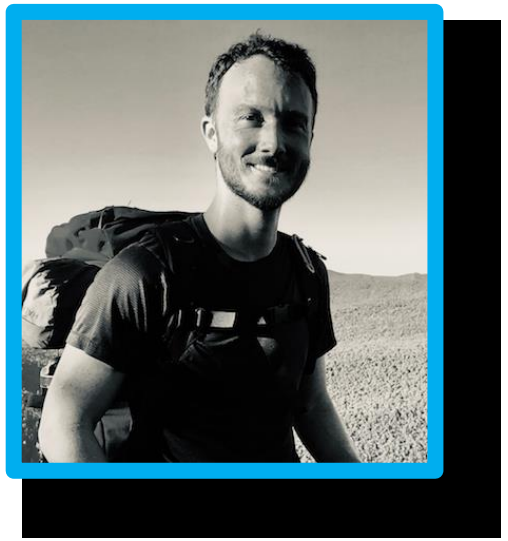


Chrysalis Network Conference

Effective Interventions with Students Who Have Violated the Institution's Sexual Misconduct Policy

Presenters



Jay Wilgus, JD, MDR

Joan Tabachnick, MBA

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Objectives

1. An overview of the prevalence of perpetration and some of the responses to these behaviors
2. What we know and don't know about young adults who commit sexual misconduct
3. Research-informed interventions and assessment approaches for campus practice

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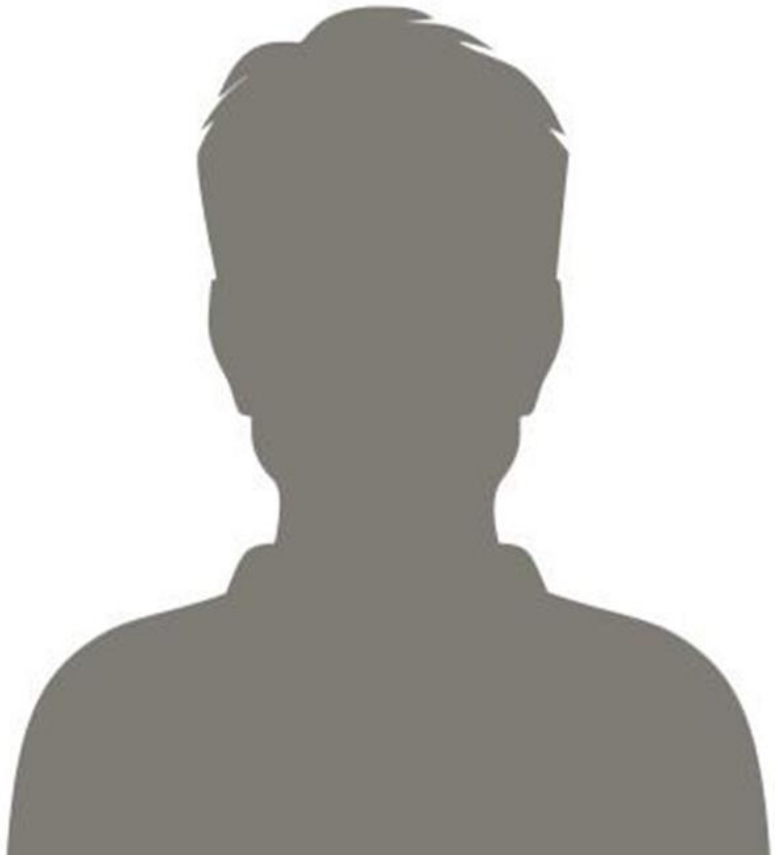
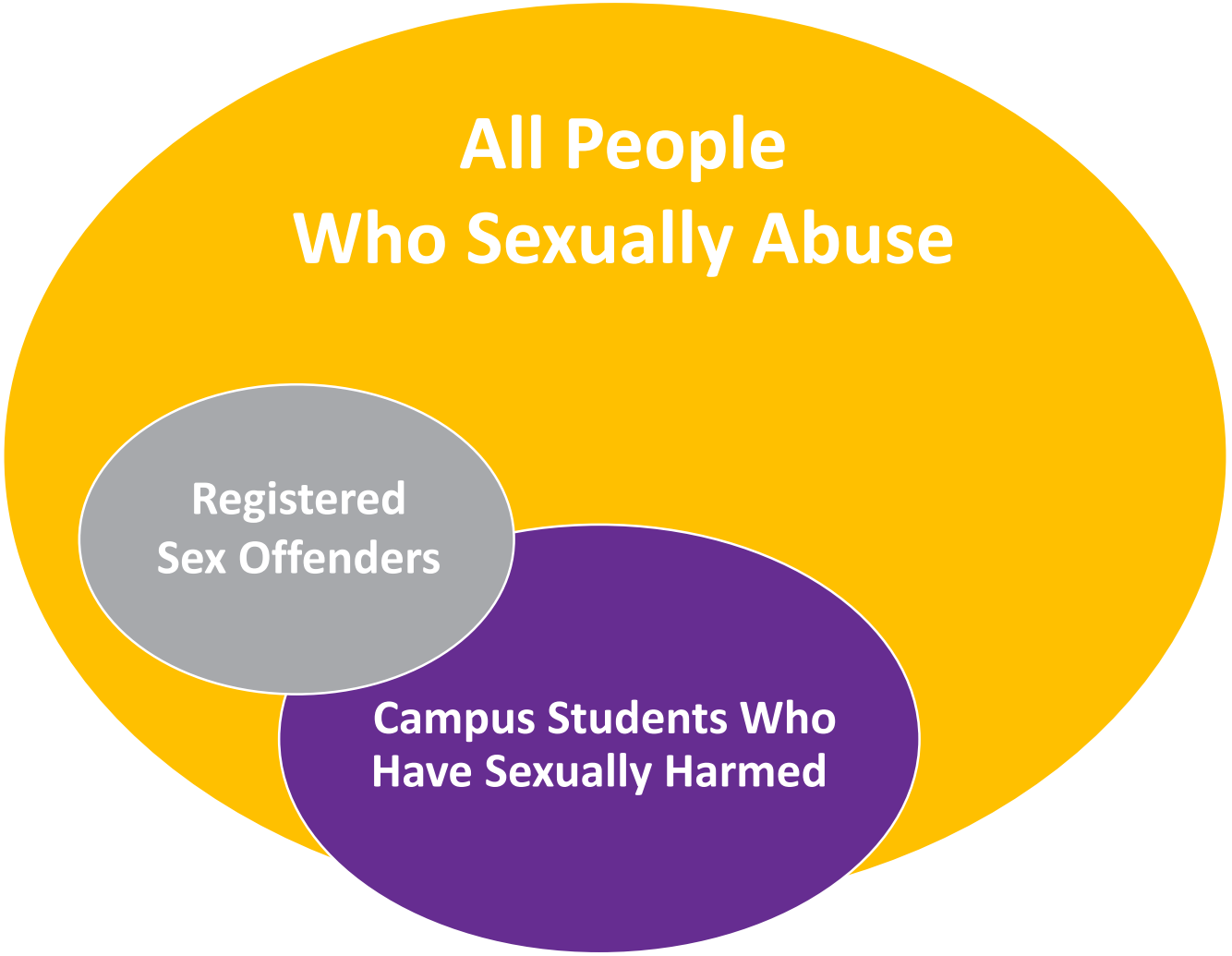
Respondents: Who Are They?



