



Elephant in the | Sexual violence victimization and gender

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Neglect*

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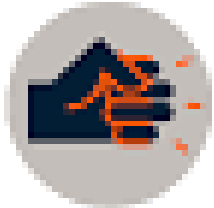
Lead, CIHR Research Team in Boys' and Men's Health

**“Understanding health risks and promoting
resilience in male youth with sexual violence
experience”**

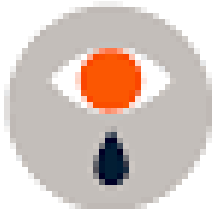
#CIHRTeamSV Newsletter: [http://in-
car.ca/pdfs/2017/CIHRTeamSV.pdf](http://in-car.ca/pdfs/2017/CIHRTeamSV.pdf)

The Boyhood of Raleigh
By Sir John Everett Millais
Tate UK Museum

ABUSE



Physical

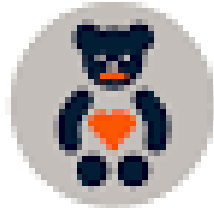


Emotional



Sexual

NEGLECT

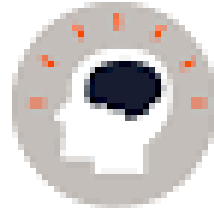


Physical

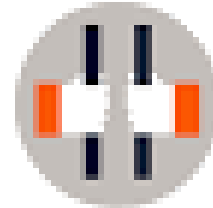


Emotional

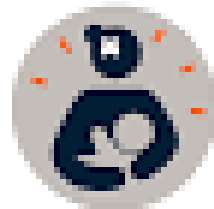
HOUSEHOLD DYSFUNCTION



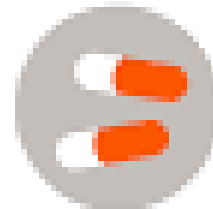
Mental Illness



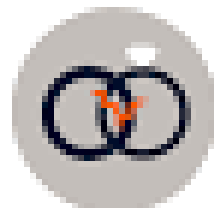
Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



