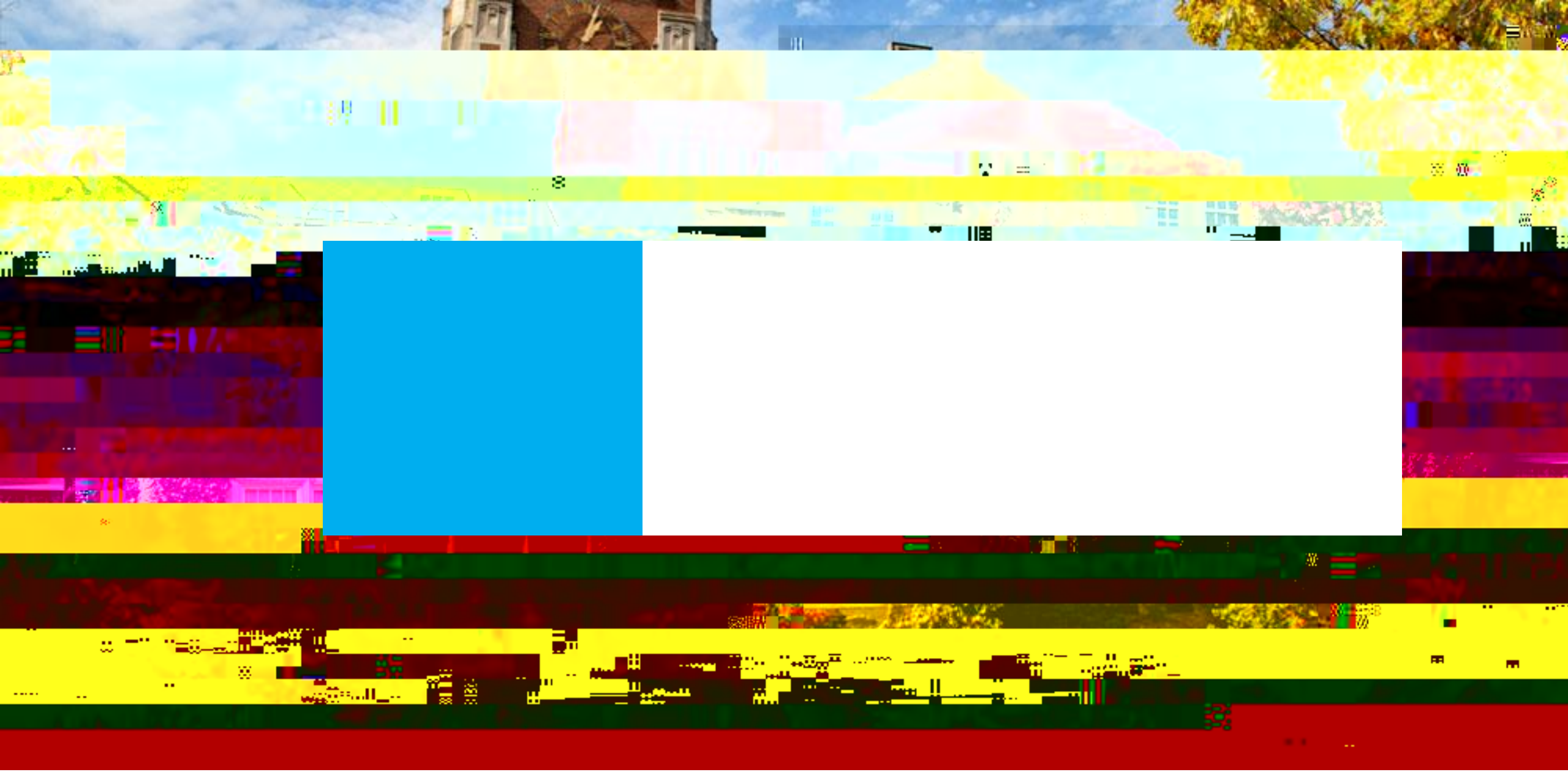
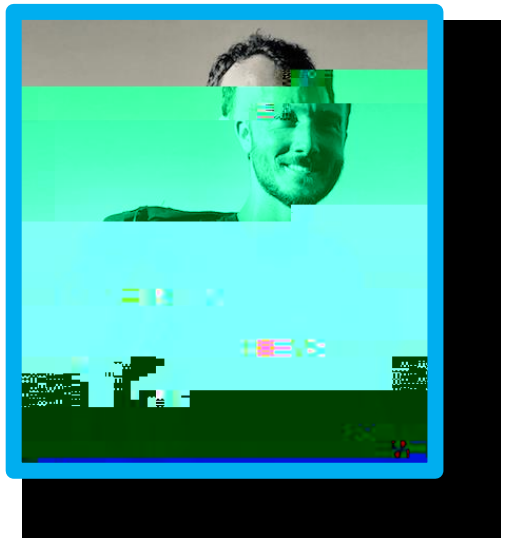
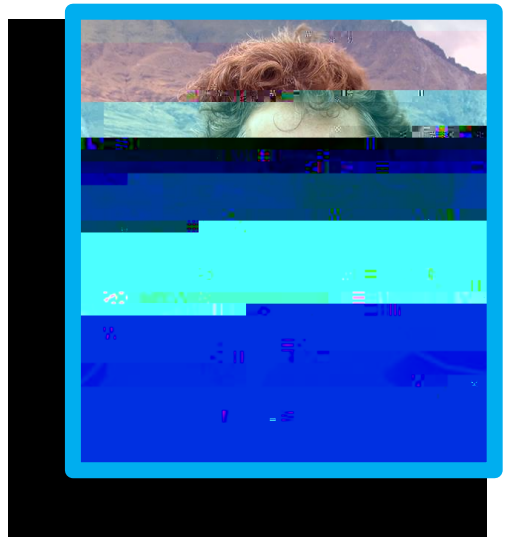