Respondents: Who Are They?

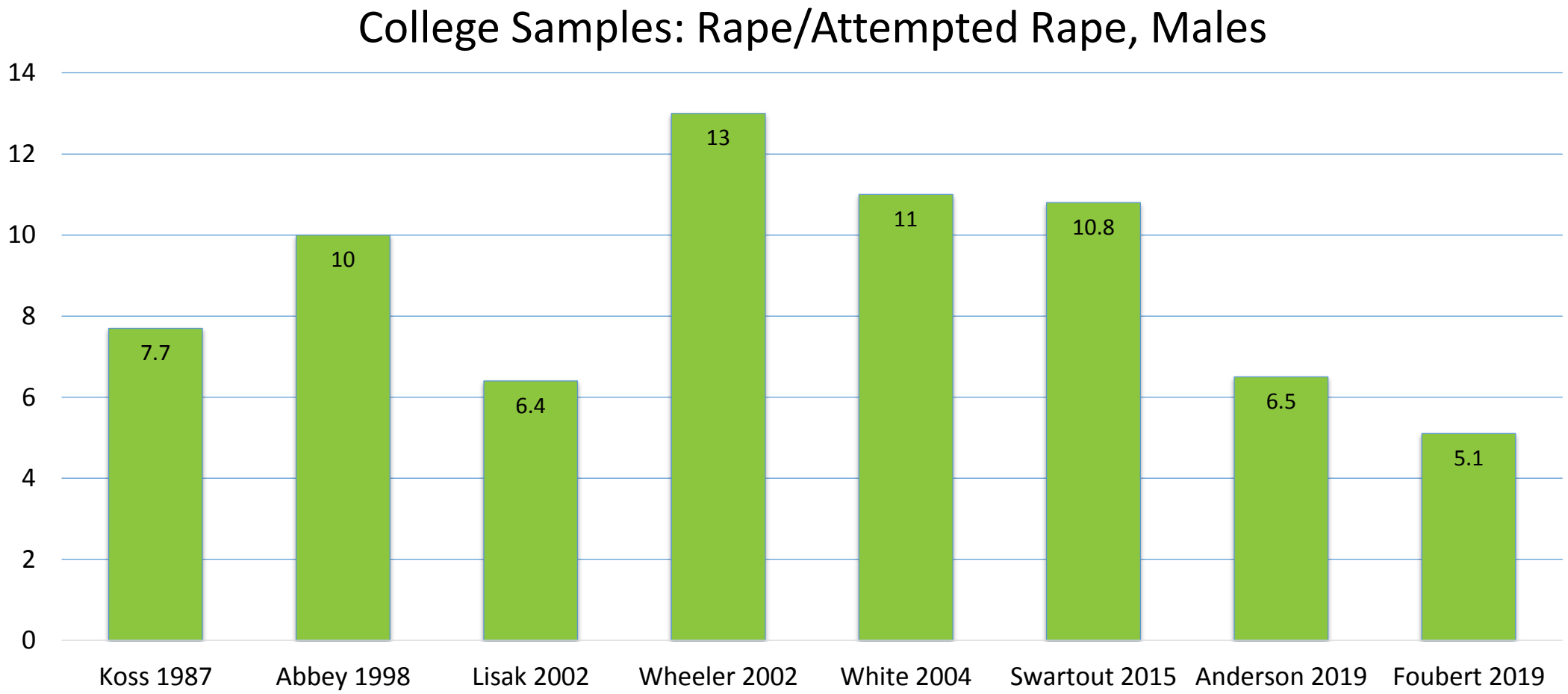
Respondents: Who Are They?