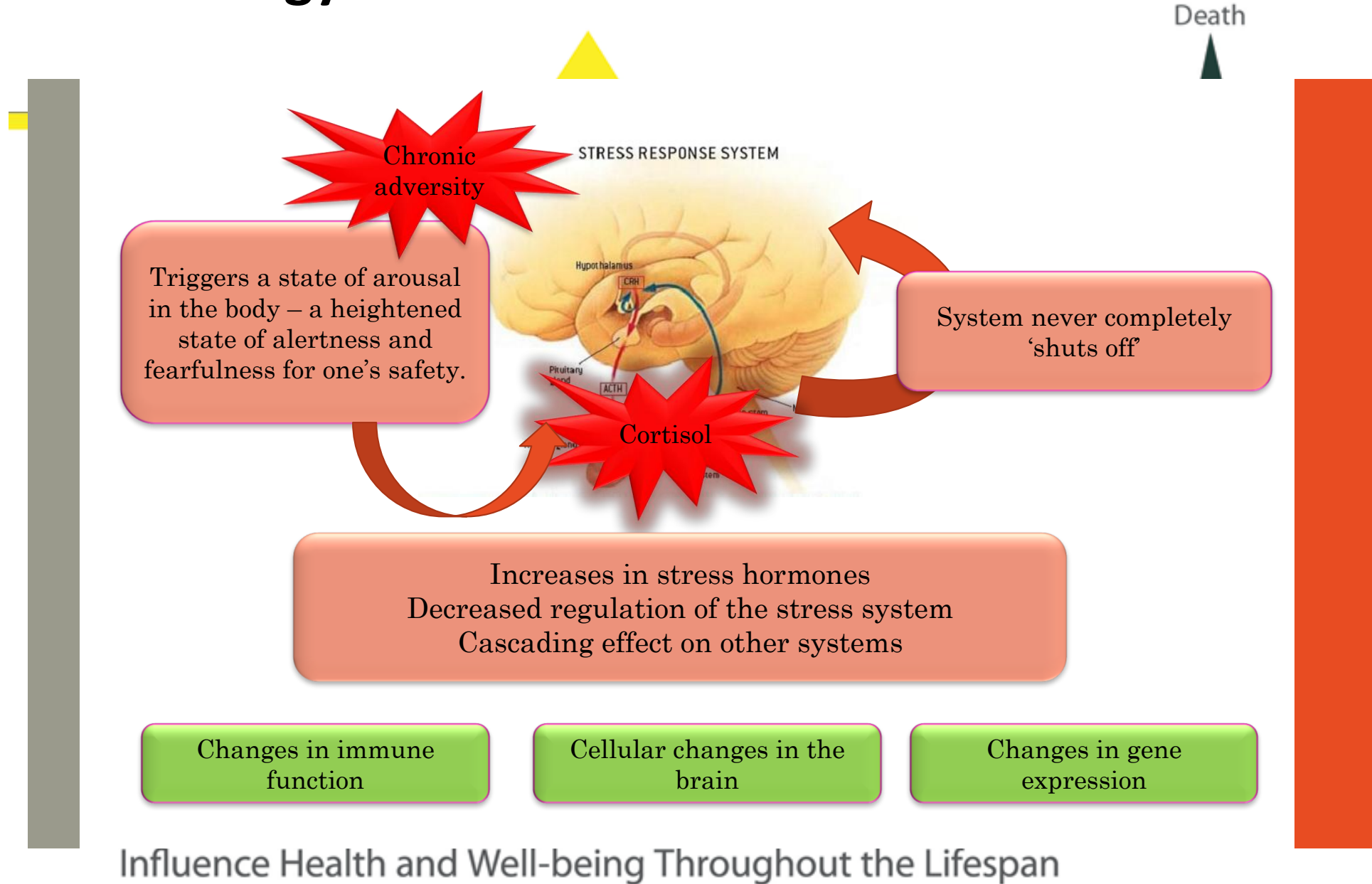
COPD

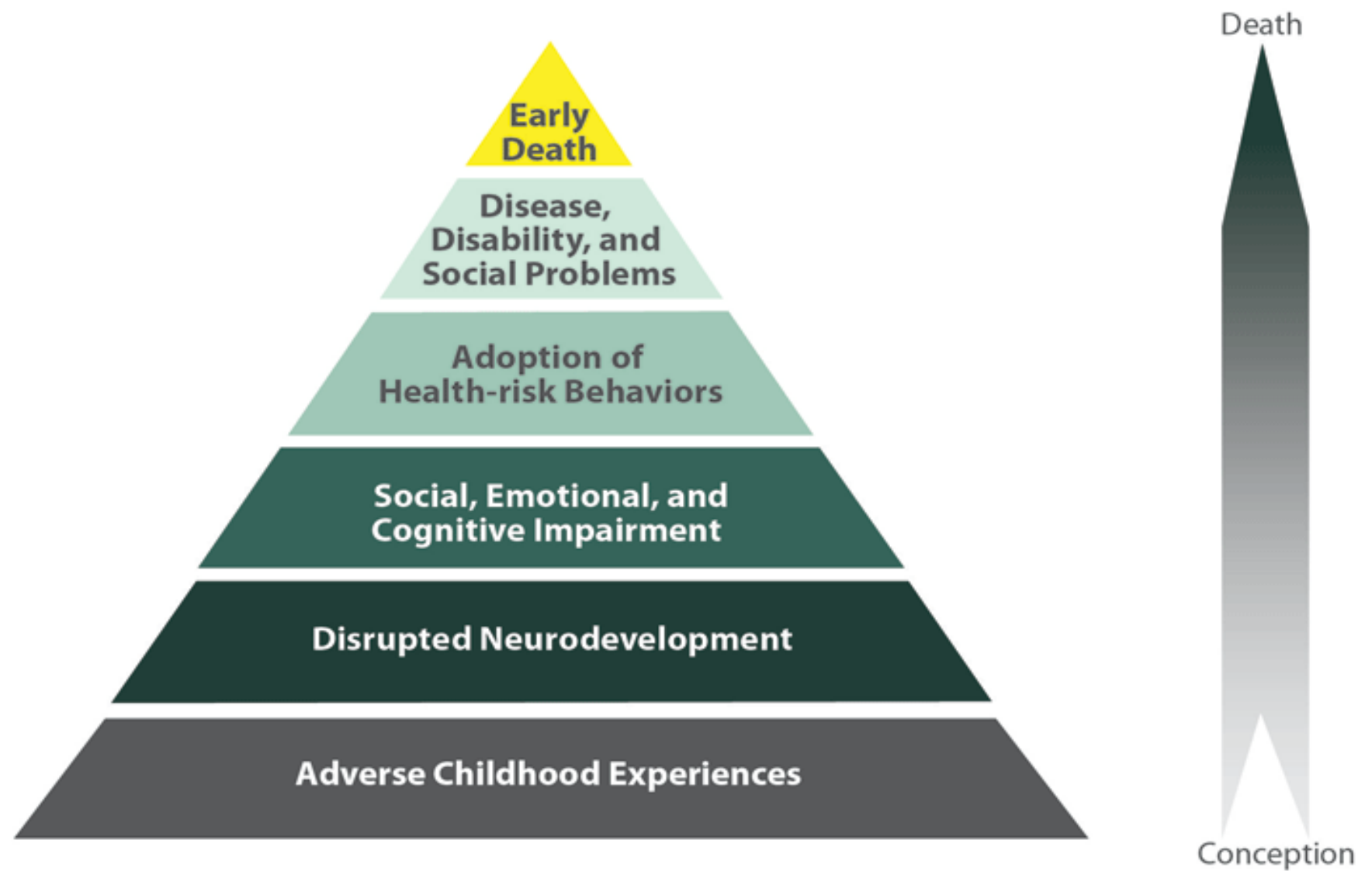


Broken bones

Why Focus on Adolescent Health Outcomes?
 “Triple Dividend” for youth mental health now, in adulthood, and potentially as parents (disrupt ACEs cycle)

The Biology of Toxic Stress





Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

mhGAP Assessment Tree: Child Maltreatment

CHILD & ADOLESCENT MENTAL & BEHAVIOURAL DISORDERS >> Assessment

82 |

CMH 1

CLINICAL TIP

- » Ask the child/adolescent directly about these exposures when developmentally appropriate and safe to do so (e.g. not in the presence of a carer who may have committed the maltreatment).
- » Adolescents should always be offered the opportunity to be seen on their own, without carers present.



6

ASSESS THE HOME ENVIRONMENT

Are the emotional, behavioural or developmental problems a reaction to or aggravated by a distressing or frightening situation?

Assess for:

- » Clinical features or any element in the clinical history that suggest maltreatment or exposure to violence (see CLINICAL TIP).
- » Any recent or ongoing severe stressors (e.g. illness or death of a family member, difficult living and financial circumstances, being bullied or harmed).

YES

NO

- » Refer to child protection services if necessary
- » Explore and manage stressors
- » Ensure child/adolescent's safety as a first priority
- » Reassure the child/adolescent that all children/adolescents need to be protected from abuse
- » Provide information about where to seek help for any ongoing abuse
- » Arrange additional support including referral to specialist
- » Contact legal and community resources, as appropriate and as mandated
- » Consider additional psychosocial interventions
- » Ensure appropriate follow-up

CLINICAL TIP:

WARNING FEATURES OF CHILD MALTREATMENT

CLINICAL FEATURES

» Physical abuse

- Injuries (e.g. bruises, burns, strangulation marks or marks from a belt, whip, switch or other object)
- Any serious or unusual injury without an explanation or with an unsuitable explanation

» Sexual abuse

- Genital or anal injuries or symptoms that are medically unexplained
- Sexually transmitted infections or pregnancy
- Sexualised behaviours (e.g. indication of age-inappropriate sexual knowledge)

» Neglect

- Being excessively dirty, unsuitable clothing
- Signs of malnutrition, very poor dental health

» Emotional abuse and all other forms of maltreatment

Any sudden or significant change in the behaviour or emotional state of the child/adolescent that is not better explained by another cause, such as:

- Unusual fearfulness or severe distress (e.g. inconsolable crying)
- Self-harm or social withdrawal
- Aggression or running away from home
- Indiscriminate affection seeking from adults
- Development of new soiling and wetting behaviours, thumb sucking

ASPECTS OF CARER INTERACTION WITH THE CHILD/ADOLESCENT

- » Persistently unresponsive behaviour, especially toward an infant (e.g. not offering comfort or care when the child/adolescent is scared, hurt or sick)
- » Hostile or rejecting behaviour
- » Using inappropriate threats (e.g. to abandon the child/adolescent) or harsh methods of discipline

Adolescent Sexual Violence WHO Guidelines

Summary of recommendations (R) and good practice statements (GP)

- > likely to delay seeking medical care
- > likely to have used alcohol and other drugs
- > most do not disclose to anyone

- American Academy of Pediatrics: Crawford-Jakubiak, J.E. Alderman, E.M., Leventhal, J.M., & COMMITTEE ON CHILD ABUSE AND NEGLECT, COMMITTEE ON ADOLESCENCE (2016). Care of the Adolescent After an **Acute Sexual Assault**. *Pediatrics*, 139(3), e20164243
- WHO - Responding to Children and Adolescent Abuse Guidelines: https://gallery.mailchimp.com/16139938184201082124b0a34/files/b4f07b6c-bc86-4938-86c1-e145cc860f54/HRP_Responding_to_abuse_v7_web_version_final_interactive_Oct_17_2017.pdf

RECOMMENDATIONS AND GOOD PRACTICE STATEMENTS

A. CHILD- OR ADOLESCENT-CENTRED CARE/FIRST-LINE SUPPORT

GP1



Health-care providers should provide first-line support that is gender sensitive and child or adolescent centred, in response to disclosure of sexual abuse. This includes:

- listening respectfully and empathetically to the information that is provided;
- inquiring about the child's or adolescent's worries or concerns and needs, and answering all questions;
- offering a non-judgmental and validating response;
- taking actions to enhance their safety and minimize harms, including those of disclosure and, where possible, the likelihood of the abuse continuing, this includes ensuring visual and auditory privacy;
- providing emotional and practical support by facilitating access to psychosocial services;
- providing age-appropriate information about what will be done to provide them with care, including whether their disclosure of abuse will need to be reported to relevant designated authorities;
- attending to them in a timely way and in accordance with their needs and wishes;
- prioritizing immediate medical needs and first-line support;
- making the environment and manner in which care is being provided appropriate to age, as well as sensitive to the needs of those facing discrimination related to, for example, disability or sexual orientation;
- minimizing the need for them to go to multiple points of care within the health facility;
- empowering non-offending caregivers with information to understand possible symptoms and behaviours that the child or adolescent may show in the coming days or months and when to seek further help.

Wisdom2Action

#W2ATR

March 24th, 2017 | Ottawa, ON



CYCCNetwork

W2A Trauma to Resilience Report at: <http://in-car.ca/pdfs/2017/W2A-Trauma-to-Resilience-05182017.pdf>

Theme 3: Sexualizing Youth

What we talked about:

This group talked about how the sexualization of youth differs for males and females. There is a double standard for boys versus girls. Both hidden and explicit sexualization of youth, whether it is in schools or through media, are widespread. There is a need to move from focusing on the females to educating the male counterparts about appropriate and healthy behaviour towards women. Placing less value on femininity adds to the issue. The group stressed the importance of education for boys, and removing labels and judgements.