Jay Wilgus, JD, MDR



JoanTabachnick, MBA

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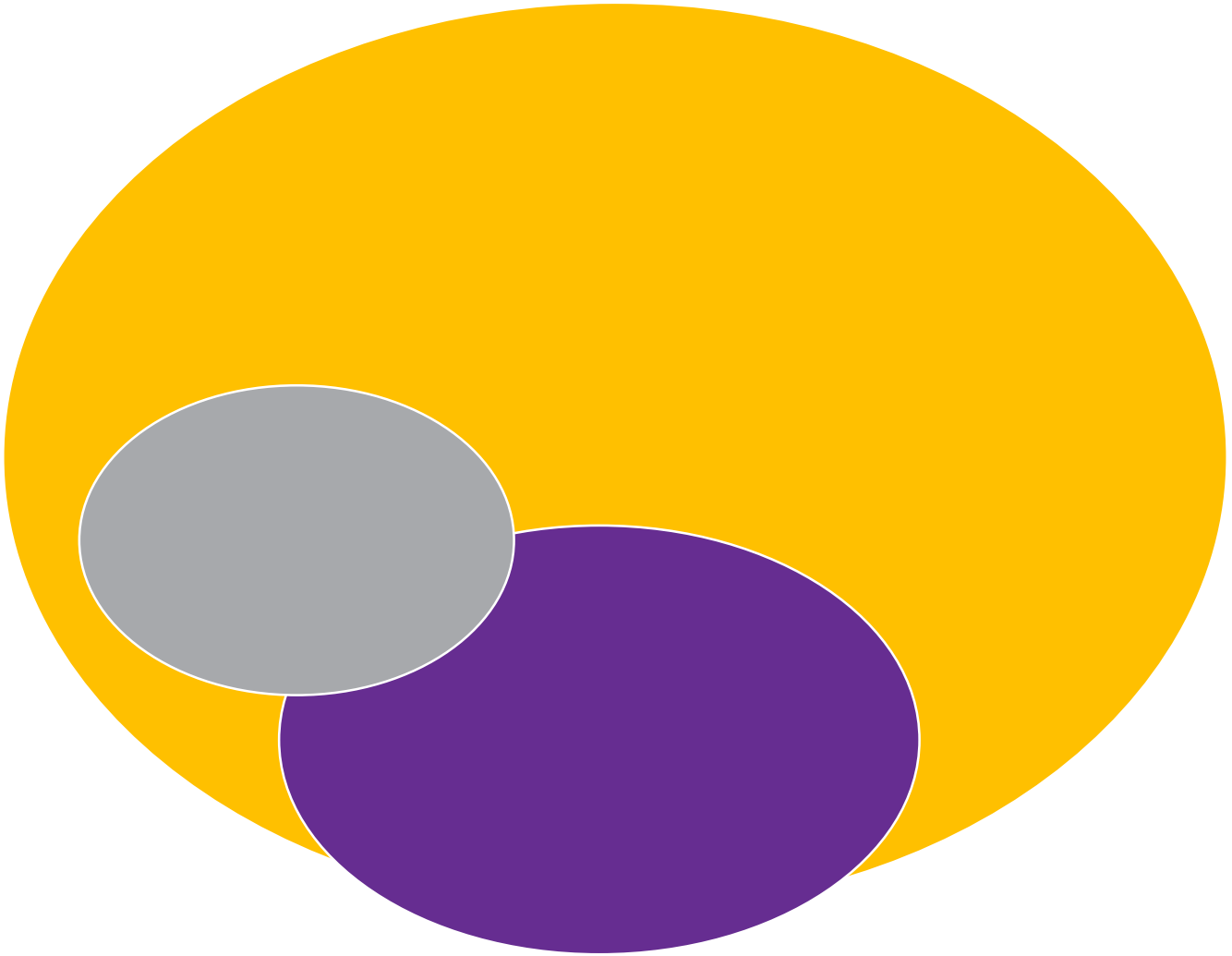
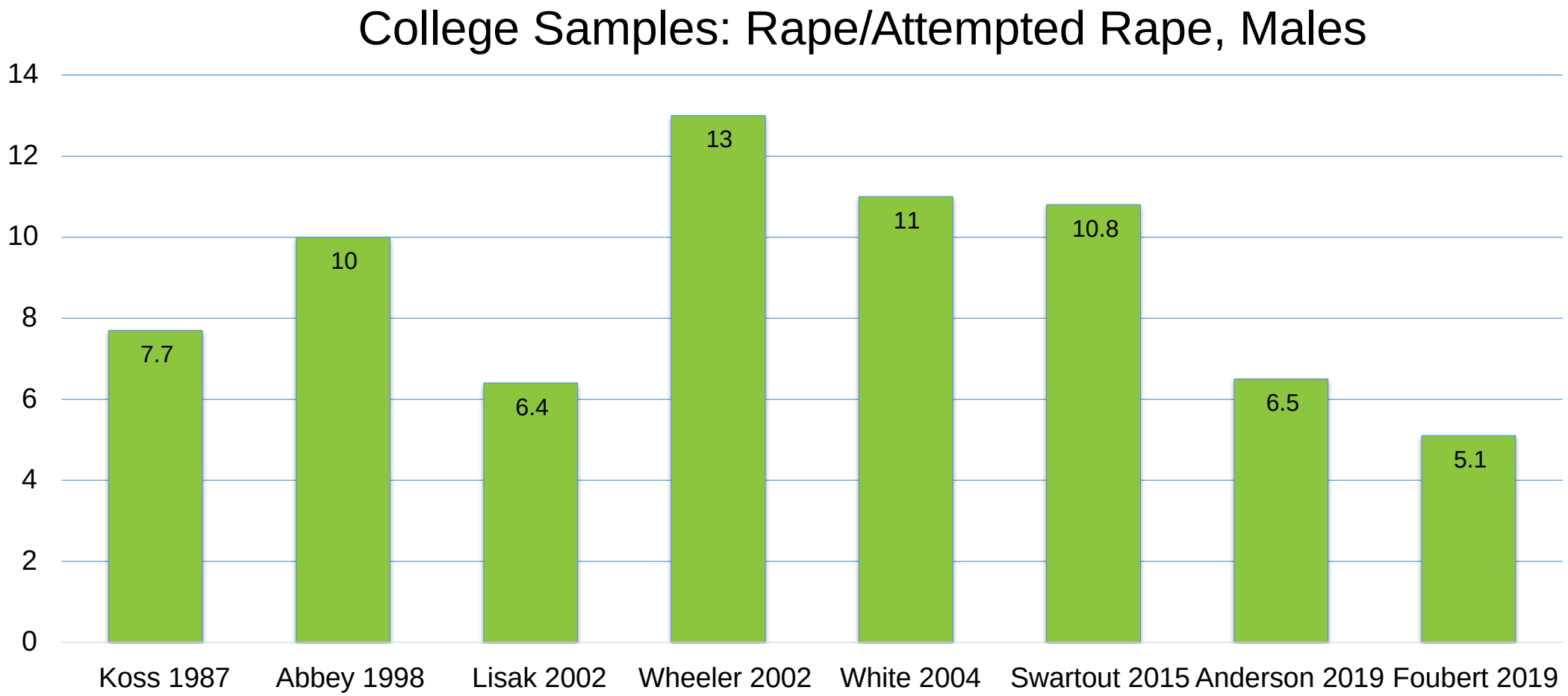
Respondents: Who Are They?