“Definitions belong to the definers, not the defined.”

Toni Morrison

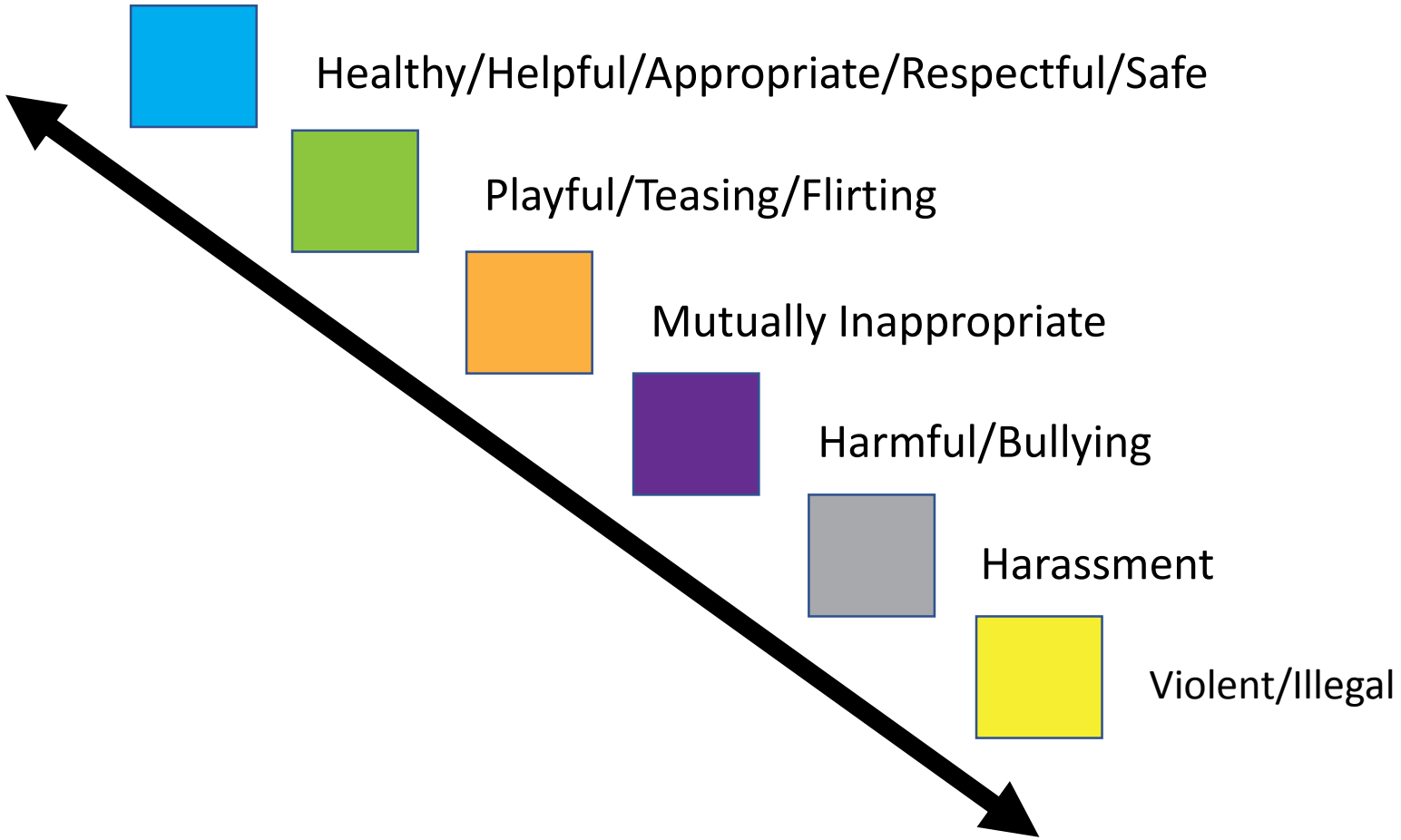
Perpetration Data from College Campuses*



Adapted from DeGue, S., Brown, P, Jones, K., & Leone, R. (2017). Perpetration data: How it can inform your sexual violence prevention efforts. Presentation at the National Sexual Assault Conference, Dallas, TX.