Next steps:

- Teaching healthy masculinity
- Don't send girls home for "distracting the boys"
- You can't act a race/gender/etc.

What's working/What do we need to do more of: 😊 ♥ ♥

- Need more acceptance/respect for LGBTQ+
- Support for males-developing healthy masculinity
- Breaking down labels

World Café

Here are some notes from these conversations that were recorded by participants...

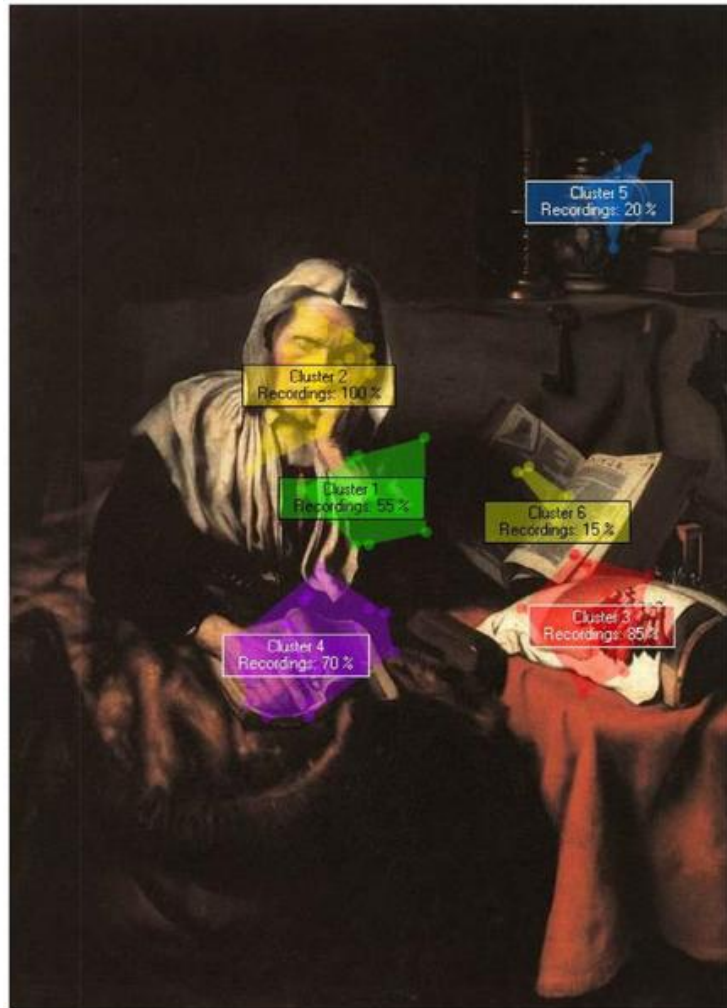


- Lack of safety to talk about sex, violence
- Victim blaming
- Understanding consent
- Systemic sexism
- Patriarchy
- Myths/gender roles
- Gender bias
- Gender stereotypes
- Gender inequity
- Female perpetuation
- Inappropriate vs appropriate touching & boundaries
- Rape culture
- Lack of justice
- Police/judicial system
- Justice/culture burden on system
- Judicial/criminal justice system
- Lack of awareness and access around services
- Lack of awareness of promising practices in support services
- Experiential voice/ retelling stories
- Lack of education + access
- Lack of resources/protection/ services/education
- Normalization of behaviours
- Shame
- Stigma
- Isolation
- Silence fear, burden mind
- Diversity in cultural rules & values
- Positive how important supervision + chance to debrief
- Trafficking, sex work
- Believing, supporting victims
- Bring parents on board to be positive role models
- Family perpetuation of sexual abuse
- Silos between services
- Confidentiality/privacy
- To recognize different paths to healing

What about the boys?

- #CIHRTeamSV Research Project
- Follow Project on ResearchGate
- <https://www.researchgate.net/project/Understanding-health-risks-and-promoting-resilience-in-male-youth-with-sexual-violence-experience-CIHR-Team-Grant-TE3-13830>
- See CIHRTeamSV Newsletter on www.in-car.ca
- Videos – see Youtube Channel, ResilienceInYouth
- Reference: Wekerle, C., & Black, T. (2017). Gendered violence: Advancing evidence-informed research, practice and policy in addressing sex, gender, and child sexual abuse. *Child Abuse & Neglect*, 66. 166-170.
<https://doi.org/10.1016/j.chiabu.2017.03.010>





- Adolescents need to integrate their psychological and physical changes into a coherent sense of self
- Adolescents have attentional patterns that are impacted by emotion or evocative stimulus
- “adolescents may show a proclivity to judge several aspects of their life in terms of pleasantness in an unmediated and pre-reflective way”
- Adolescent visual exploration - The face receives the most attention when there is emotional context otherwise the limbs are orienting for teens (more focused on actions)
- Neglecting emotional aspects requires high cognitive effort

Figure 2. Example of cluster distributions on a human static image (Old Woman Dozing, Nicolaes Maes, 1656).

Toxic Stress: Differential Impact on Genders?

Fight

Flight

Freeze

Faint

Stress Desensitization Hypothesis

Higher threshold for stress

Better problem-solving coping

Stress Sensitization Hypothesis

Lower threshold for stress

Higher levels of avoidance coping

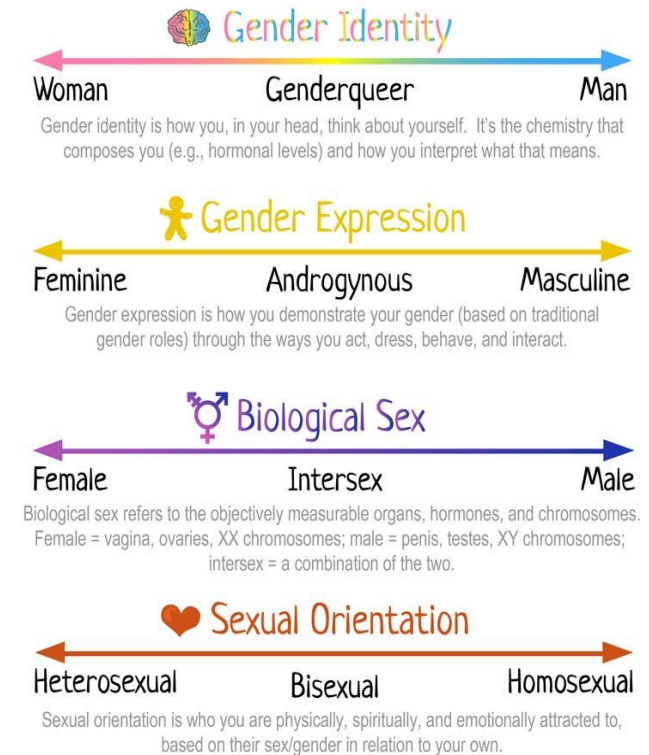
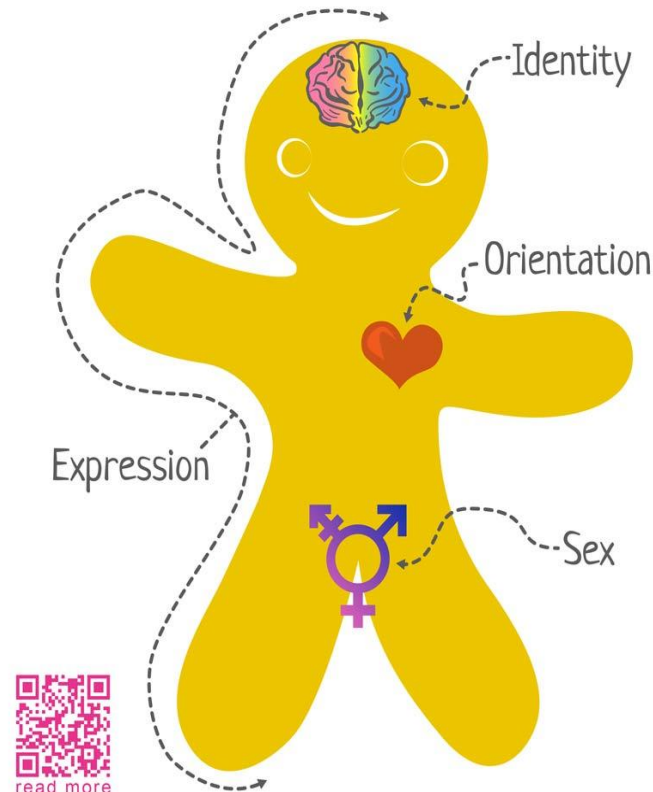
Toxic Stress ->