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

Toni Morrison

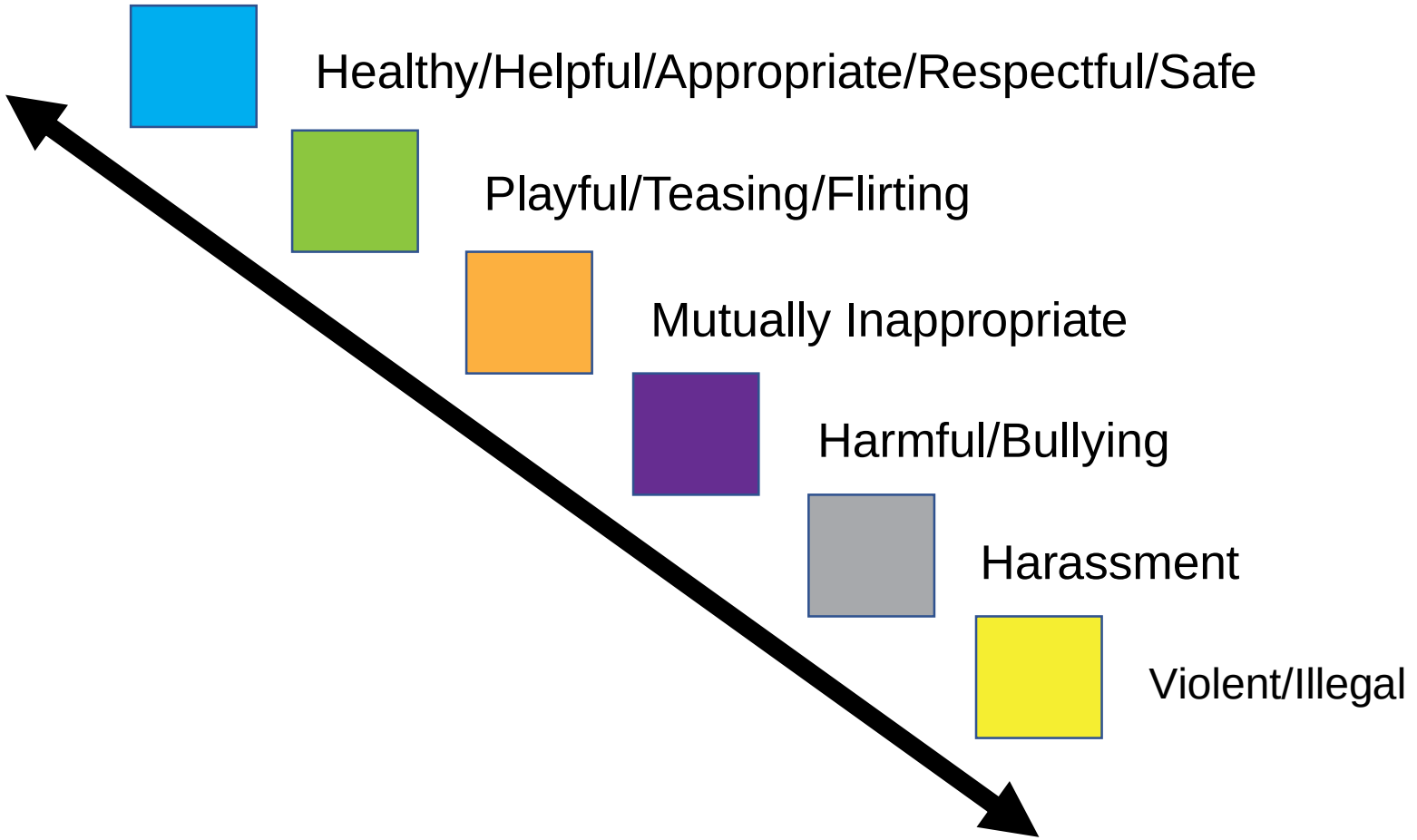
Perpetration Data from College Campuses*