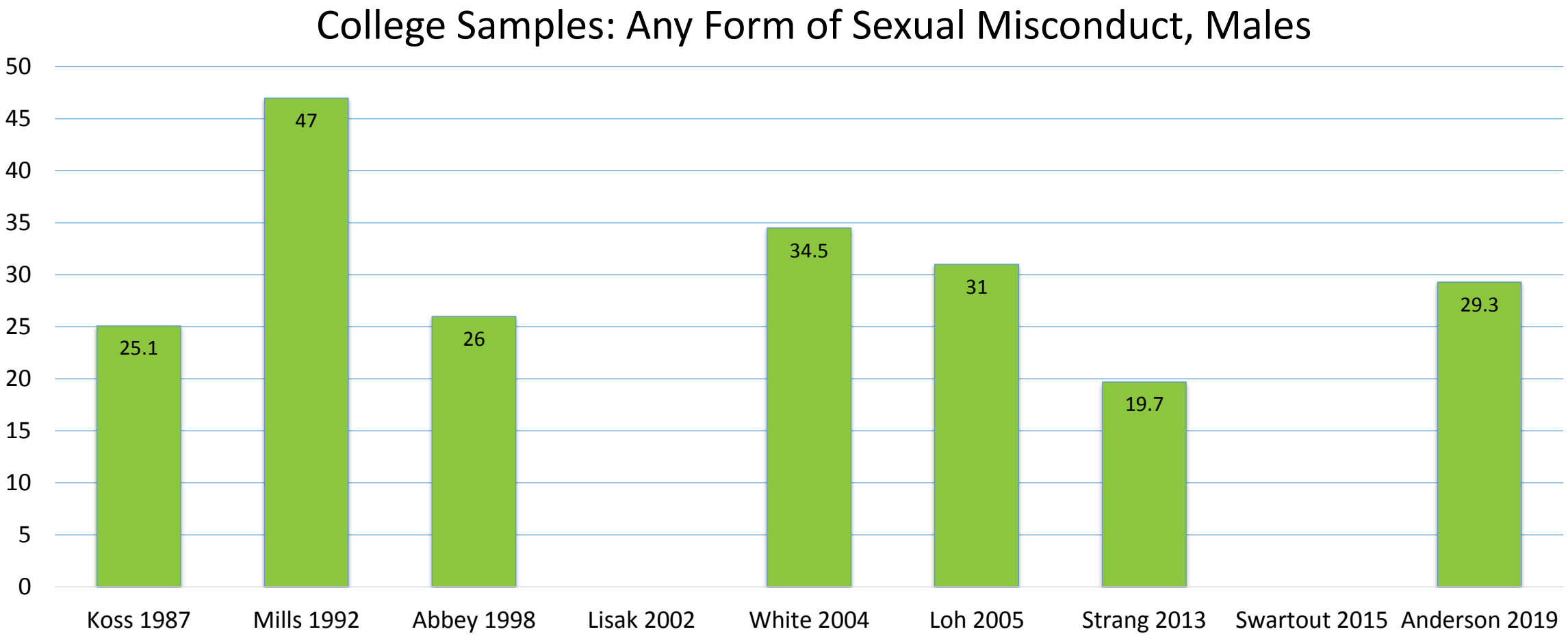
*Information should be viewed with caution, as surveys and samples may use different definitions of sexual assault and related terms and may cover different populations.

Continuum of Sexual Behavior



Cordelia Anderson, 2001

Perpetration Data from College Campuses*



Adapted from DeGue, S., Brown, P, Jones, K., & Leone, R. (2017). Perpetration data: How it can inform your sexual violence prevention efforts. Presentation at the National Sexual Assault Conference, Dallas, TX.

*Information should be viewed with caution, as surveys and samples may use different definitions of sexual assault and related terms and may cover different populations.

Key Points

- Not all behaviors are the same.
- Not all people who abuse are the same.

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Other Considerations

- Intentions:
  - poorly executed to distorted judgment to malicious
- Motivations:
  - prosocial to self-oriented/identify based to anger, rage and aggression
- Tactics:
  - environmental, to persistence, to incapacitation, to coercion to physical force

A Heterogeneous Population

- Individuals who sexually offend:
  - Have a broad diversity of sexual interests and arousal patterns
  - Engage in a wide range of sexually abusive behaviors
  - Exist within all social identity groups
  - Have varying levels of understanding (both cognitive and developmental)
  - Live in environments that encourage and/or deter perpetration

See, e.g. Center for Sex Offender Management, *The Comprehensive Assessment Protocol: A Systemwide Review of Adult and Juvenile Sex Offender Management Strategies* (2007); Wilgus, J. & Tabachnick, J. Incorporating What Is Known About Respondents and Their Perspectives into Thoughtful Adjudication Practices (2019). In C.M. Renzetti & D.R. Follingstad (Eds.), Adjudicating Campus Sexual Misconduct: Controversies and Challenges. San Diego, CA: Cognella.