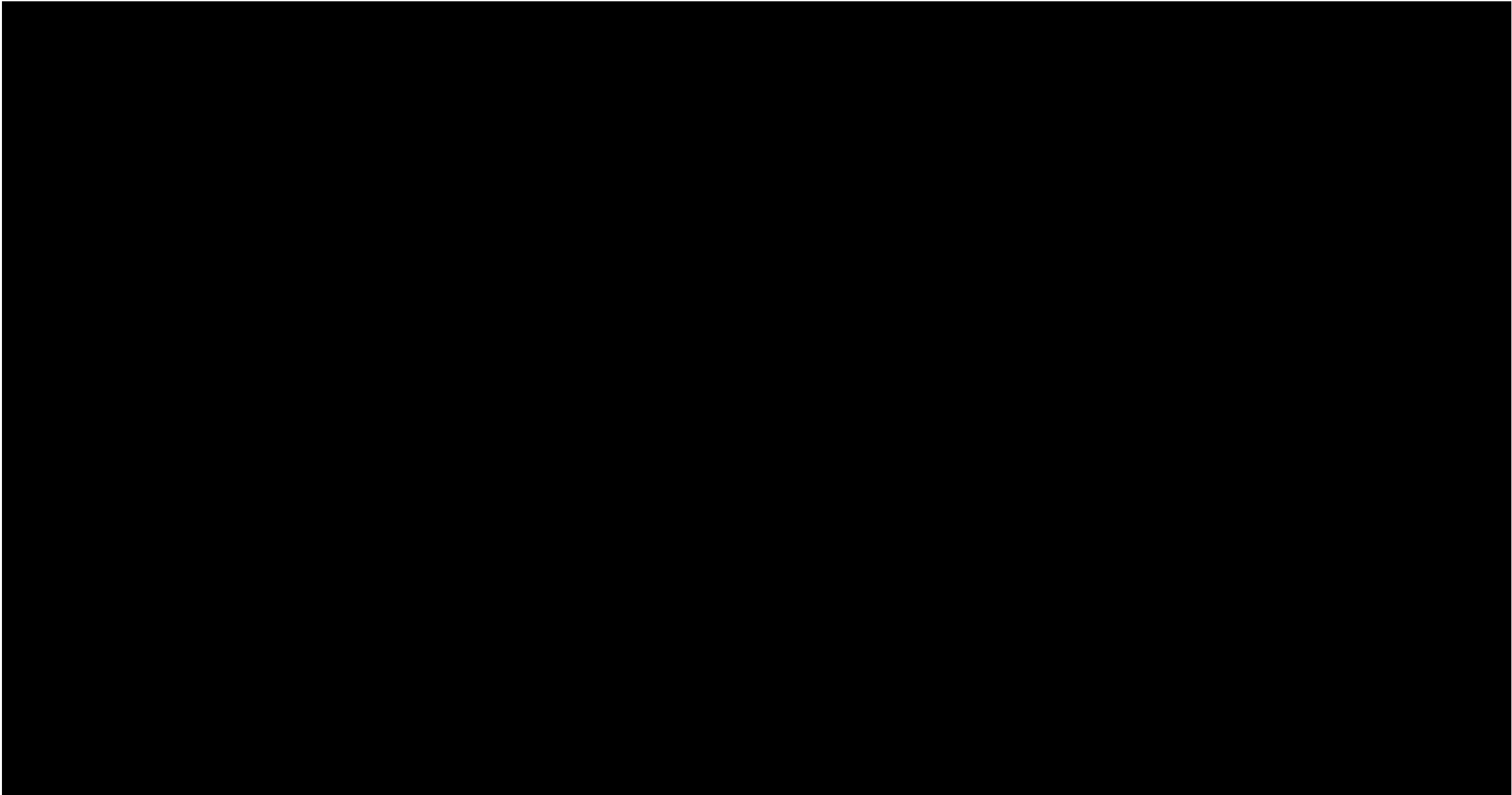
*Higher risk for stress reactivity
vs. responsivity*