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

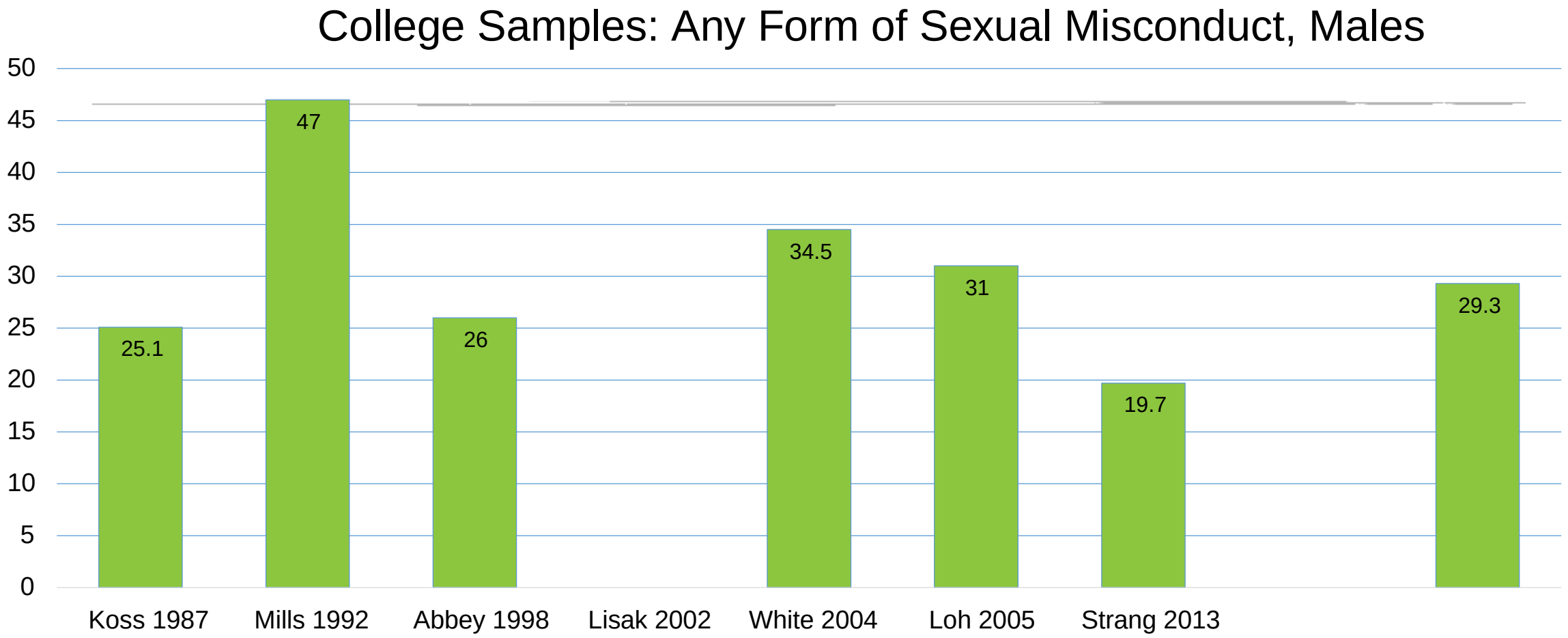
*Information should be viewed with caution, as surveys and samples may use different definitions of sexual assault and related terms and may cover different populations.

Continuum of Sexual Behavior

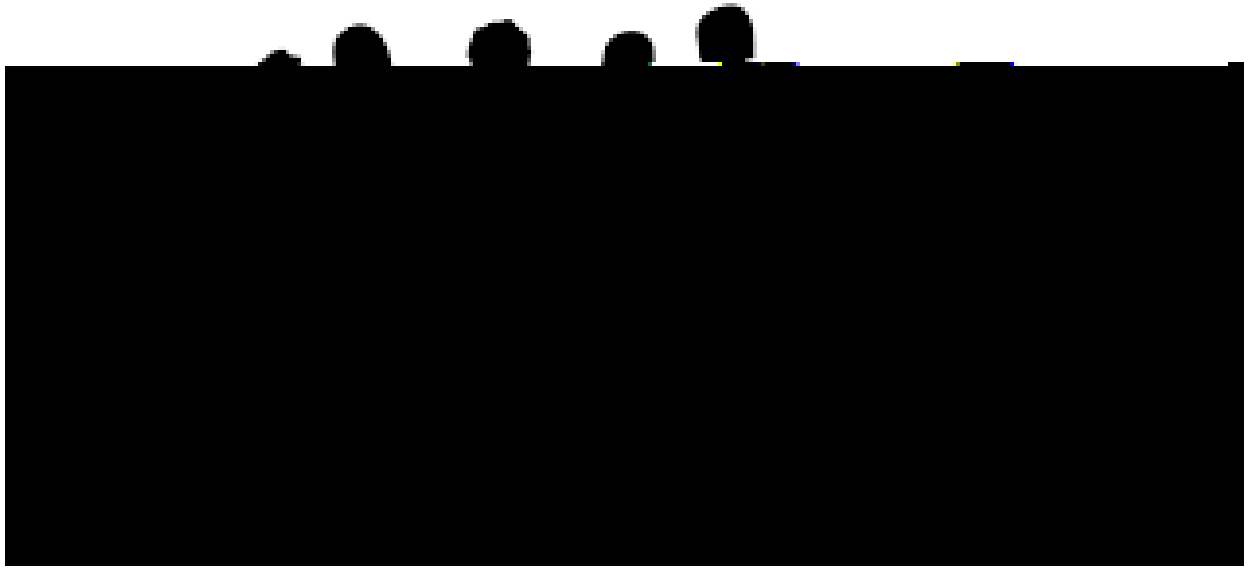


Cordelia Anderson, 2001

Perpetration Data from College Campuses*



- 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:
  - ‡

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); Weiss, J. & Tabachnick, J. Incorporating What Is Known About Respondents and Their Perspectives into Thoughtful Adjudication Practices (2017). 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.

