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Prevention of Interpersonal and Gender-Based Violence in Adolescent Relationships

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US Youth Risk Behavior Survey 2015

http://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf

- 2009-2015 No significant change in **being bullied** on school property (**24.8% females; 15.8% males**)
- **Electronically bullied** (**21.7% females; 9.7% males**)
- 2001-2015 Significant decline in “ever forced to have sexual intercourse” (**10.3% females; 3.1% males**)
- 69.1% of adolescents reported having dated (in past 12 months)
- Physical dating violence **11.7% females; 7.4% males** (being hurt on purpose - hit, slammed into something, injured w/ object or weapon by someone they were dating or going out with one or more times) (**17.5-24.5% LGBTQ students**)



Dating Violence -> Emerging Adults

- Exposure to IPV -> Dating Violence Perpetration and Conflict with Best Friends at Age 23
- About 25% reported 1 + dating violence behaviours
- Childhood exposure -> Life Stress -> Dating Violence Victimization (**only for males**)
- Conflicts w/ Best Friends -> Dating Violence Perpetration (Narayan et al., 2014)
- Bullying predicts onset of dating violence perpetration (Foshee et al., 2014)
- Early adolescent aggression @ home -> dating violence (Makin-Bird et al., 2013)
- **Process of differentiation, individuation, and intimacy -**
NEED TO CONSIDER DEVELOPMENTAL APPROACH TO INTERPERSONAL RELATIONSHIPS

Key Prevention Core Values

- Collective action for non-negotiable about violence – **Focus on behaviour, SEX & GENDER (moderators) & mediators**
- *In North America, dating violence prevention programming integrated into Education, but low impact on sexual violence and dating violence (reviews: DeGue et al., 2014; Fellmeth et al., 2013) – Broadening targets to bystanders, mothers with teens (2016)*
- *School Nurses – most didn't have a protocol or training (>80%) (Khubchandani et al., 2013)*
- *Education Communication Technology are an under-researched avenue for dating violence (Stonard et al., 2014) – Teen Choices 3-session on-line (Levesque et al., 2016) and Shifting Boundaries (targeting building “hot spots” – social control & community)*
- **QUESTION: What is happening with males and sexual violence victimization?**



The Resilience Journey from Adversity to Grace

TEDxHamilton 2015 Talk:

<https://www.youtube.com/watch?v=X0fwW-7IAoA>



Male victims of child sexual abuse are neglected area:
Impact on their adolescent sexual relationships?

- *“Major isolation, major depression, major anger, sadness, shame, guilt, scared – I always felt I was to blame. I suffer from PTSD, serious sleep deprivation, struggled with a lot of depression, anxiety, suicidal ideations, difficult to relate to peers, socially isolated, withdrawn, introverted, extreme mistrust of people, extreme amount of guilt, disassociation –*
*- **no safe place.** “*
- *From: http://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rr13_8/rr13_8.pdf*



CSA Rates: Adolescent Victimization Risk

Under-attended

| STUDY | CSA | Rape/Sodomy | Sexual Harassment | Internet Sex Talk | Sexual Dating Violence |
|--|------------------------------|---------------------------|-------------------|-------------------|------------------------|
| US Juvenile Offenders and Victims 2014 National Report | | 5.1% 12.9% | 3.4% 20.5% | 5.6% 13.9% | |
| US NatSCEV (2011) | 4.0% 17.0% | 0.4% 3.6% | | | |
| US CDC Youth Risk Behavior Survey (YRBS) 2013 | | | | | 6.2% 14.4% |
| US National Incidence - Based Reporting System Law Enforcement <u>Modal Age Boys=</u> 4 years old <u>Modal Age Females=</u> 14 years old | 62.0% 55.0% (Fondling) | 5.0%/30.0% 35.0%/ 5.0% | | | |
| Global Rates Stoltenborgh et al. (2011) Systematic Review | 7.6% 18.0% | | | | |

MAP Study: Focus on Child Welfare-Involved Youth

Multi-disciplinary Co-Investigator Team (alphabetical order):

Dr. Michael Boyle, McMaster University

Dr. Deborah Goodman, University of Toronto; Child Welfare Institute, Children's Aid Society of Toronto

Mr. Bruce Leslie, Catholic Children's Aid Society of Toronto (retired)

Dr. Eman Leung, City University of Hong Kong

Dr. Harriet MacMillan, McMaster University

Dr. Nico Trocmé, McGill University

Dr. Randall Waechter, St. George's University

MAP Advisory Board – child welfare agency representatives and researchers

Partner Supporters: Child Welfare Research Portal (cwrp.ca), Child Welfare League of Canada, First Nations Child and Family Caring Society of Canada, Ontario Association of Children's Aid Societies