Understanding perpetration does not discount, diminish, or lessen the very real impact on victims of sexual violence.

Key Point

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"We can't move to a culture that eliminates sexual violence if we're not dealing with how harm-doers become harm-doers and how they undo that. Leaving them in a heap on the side of the road is not the answer; allowing them to sneak back in through the back door [...] and acting like nothing happened [is not] the answer. There should be an expectation that there's real rehabilitation and that [offenders] have seen the light and want to make dramatic shifts in their behavior."

Tarana Burke

> *For every **complex problem**, there's a solution that is clear, simple, and wrong.*

H.L. Mencken

No Simple Answer

- There is no simple answer as to why people engage in this behavior.
- The problem of sexual offending is too complex to attribute solely to a single theory (multi-factor theories are stronger)

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Red Flags

- *“It’s always about power and control…”*
- *“This is how [all] college rapists find their victims…”*
- *“This is what all sex offenders do…”*

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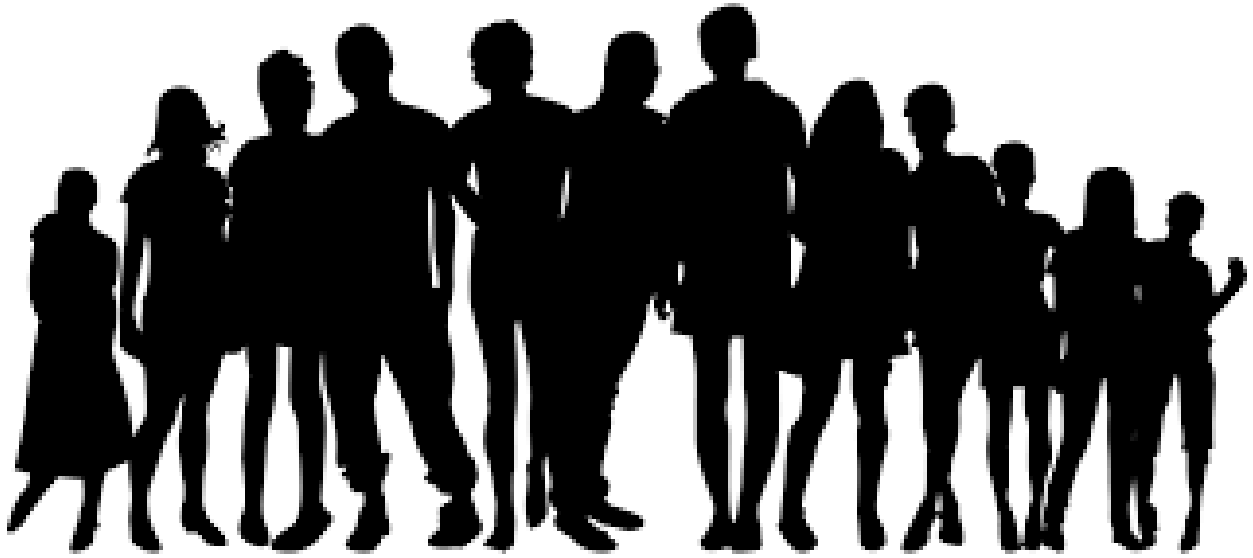


No Single Cause…

- Contributing factors can include:
  - Negative or adverse conditions in early development;
  - Cognitive distortions, which often parallel rape myths and diminish internal feelings of shame;
  - Repeated exposure to sexually aggressive pornography and violence;
  - Hostility toward women and increased acceptance of physical violence toward women;
  - Problems with self-regulation and impulse control;
  - Short-term relationships and negative attitudes toward women.

See, e.g. Center for Sex Offender Management, *The Comprehensive Assessment Protocol: A Systemwide Review of Adult and Juvenile Sex Offender Management Strategies* (2007).

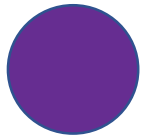
ATSA

MAKING SOCIETY SAFER®

Statement on Race and Privilege

> *Research has shown that entitlement and dominance are core contributors both to sexually aggressive behavior (e.g., Knight & Guay, 2018; Malamuth, 2003) and to the maintenance of privilege and the continuance of racial prejudice.*