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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 si of the road is not the answer; allowing them 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 behavio.”

Tarana Burke

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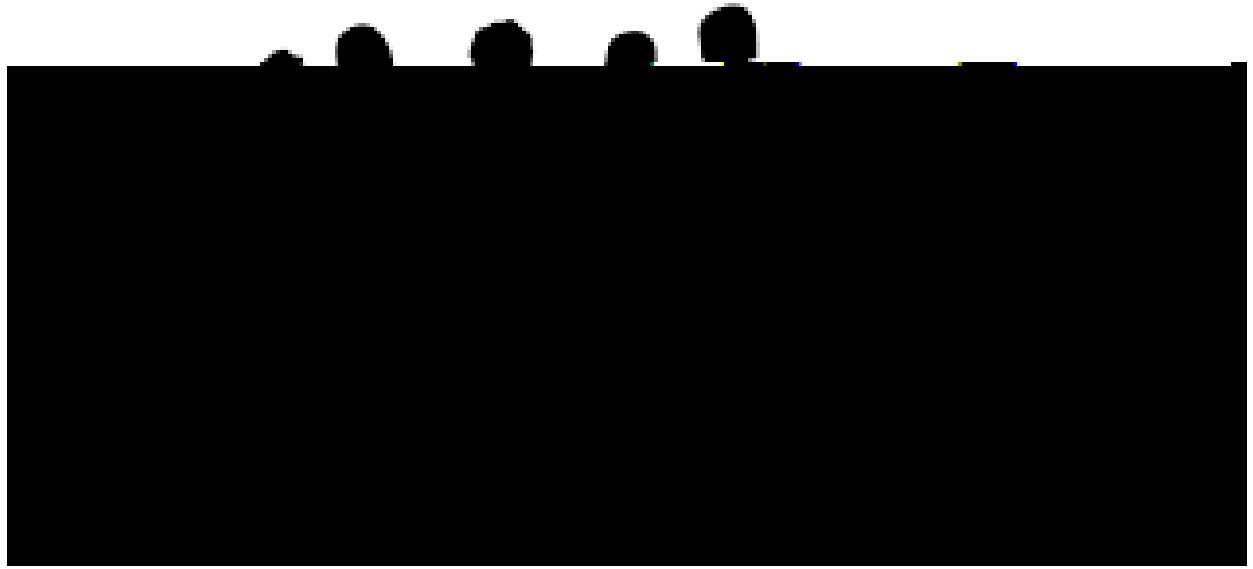
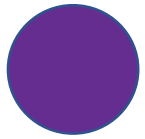


> Research has shown that entitlement and dominance are core contributors both to sexually aggressive behavior (e.g., Knight & Guay, 2018; Malamuth, 2003) and to the maintenance of privilege and the continuance of racial prejudice.