Collaborating MAP Scientists

CIHR Team grant – male CSA – secondary analyses



What's interesting about the MAP Research Study

- First Canadian multi-method assessment study of mid-adolescents (14-17 yrs.) receiving child welfare services
- Multi-modal assessments every 6 months, for 2 to 3 years
- Random sampling from out-of-home and in-home youth
- Inclusion: all youth excepting adoption caseloads
- Exclusion: youth in detention, in hospital, suicidality, crisis at time of study entry
- The value of youth perspective – self-report of maltreatment history and perception of abuse/neglect
- **Large sample for child welfare (N=561 @ initial)**



CIHR IHDCYH Video Talks 2015

- <https://www.youtube.com/watch?v=3Zes-PJi2OY&list=PLxWz0fEGuv6oBzjm34lYd2ykUH8loXkCX&index=4>
- The Maltreatment and Adolescent Pathways Research Study – Key Findings
- Relevance of Self-Compassion to Adolescent Health Outcomes



MAP Child Sexual Abuse Experiences

- From initial assessment (N=561) – Grouping into CSA experiences using youth self-report (CTQ/CEVQ) and Caseworker Report

Females (n=145; 49%) Males (n=70; 27%)

Using CTQ

| | | |
|---------------------------------|------------|------------|
| Fondling | 54% | 45% |
| Molested | 47% | 38% |
| “I was sexually abused.” | 55% | 41% |
| Agreement s/ Caseworker | 37% | 5% |



Motives for Behaviours: Links to Adolescent Health Risks

Valence

Positive



Internal

Enhancement

Negative



Coping

Source

External



Social



Conformity

Cooper, 1994

Trauma & Motives: MAP Youth w/ CSA

- CSA -----→ ADOLESCENT DISTRESS -----→ HEALTH RISK BEHAVIOURS
- CSA MALES -----→ Alcohol Problems
- BOTH GENDERS **ANGER → Alcohol Problems**
 COPING → Sexual Health Risk Behvr
 - For males: Motives for sex include (1) peer and (3) partner approval
 - For females: Trauma-based Anxiety and Depression also predict Adolescent Alcohol Problems
 - Higher Self-Compassion Scores linked with Lower Adolescent Health Risk Behaviours



Prevention Action Plan

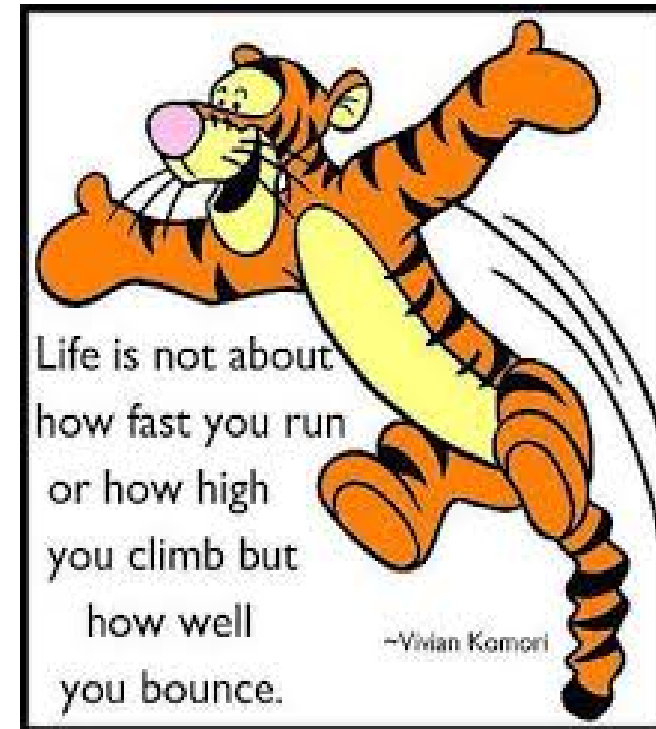
- (1) **Timely data** for decision-making
 - e.g., “hotspots” for sexual violence and understanding victimization context
- (2) Emphasis on **youth empowerment**
 - e.g., more youth reporting to helplines (Bentley et al., 2016)
- (3) **Trauma-informed**: Acute, Chronic, Acute on Chronic and trauma-trained professionals
- (4) **Sub-population-focused** strategies: Sex & Gender
- (5) **Community Programming for protection and relationship resilience**
 - Stewards of Children program – targeting adult for community watch
 - (Letourneau, Nietert, & Rheingold, 2016)



Crafting A Daily Resilience Practice

- (1) Reducing everyday distress
- (2) Increasing positives and healthy regulation actions

- **Sleep Quality**
- **Social Connectedness**
- **Self-compassion**
- **Exercise/Fitness**
- **Healthy Fun**



Thank you for your attention!



Questions or Comments?