Assessment



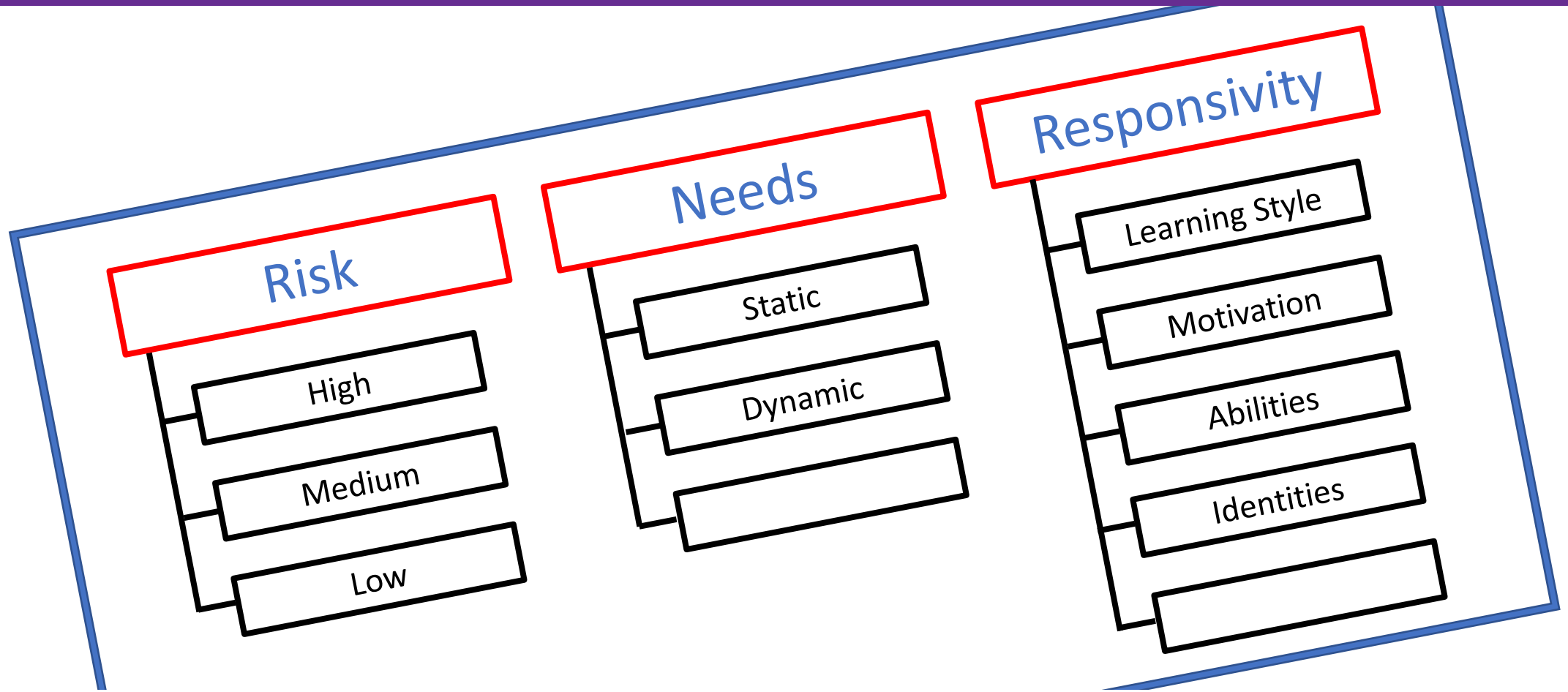
Treatment

Safety Planning

Risk | Needs | Responsivity

So…
What Works?

Risk-Needs-Responsivity (RNR) Model



See, e.g., Andrews, D.A., Bonta, J. and Hoge, R.D. (1990), "Classification for effective rehabilitation: rediscovering psychology", Criminal Justice and Behavior, Vol. 17 No. 1, pp. 19-52.; Hanson, R.K., Bourgon, G., Helmus, L. and Hodgson, S. (2009),"The principles of effective correctional treatment also apply to sexual offenders: a meta-analysis", Criminal Justice and Behavior, Vol. 36 No. 9,pp. 865-91; Lamade, R., Lopez, E., Koss, M., Prentky, R., Brereton, A. (2017). Developing and implementing a treatment intervention for college students found responsible for sexual misconduct. Journal of Aggression, Conflict and Peace Research. doi:10.1108/JACPR-06-2017-0301

Information from Assessment

1. What risks does the student pose (e.g., other allegations)?
2. Are there associated risks such as alcohol and/or drug abuse?
3. Is the student involved in pro-social activities (safety factors)?
4. What is the student's cognitive understanding and developmental stage?
5. Is the student motivated to change?

Assessment

WHO COMPLETES A RISK ASSESSMENT

Content developed by Creeden, K.
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Licensed clinician with training and experience in working with problematic and abusive sexual behavior

Could have experience working with adults or adolescents: preferably adolescents/young adults

Possible referral points include: ATSA directory, Safer Society Foundation directory, local forensic psychiatry programs

What Will You Learn from an Assessment

Major Risk/Need Factor	Indicators	Intervention Goal
Substance Abuse	Abuse of alcohol and/or drugs	Reduce substance abuse through a drug or alcohol treatment program, enhance alternatives to substance abuse
Pro-criminal/misconduct attitudes	Rationalization for crime/misconduct, rape myth support	Counter rationalizations with prosocial attitudes, build up prosocial identity
Antisocial personality pattern	Impulsive, adventurous pleasure seeking, restlessly aggressive	Build self-management skills, teach anger management
Social supports for misconduct	Isolation from prosocial others	Establish prosocial friends and associates
Family/peer relationships	History of poor family/peer relationships, inappropriate parental monitoring or disciplining	Teaching relationship skills, enhance caring relationships (e.g., mentoring)
School/work	Poor performance, low levels of satisfaction	Enhance work/study skills, nurture interpersonal relationships within the context of school and campus work
Prosocial recreational activities	Lack of involvement in prosocial activities or involvement with activities problematic to the individual	Encourage participation in prosocial activities, match activities to individuals to lower risks