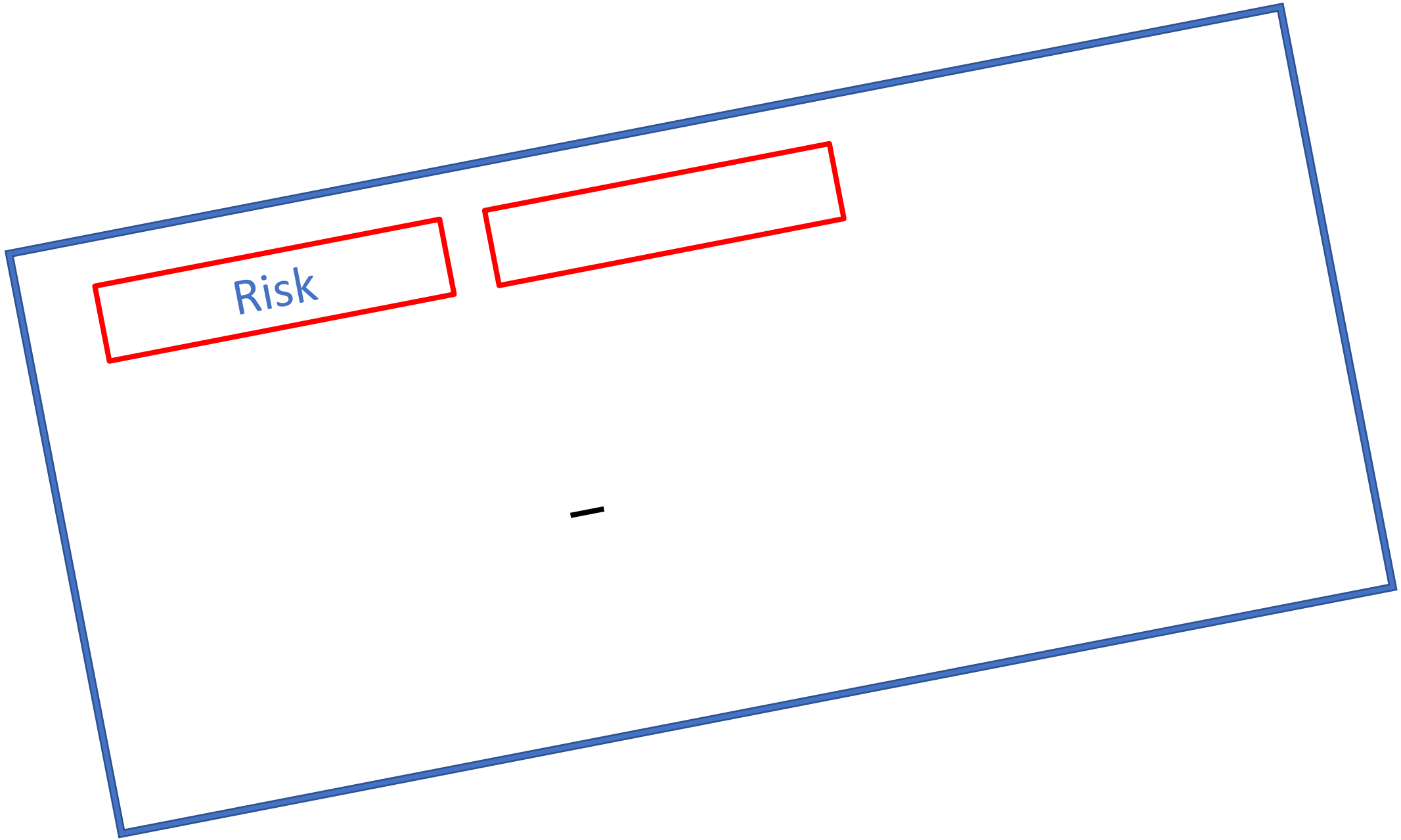
Assessment



Treatment

Safety Planning

Risk | Needs | Responsivity


Risk

Information from Assessment

1.

Assessment

WHO COMPLETES A RISK ASSESSMEN

What Will You Learn from an Assessment

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

Adapted from Risk-need-responsivity model for offender assessment and rehabilitation 2007 (p.6), by Bonta, J. and Andrews, (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 Interventio

Goal	Facilitate positive behavioral change by targeting and mitigating relevant thoughts, feelings, and behaviors associated with sexua misconduct and promoting respectful, prosocial intimate relationships	Deliver knowledge that leads to an understanding of the need to modify behavioral responses
Method	Useof specific clinicaltechniques within a principled framework	

Treatment

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STARRS: At-Risk Needs Inventory

STARRSA Materials

Modules also include additional resources:

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Preparing a Referral

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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
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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
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How Do You Find a Qualified Clinician?

