Effective Interventions with Students Who Have Violated the Institution’s Sexual Misconduct Policy
Jay Wilgus, JD, MDR

Joan Tabachnick, MBA
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
Respondents: Who Are They?
Respondents: Who Are They?

© 2016  Laurie Guidry

Effective Interventions with Students Who Have Violated the Institution’s Sexual Misconduct Policy
Respondents: Who Are They?

All People Who Sexually Abuse

Registered Sex Offenders

Campus Students Who Have Sexually Harmed

Effective Interventions with Students Who Have Violated the Institution’s Sexual Misconduct Policy
“Definitions belong to the definers, not the defined.”

Toni Morrison
Perpetration Data from College Campuses*

College Samples: Rape/Attempted Rape, Males

- Koss 1987: 7.7
- Abbey 1998: 10
- Lisak 2002: 6.4
- Wheeler 2002: 13
- White 2004: 11
- Swartout 2015: 10.8
- Anderson 2019: 6.5
- Foubert 2019: 5.1

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

Healthy/Helpful/Appropriate/Respectful/Safe

Playful/Teasing/Flirting

Mutually Inappropriate

Harmful/Bullying

Harassment

Violent/Illegal

Cordelia Anderson, 2001

Effective Interventions with Students Who Have Violated the Institution’s Sexual Misconduct Policy
**Perpetration Data from College Campuses***

**College Samples: Any Form of Sexual Misconduct, Males**

![Bar chart showing percentages of male perpetration of sexual misconduct](chart.png)

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.
Not all behaviors are the same.

Not all people who abuse are the same.
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

Understanding perpetration does not discount, diminish, or lessen the very real impact on victims of sexual violence.
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.
For every complex problem, there's a solution that is clear, simple, and wrong.

H.L. Mencken
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).
“It’s always about power and control...”

“This is how [all] college rapists find their victims...”

“This is what all sex offenders do...”
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.

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.
So...

What Works?

- Assessment
- Treatment
- Safety Planning

Risk
Needs
Responsivity
Risk-Needs-Responsivity (RNR) Model

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

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

## Brief Review: Therapeutic vs. Educational Interventions

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

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

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
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](http://www.atsa.com)
  - Safer Society Foundation [www.ssfi.org](http://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.

“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.
Jay Wilgus
jay@klancystreet.com  |  385-274-7114

Joan Tabachnick
info@joantabachnick.com  |  413-320-3190