Treatment of incarcerated, sexually-abused adolescent females: An outcome study

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Adolescent Females in the Juvenile Justice System

- Since 1981, the female arrest rate has increased 103% (Snyder & Sickmund, 1999)
- Approximately, 1 in every 109 U.S. women has had some involvement in the criminal justice system, and females are the fastest growing segment of the prison population (Staton & Leukefeld, 2001)
- Between 1990 – 1999, drug abuse violations among females under 18 years of age increased 190% (Acoca, 2001)
- Despite these numbers, most research on youthful offenders focuses on males.
- Intervention with adolescent female offenders is challenging due to their complex histories.
Problems Facing Adolescent Female Offenders

- High rates of physical (73%) and sexual (68.3%) abuse (Mason et al., 1998)
- High levels of multiple forms of trauma and current/past symptoms of PTSD (Cauffman, Feldman, Waterman, & Steiner, 1998)
- Misdiagnosis and lack of treatment lead to re-offending
- Multiple family stressors (Williams & Hollis, 1999)
- High number of somatic complaints that correlate with depression and anxiety (dizziness, heart pounding, chest pains, and nausea) (Williams & Hollis, 1999)
Sexual Abuse and Substance Abuse

- Among women with sexual abuse histories, substance abuse is common.
- Women with substance abuse problems frequently report sexual abuse histories.
- Sexual abuse survivors tend to use a wider variety of drugs than those without sexual abuse histories, and the severity of drug use as an adult has been linked to childhood sexual trauma (Ellis, O’Hara, & Sowers, 2000).
- Incarcerated females are more likely to have histories of mental illness, substance abuse, and physical / sexual abuse (Henderson, 1998).
Consequences of Childhood Abuse

- Gang involvement and life on the streets as refuge from sexual abuse at home (Acoca, 2001)

- Association between childhood sexual abuse and promiscuity, adolescent pregnancy (Boyer & Fine, 1992), and prostitution (Widom & Kuhns, 1996), and negative outcomes later in life (Johnsen & Harlow, 1996; Mullen et al., 1996)

- A history of abuse or neglect appears to increase the risk of delinquency, adult criminality, and violent crime (Maxfield & Widom, 1996)
Consequences of Childhood Abuse (cont.)

- Those who suffered physical abuse were more likely to be arrested for violent crimes (21%).
- Victims of sexual abuse were predominantly female (84%).
- Being male or African-American had greater independent effects on arrest for violent crime than did type of abuse.
- Childhood victimization should be viewed as “one of a constellation of risk factors” (Maxfield & Widom, 1996, p. 394).
Interventions with Sexually-abused Adolescent Females

- Research suggests cognitive-behavioral therapy (CBT) is one of the most promising types of treatment (Saywitz et al., 2000; King et al., 2000)

- Positive results documented with the use of CBT as part of the treatment with abused children and their parents (Deblinger, Lippman, & Steer, 1999)

- CBT that focused on abuse issues was more effective than nondirective supportive therapy in improving PTSD symptoms, sexually inappropriate behaviors, and internalizing and externalizing symptoms - these improvements were maintained one-year after treatment (Cohen & Mannarino, 1997)
Interventions with Sexually-abused Adolescent Females (cont.)

- CBT showed significantly more improvement with respect to depressive symptoms and social competence than supportive group therapy (Cohen & Mannarino, 1998).

- However, no significant differences in PTSD between those who did receive CBT and those who received supportive therapy (Cohen & Mannarino, 1998).

- Existing research demonstrates the need for treatment focusing specifically on abuse issues as opposed to more general methods of intervention (Saywitz et al., 2000).

- Maeve (2000) - the current penal philosophy “does not endorse or accommodate treatment modalities that could mitigate the effects of… abuse” (p. 479).
Interventions with Sexually-abused Adolescent Females (cont.)

- Adolescent females with substance abuse problems have risk factors (Hawkins & Catalano, 1995), use patterns, consequences, and unique needs that differ from males (Chesney-Lind & Shelden, 1998).

- Researchers (Chesney-Lind & Shelden, 1998), feminists (Miller, 1980), and practitioners have advocated for gender-specific treatment programs focusing on the complex, gender-specific needs of adolescent females.