*- Adolescence is a critical
window of risk and resilience*

The Genderbread Person

by www.ItsPronouncedMetrosexual.com

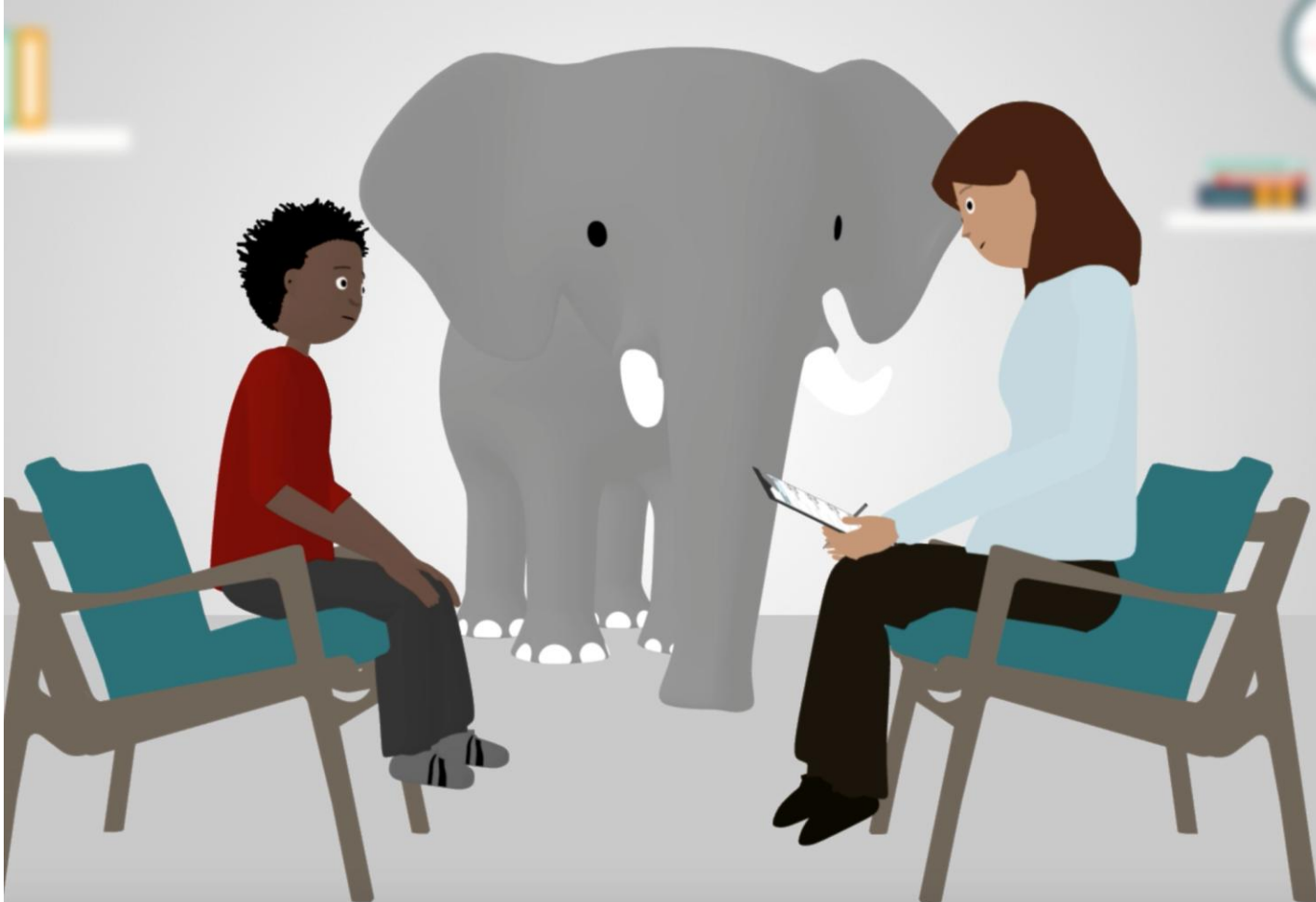




Areas of health & service gap: Child Sexual Abuse Prevention

Targeting

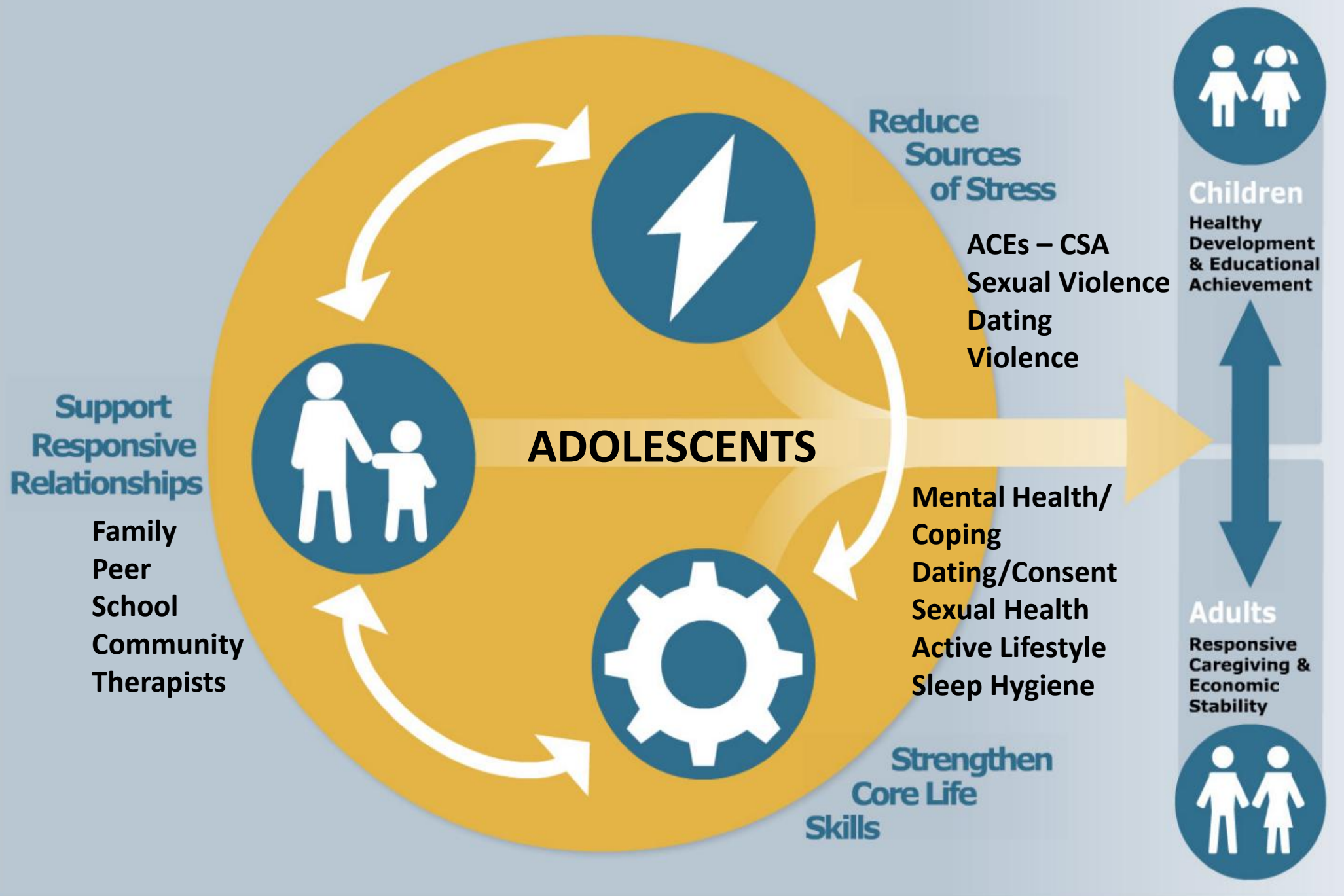
- Gender & trauma in services
- Adverse Childhood Experiences (ACEs)
- Sustainable Development Goals (SDGs),
- Non-communicable Diseases (NDCs)
- Resilience in Youth



Do you like
#CIHRTeamSV's
message of hope and
change?

Watch the Video:
<https://www.youtube.com/watch?v=klqvzGhOWU4>

Three Core
Resilience
Strategies for
Adolescents



Adapted from:
Center on the
Developing Child at
Harvard University
(2017). *Three
Principles to Improve
Out- comes for
Children and
Families.*
<http://www.developingchild.harvard.edu>



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HYGIENE
& TROPICAL
MEDICINE



COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK



Our future: a *Lancet* commission on adolescent health and wellbeing



George C Patton, Susan M Sawyer, John S Santelli, David A Ross, Rima Afifi, Nicholas B Allen, Monika Arora, Peter Azzopardi, Wendy Baldwin, Christopher Bonell, Ritsuko Kakuma, Elissa Kennedy, Jaqueline Mahon, Terry McGovern, Ali H Mokdad, Vikram Patel, Suzanne Petroni, Nicola Reavley, Kikelomo Taiwo, Jane Waldfogel, Dakshitha Wickremarathne, Carmen Barroso, Zulfiqar Bhutta, Adesegun O Fatusi, Amitabh Mattoo, Judith Diers, Jing Fang, Jane Ferguson, Frederick Ssewamala, Russell M Viner

Lancet
Commission on
Adolescent
Health (Patton et
al., 2016)

	Sexual health	Violence	Tobacco	Alcohol	Drugs
Value added education	No or inconsistent evidence	Limited evidence for some benefit	Rigorous evidence of benefit	Rigorous evidence of benefit	Rigorous evidence of benefit
Student connection to school or teachers	No or inconsistent evidence	Limited evidence for some benefit	Limited evidence for some benefit	Limited evidence for some benefit	Limited evidence for some benefit
School rules or policies	No or inconsistent evidence	Limited evidence for some benefit	No or inconsistent evidence	No or inconsistent evidence	No or inconsistent evidence
Physical environment	No or inconsistent evidence	Limited evidence for some benefit	No or inconsistent evidence	Limited evidence for some benefit	Limited evidence for some benefit
Student norms	No or inconsistent evidence	Limited evidence for some benefit	Limited evidence for some benefit	Limited evidence for some benefit	No or inconsistent evidence
Student socio-demographics	No or inconsistent evidence	Limited evidence for some benefit	No or inconsistent evidence	No or inconsistent evidence	No or inconsistent evidence