Adapted from Risk-need-responsivity model for offender assessment and rehabilitation 2007-06 (p.6), by Bonta, J. and Andrews, A. (2007). Ottawa, Canada: Public Safety Canada Copyright 2007 by Her Majesty the Queen. Retrieved from: https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rsk-nd-rspnsvty/index-en.aspx

Brief Review: Therapeutic vs. Educational Interventions

	Psychotherapy	Psychoeducation
Goal	Facilitate positive behavioral change by targeting and mitigating risk relevant thoughts, feelings, and behaviors associated with sexual misconduct and promoting respectful, prosocial intimate relationships	Deliver knowledge that leads to an understanding of the need to modify behavioral responses
Method	Use of specific clinical techniques within a principled framework	Planned curriculum
Delivery	Licensed Mental health provider (psychologist, MHC, SW, psychiatrist)	No licensure requirements.
Effectiveness	Strong support for various outcomes	Support for specific outcomes
Cost	Varies, depending on insurance; diagnosis may be required	Cost effective, particularly when administered in a group

Adapted from Prentky, R., Koss, M., Lamade, R., Lopez., E., Wilgus, J., & Righthand, S., *Two Programs, Two Approaches: Psychotherapy vs. Psychoeducation* (2017). On File at Klancy Street, LLC

Treatment

- The following approaches have the greatest impact:

  - Interventions provided by professionals with specialized training
  - Programs that adhere to the risk-need-responsivity model
  - Cognitive-behavioral/relapse prevention approaches
  - Interventions that meaningfully engage higher risk offenders in the process of changing criminogenic needs

See, e.g., Lösel, F. and Schmucker, M. (2005), "The effectiveness of treatment for sexual offenders: a comprehensive meta-analysis", Journal of Experimental Criminology, Vol. 1 No. 1, pp. 117-46.; Hanson, R.K., Bourgon, G., Helmus, L. and Hodgson, S. (2009),"The principles of effective correctional treatment also apply to sexual offenders: a meta-analysis", Criminal Justice and Behavior, Vol. 36 No. 9,pp. 865-91; and Lamade, R., Lopez, E., Koss, M., Prentky, R., Brereton, A. (2017). Developing and implementing a treatment intervention for college students found responsible for sexual misconduct. Journal of Aggression, Conflict and Peace Research. doi:10.1108/JACPR-06-2017-0301

STARRSA – Risk-Needs Inventory

- What treatment needs exist?
- How much treatment appears to be necessary?
  - Overall
  - Relative to specific items

Treatment Objectives/ Needs	No/Minimal Need or Significant Progress (0)	Moderate Need/ Progress (1)	Significant Need (2)
1. Accepting Responsibility for All Sexual Behavior	☐	☐	☐
2. Internal Motivation for Change	☐	☐	☐
3. Sexual Self-Regulation	☐	☐	☐
4. Attitudes/Beliefs Regarding Sexual Misconduct	☐	☐	☐
5. Regret /Remorse for Sexual Misconduct	☐	☐	☐
6. Victim Impact / Empathy	☐	☐	☐
7. Behavioral Self-Regulation	☐	☐	☐
8. Emotional Self-Regulation	☐	☐	☐
9. Alcohol Use and Abuse	☐	☐	☐
10. Social Orientation and Engagement	☐	☐	☐
11. Social Competence	☐	☐	☐
12. Peer Relationships	☐	☐	☐
13. Intimate Relationships and Sexual Behavior	☐	☐	☐
14. Mentors or Other Prosocial Supports	☐	☐	☐
15. Other*	☐	☐	☐

*Other goals (optional)

The Risk-Needs Inventory displayed on this slide was developed under a project funded by the United States Department of Justice Office of Justice Programs (Grant Number: 2014-AW-BX-K002) and led by Principal Investigator, Robert Prentky, PhD. and Co-Principal Investigator, Mary Koss, PhD. For additional information and/or training on the STARRSA program, please contact Klancy Street, LLC.

STARRSA Materials

- Contributing Factors Checklist (CFC) for Title IX personnel and related student conduct professionals with responsibility for sanctioning processes

- Separate, modularized, multi-component psychoeducational and treatment curricula comprised of ten modules to maximize flexibility
  - Risk Needs Inventory (RNI) for therapists
  - Risk Need Screen (RNS) for facilitators

- Semi-structured template & guidelines to assist therapists in tailoring an assessment interview during Session 1 to determine treatment needs

STARRSA Materials

Modules also include additional resources:

- ✓Videos / video clips / YouTube links for selected Modules
- ✓Experiential exercises for selected Modules
- ✓In-between session assignments for selected Modules
- ✓Selected readings

For additional information and/or training on the STARRSA program, please contact Jay Wilgus or Joan Tabachnick at Klancy Street, LLC.