- Given the guilt, shame, depression, anxiety, and other problems common among young women with histories of sexual abuse and substance abuse (Pollard & Baker, 2000), an effective program must be rooted in their experiences and incorporate an understanding of female development.
Current Study - Goals

1. What are the differences in psychosocial functioning between incarcerated adolescent female offenders who report a history of sexual abuse and those who do not report such a history?; and

2. What is the impact of gender-specific CBT treatment on the psychosocial functioning of incarcerated adolescent females with histories of sexual abuse?
Current Study - Participants

- Incarcerated adolescent females sentenced to secure care in a state-run, youth development center in southeastern state
- Ages 12 to 17 years
- Female population at the facility ranged from 70-85 adolescents during the 2000 study
- 100 participants in the study - 72 completed post-test
Current Study – Traditional Treatment

- Individual and group competencies, reflected in educational modules (for adolescents without history of sexual abuse)
- Educational modules – acceptance of responsibility, social skills, conflict resolution, problem solving skills, relapse prevention, self-care, community service, work, and academics.
- Substance abuse screening and support, if requested by youth
- Level system – utilizing privileges
Current Study – Gender-specific Treatment

- Individual and group therapy for adolescents identifying history of sexual abuse
- Individual therapy a minimum of once a week; group therapy for those assessed to be appropriate for group methods
- Best practice component – holistic intervention addressing the health, mental health, substance abuse, and family issues
- CBT model of intervention to treat sexual abuse and related issues
- Emphasis on therapeutic alliance, structured personal journal, creative assignments, empowerment exercises, and prevention of re-victimization
Current study – Data collection

- Gender specific (CBT) treatment – 45 adolescent females; standard treatment – 55 adolescent females
- Assessments provided at time of admission to the facility (or program implementation) and at the time of discharge
- Hudson’s (1996) Multidimensional Adolescent Assessment Scale (MAAS) – assess adolescent psychosocial functioning in 16 areas
Current Study - Results

- Participants who reported sexual abuse had higher rates of felony offenses and reported more serious commitment offenses.

- Participants who reported sexual abuse and received the CBT intervention had means scores on both the suicidal thoughts and disturbing thoughts subscales that were more than three times higher than those who did not disclose or receive the intervention.

- In addition, those in the intervention group had mean scores that were approximately twice as high on several subscales: father problems, feelings of guilt, confused thinking, memory loss, alcohol abuse, and other drug abuse.
Current Study - Results (cont.)

- Participants who received standard treatment experienced significant decreases in depression, personal stress, and suicidal thoughts; and increases in the mean scores on 7 other subscales.

- Participants who received the intervention experienced significant decreases in mean scores on 14 or the 16 subscales (the other two subscale scores were lower at post-treatment but the difference in mean scores was not statistically significant).
Current Study - Results (cont.)

- Current study’s findings support the existing literature demonstrating that sexually abused incarcerated females have high levels of depression, PTSD symptoms, family stressors, and drug / alcohol abuse.

- The MAAS demonstrated its utility as an assessment tool for use with this population that can yield important clinical data and help to identify youth who have likely experienced abuse through examination of elevated scores on particular subscales.
Implications for Social Work Practice

- There is a need to screen incarcerated adolescent females for sexual abuse using a standardized protocol, not only at intake, but throughout the treatment process.
- Repetitive inquiry throughout the course of treatment results in substantial increases in self-disclosure.
- Staff must be trained to understand the underlying issues of sexual abuse and other trauma related features in order to provide an environment that is safe so that youth feel comfortable to self-disclose.
“Sensitivity training for correction officers which identify certain correction practices as triggers of PTSD have the potential to enhance corrections based treatment services” (Welle & Falkin, 2001, p. 95).

The youth counselor’s ability to identify those adolescents who have been sexually abused will assist them in proactively intervening before their challenging behaviors are misdiagnosed or become unmanageable.
Implications for Social Work Practice (cont.)

- The prevention of future sexual abuse and victimization against these teens is another task that must be taught, modeled, and practiced by these youth.

- Treatment professionals and others who work with high-risk youth who have been abused must advocate for programs that directly address victimization and other related issues.

- Policy makers must be encouraged to provide services that address the full range of risks and treatment needs both in institutional care and as these youth transition back into the community.

Additional references cited in the article and power points


Reference Information (cont.)

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