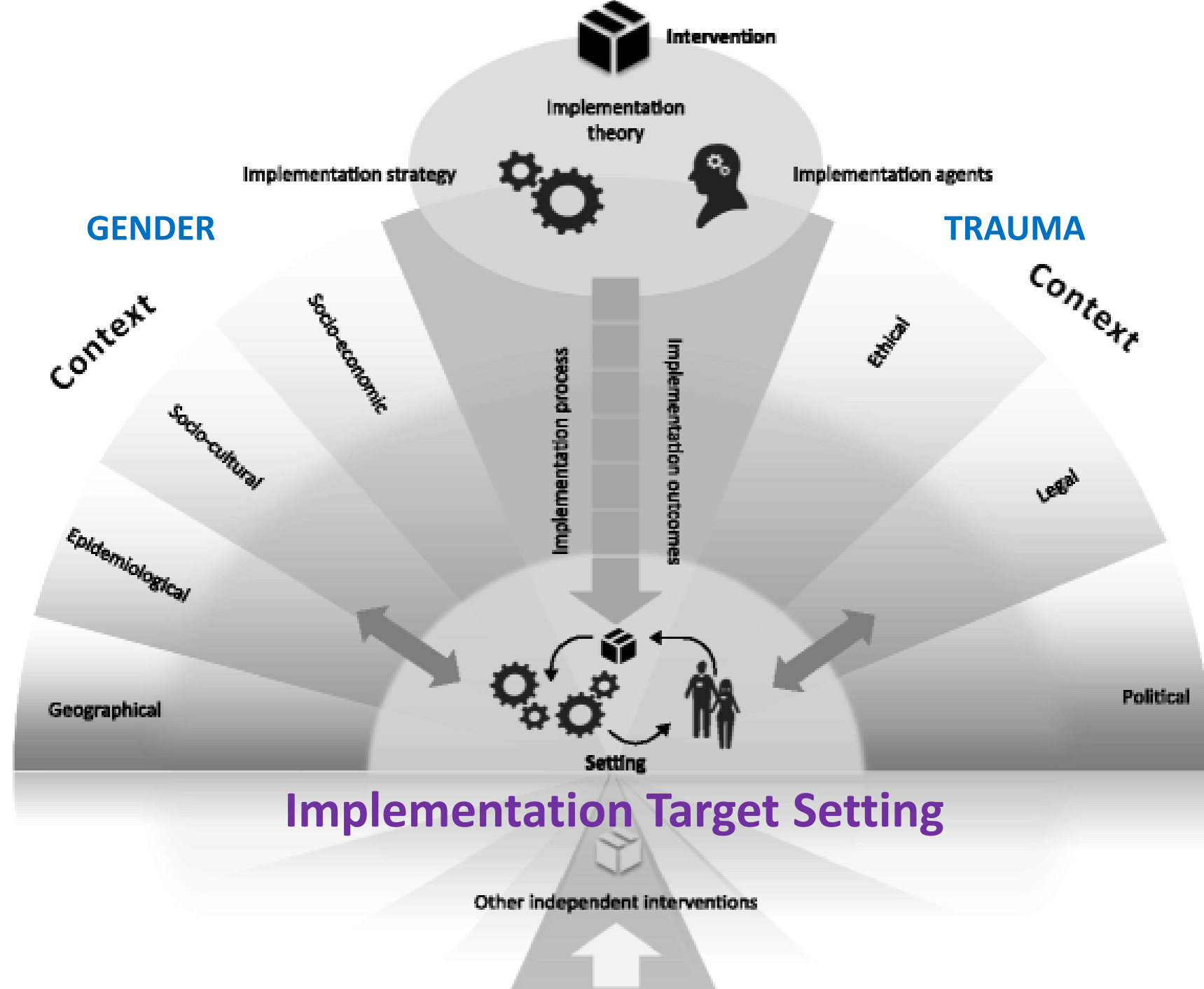
Table 1: Summary of school effects on adolescent health from a systematic review of reviews of observational studies

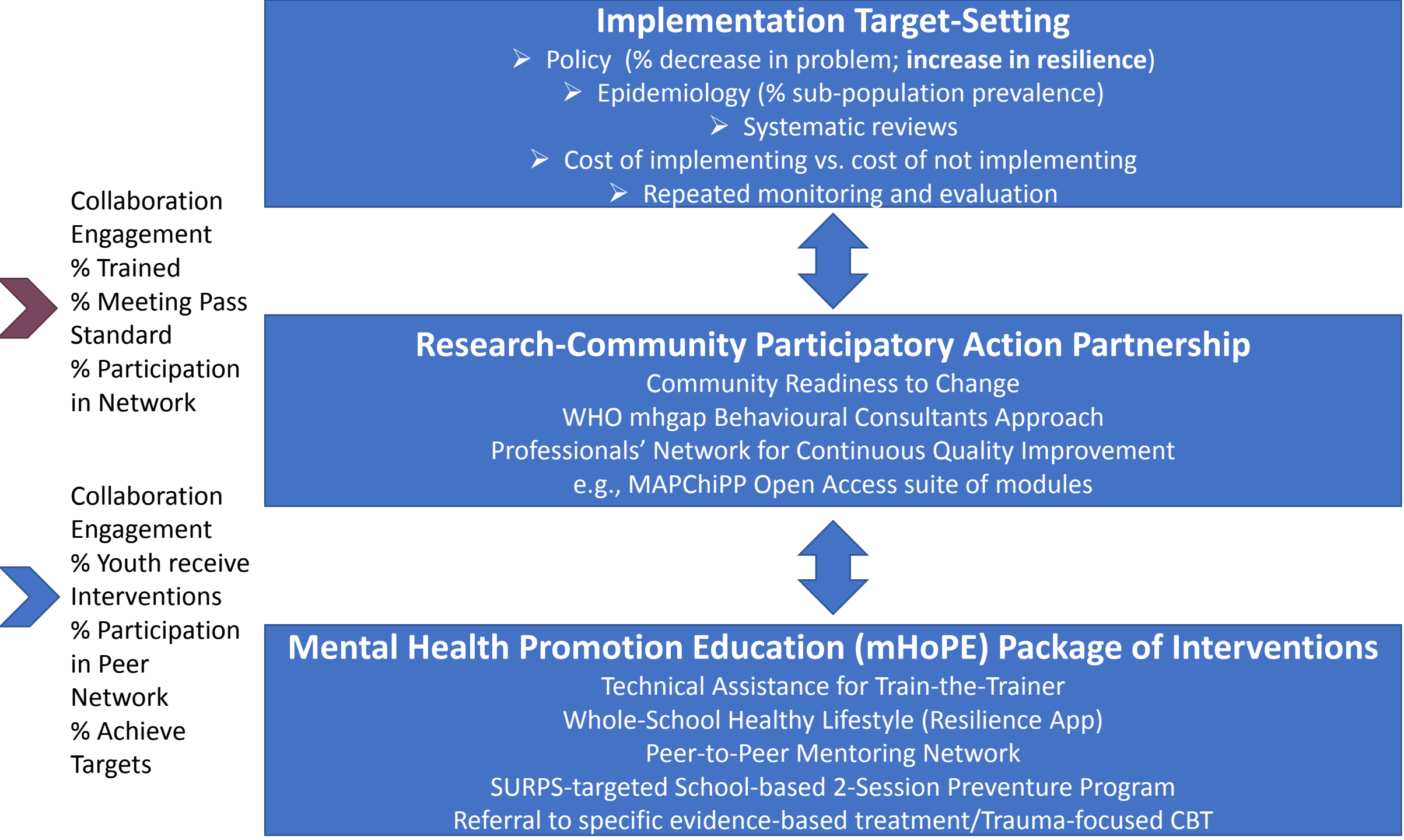
NCDs Targets for Youth:

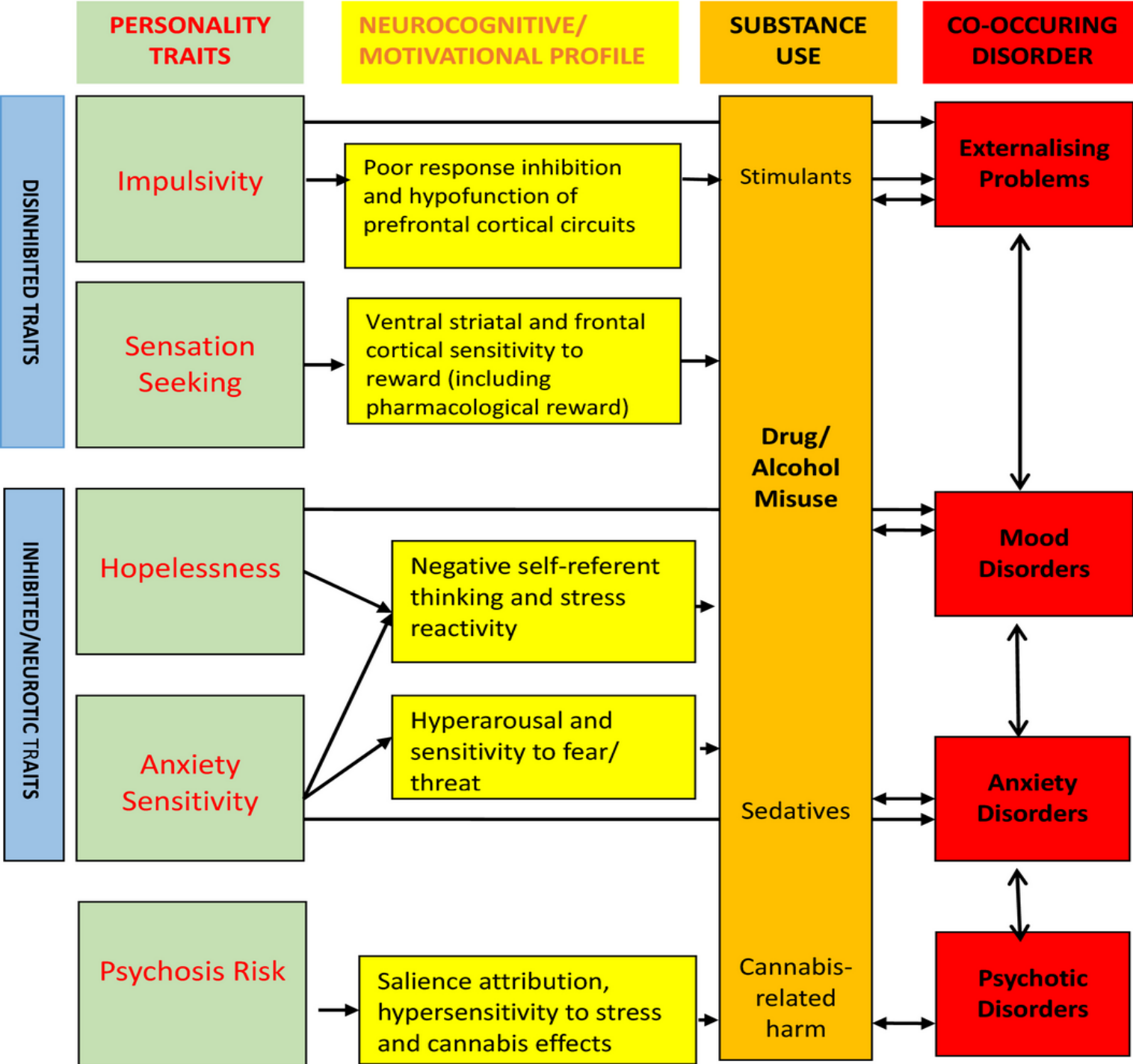
- >Suicide/Self-Harm
- >Depression
- >Substance Abuse
- >Sexual Health (STDs)

SDG Targets for Youth:

- >Reduce by 50% 15+ females' **dating/partner violence victimization**
- >Reduce by 50% population prevalence of **physical/sexual violence**
- > Reduce by 50% **child sexual violence** among 18-29 year olds







4-Factor Personality Vulnerability Model


- Measured by the **Substance Use Risk Profiles Scale** questionnaire (SURPS; Woicik et al., 2009)
- Predicts stylistic coping problems

Sensation-seeking & Impulsivity to seek to increase positive affect (hedonic)

- Will have challenges with response inhibition

Anxiety-Sensitivity & Hopelessness will seek to reduce negative affect

Preventure: Personality-targeted interventions

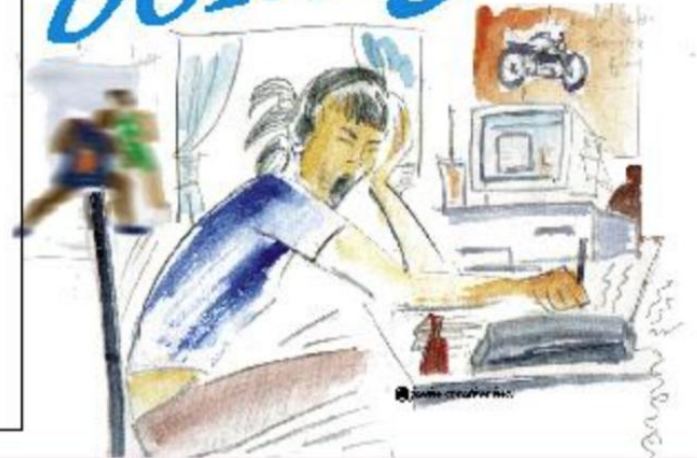
- **Psychoeducational Component**
 - **Motivational Component**
 - **Behavioral Component**
 - **Cognitive Component**
- 
- A stylized, high-contrast illustration of a woman's head and shoulders. She has blonde hair with a blue headband or flower. She is wearing a blue sleeveless top and a red glove on her right hand, which is raised near her face. The style is reminiscent of mid-20th-century graphic design.



IDENTIFY ways of coping with sensation seeking.

7

Write below possible things that Katie or you might do to cope with feelings of boredom and the urge for excitement in this situation.

This image shows a single sheet of white paper with ten horizontal black lines spaced evenly apart, resembling notebook paper. The lines are parallel and extend across most of the width of the page. There is no handwriting or other markings on the paper.