Preparing a Referral

- Require specialization
- Should you ask what assessment instrument(s) or method(s) will be used?
- Should you ask what treatment method(s) will be employed?
- What waivers might be necessary?
  - For you to speak with the clinician
  - For the clinician to speak with you
- Who will pay for the assessment and/or treatment?
- How can these components be summarized in a sanction letter?

Sample Referral Language for Sanction Letter

You are required to complete an assessment with an approved provider who specializes in [consent, problematic sexual behavior, domestic violence]…and to comply with any recommendations that result from this assessment. Prior to beginning this assessment, you will need to sign a release of information form permitting an exchange of information between the provider and the [Referring Office], so information regarding the referral can be provided by the [Institution]…

- Key pieces:
  - Student must get clinician approved prior to assessment
  - Clinician must receive information from institution prior to assessment
  - Release should permit notification of non-attendance
  - Clear deadlines for signing releases; Completing assessment

How Do You Find a Qualified Clinician?

- Nationally:
  - Association for the Treatment of Sexual Abusers (ATSA) www.atsa.com
  - Safer Society Foundation www.ssfi.org

- Locally:
  - State Chapter of ATSA (e.g. in MA – MASOC as well as NYATSA)
  - Some states (e.g. CO, VT, TX) have a certification board you can contact
  - Some forensic psychiatry programs at institutions of higher education may have specialized clinicians capable of assisting

Safety Planning

- Guiding Principles:
  - Campus safety is a shared responsibility best approached in collaboration with others;
  - The goal is to increase safety for everyone involved and to reduce the likelihood of re-offense;
  - The process has the greatest impact when the student with problematic behaviors is involved and when it addresses the needs and requests of the student filing the complaint;
  - Most effective when multiple people are involved who care about the safety of each student;
  - In serious situations, planning benefits from a risk assessment by a qualified practitioner; and
  - Planning must be individualized for each student and each situation.

Tabachnick, J. & Wilgus, J. , *Campus Safety Planning for Respondents* (2020), available at https://klancystreet.com/resources/

It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.

The Institute of Medicine Health Promotion Study (2000)

Implications For Practice

- Disaggregate students and behaviors to promote individualized attention that focuses on respondent-specific risks, needs, and protective factors;
- Develop research-informed assessment, treatment, and safety planning techniques that are effective in managing problematic sexual behavior; and
- Create a comprehensive approach to problematic sexual behavior that prevents issues before they arise

For Further Information

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Resources

ATSA
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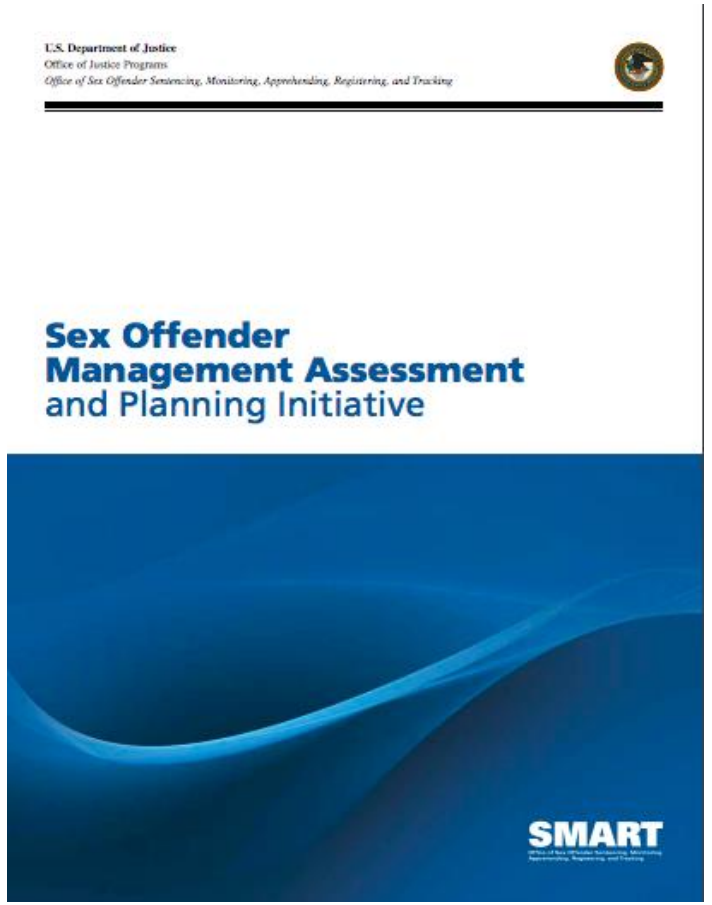
CENTER FOR SEX OFFENDER MANAGEMENT
CSOM



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