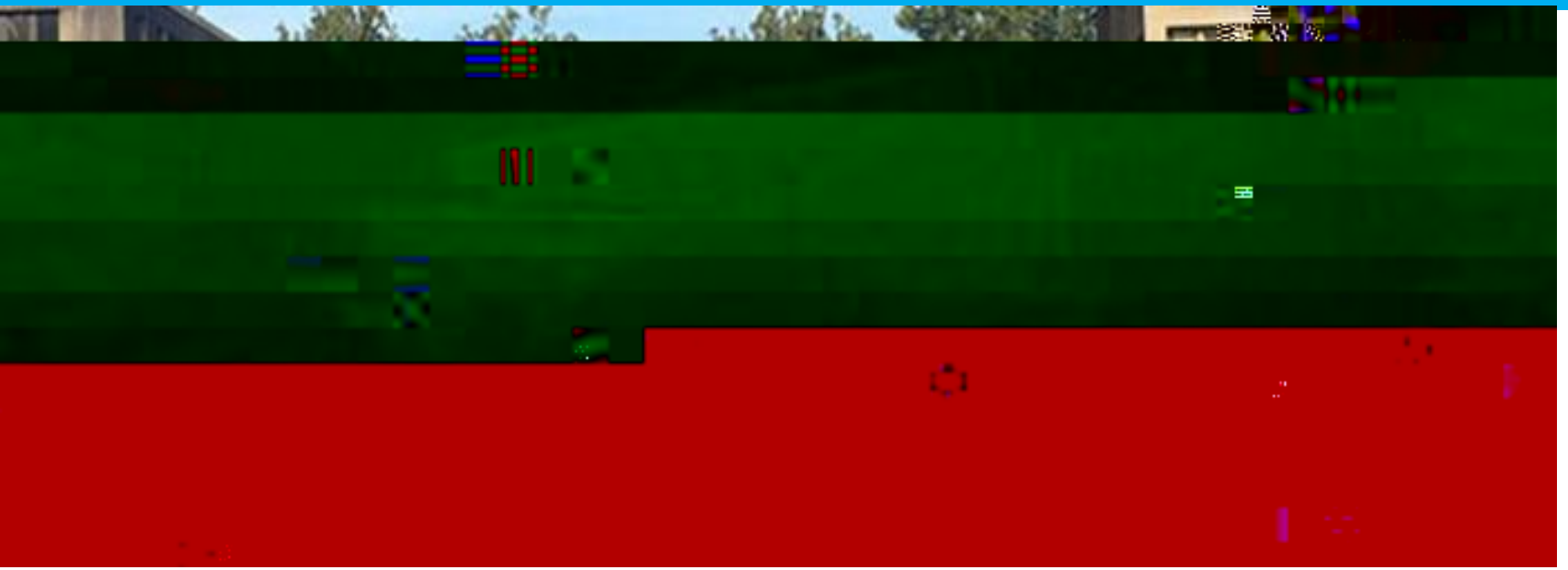
- Nationally:
  - Association for the Treatment of Sexual Abusers (ATSA) www.atsa.com
  - Safer Society Foundation www.ssfi.org
- Locally:
  - State Chapter of ATSA (e.g. in MA MASOC as well as NYATSA)
  - Some states (e.g. CO, VT, TX) have a certification board you can contact
  - Some forensic psychiatry 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 misconduct/offense;
  - The process has the greatest impact when the student with problematic behaviors is invol

jay@klancystreet.com | 385-274-7114

info@joantabachnick.com | 413-320-3190



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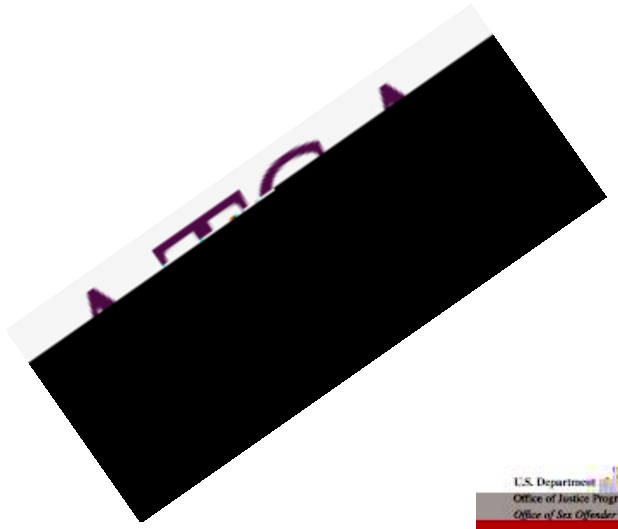

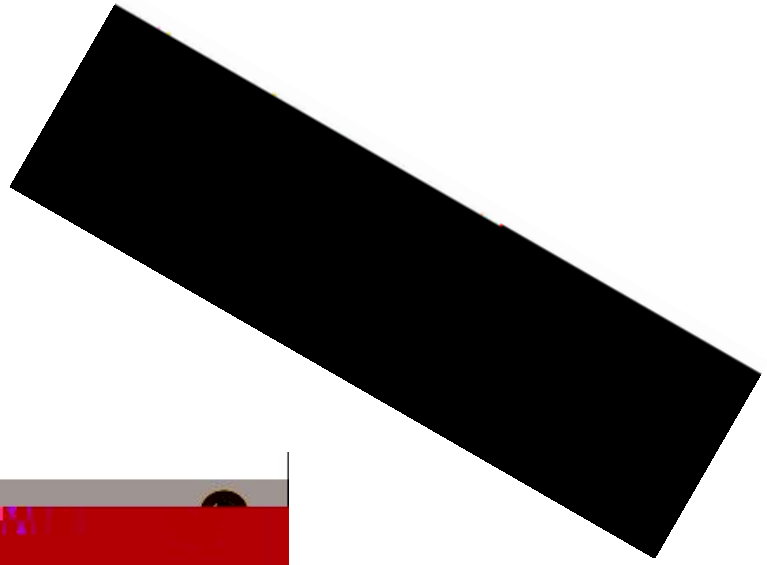

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