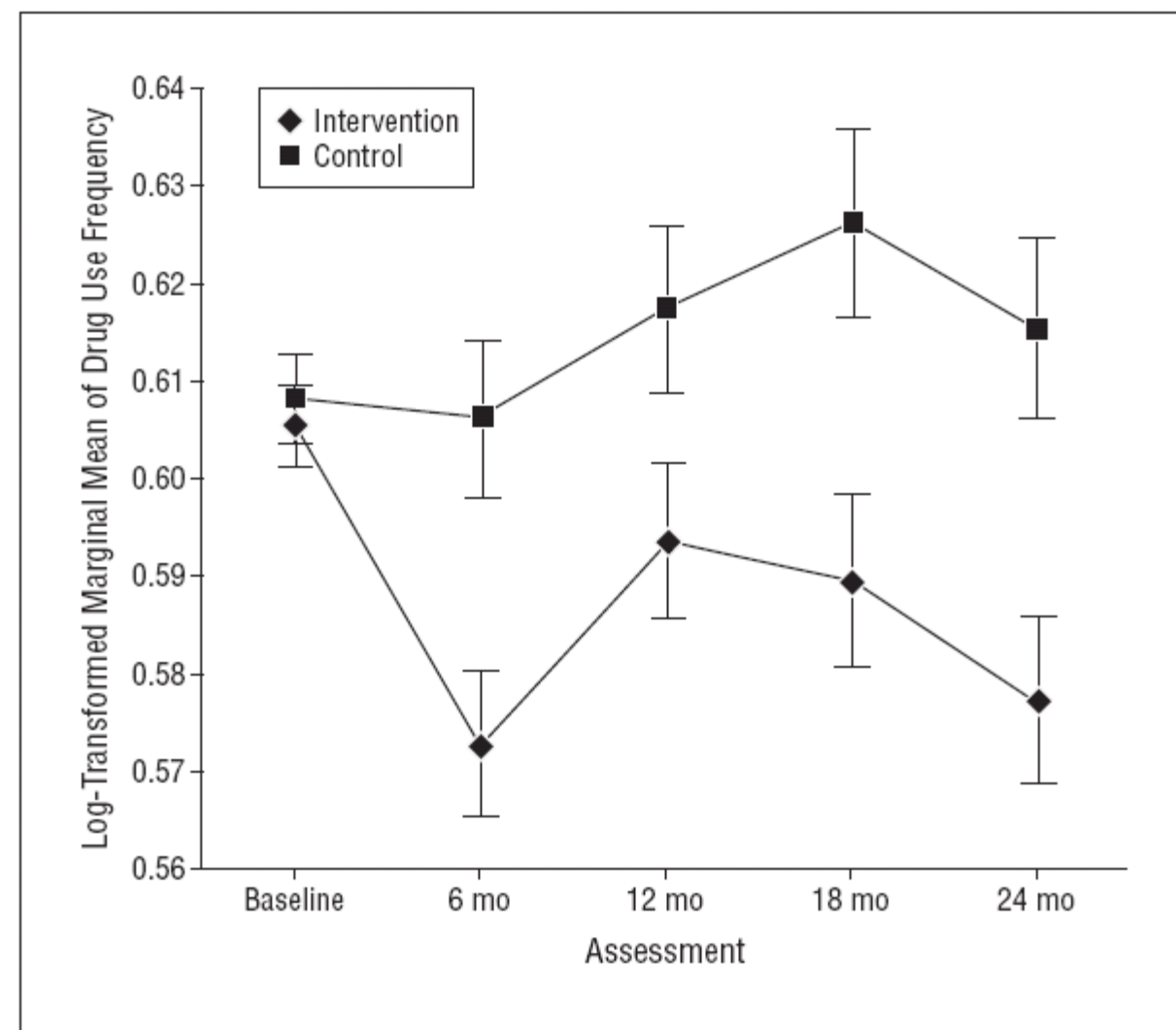
your notes—

	Down
	Up

Sho's

Summary of Findings

- (1) *Preventure* with youth who are already drinking increases abstinence and reduces binge drinking (Conrod et al., 2006)
- (2) Earlier age application delays growth of adolescent drinking and binge drinking (Conrod et al., 2008)
- (3) Effects on alcohol problems durable at 2 yrs post-Tx (Conrod et al., 2011)
- (4) Effects extend to mental health outcomes (Castellanos & Conrod, 2006)
- (5) Prevents other substance misuse beyond alcohol (e.g., Mahu et al., 2015)



Illicit drug use frequency scores in adolescents randomized to control or intervention conditions.

(from Conrod et al., 2010; Archives of General Psychiatry)

Mattering & Social Mattering



International Journal of Child and Adolescent Resilience

Mattering as a Unique Resilience Factor in Chinese Children: A Comparative Analysis of Predictors of Depression

Gordon L. Flett¹, Chang Su¹, Liang Ma², and Lianrong Guo³

¹ Department of Psychology, LaMarsh Centre for Child and Youth Research, York University

² Educational Institute, Anshan Teachers Continuing Education School

³ Educational Scientific Institute, Anshan Normal University

Open Access at http://in-car.ca/ijcar/issues/vol4/2016/6-IJCAR_V4_1_2016_Flett,%20et%20al,%2091-102.pdf

N=218, Grade 5 students, 11-12 year olds
Anshan school

The General Mattering Scale (5-items; Rosenberg & McCullough, 1981):

How important are you to others?

How much do people pay attention to you?

How interested are other in what you have to say?

Girls & Boys similar on Mattering Total Score

Mattering - Self-Esteem ($r=.37$)

Mattering – Depression ($r= -.30$)

Depression predicted by lower
Mattering, lower Self-Esteem

***> Mattering may be a protective
factor for adolescent depression***

**Resilience
Targets
For Youth**

POSITIVE EVENTS	SELF- REGULATION	COMPASSION	MATTERING
Positive Social Connections	Wake/Sleep Routines	Social Approach (vs Avoidance) Orientation	Valued in family
Positive Mood Tracking	Physical Activity (150 min/week)	Growth Mindset	Valued in school
Social Hope/ Optimism	Planning for Trauma Triggers	Loving-Kindness Mindfulness	Valued in community
Gratefulness	Ensure Physical / Psychological Safety	Self-Compassion Self-Talk/ Meditation	Adolescents as a group are valued

What do we know about sexually exploited adolescent boys? A systematic review

⚙ More actions ▾

Last modified by [Doug Maynard](#) on 2017/11/06 21:02

SYNOPSIS

Research and services about sexually exploited children and adolescents often target girls and leave out boys. Yet recent research shows boys often report similar rates of sexual exploitation as girls do. Adolescent boys may experience more sexual exploitation than is commonly realized, while also facing greater barriers to services. We conducted a comprehensive systematic review of existing literature from around the world focused on sexually exploited adolescent boys. This presentation will provide an overview of what we know, and what we don't know, from the existing research, and offer some insights into what is needed in research and services to better reach boys and young men. A community report summarizing these results will be available as a pdf to download as well.

RESOURCES

Please register for [What do we know about sexually exploited adolescent boys? A systematic review](#)

on Nov 22, 2017 11:00 AM EST at:

<https://attendee.gotowebinar.com/register/2734352763931425795>

PRESENTERS

Elizabeth Saewyc, PhD, RN, FSAHM, FCAHS, FAAN, Professor, School of Nursing, University of British Columbia, Vancouver

TARA Training for Awareness Resilience and Action (Blom et al., 2017)

- 4 Targets:
- (1) Increase vagal afference – promote vagal and sensory afferences through breathing practices and slow synchronized movement (Week 1-3); See also Waechter, Wekerle et al.
- (2) increase ability to shift neural activation to reduce negative self-referential processing (rumination, worrying) via noticing sensory awareness and identifying, labeling, expressing emotional processes (Week 4-6)
- (3) increase managing of emotions during social interactions (recognizing triggers, empathic listening, compassion communication) (Week 7-9)
- (4) Increase behavioural activation guided by intrinsic reward, using Acceptance and Commitment Therapy techniques (challenge experiential avoidance, Increase committed action, managing distress)

Thank you for your attention!



Questions or Comments?
wekerc@mcmaster.ca

Open Access Evidence-Based Learning:

TED Ed LESSONS:

(1) Adverse childhood experiences and child maltreatment

<http://ed.ted.com/on/iOyQVfhd>

(2) Risk and resilience in youth suicidality

<http://ed.ted.com/on/6nReRcN0>

More resources: www.in-car.ca