



Part 1: Introduction and Overview

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Welcome!

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Focus

1. Background information
2. Contextual understanding
3. Past approaches and stigma
4. Developmental aspects
5. Six Principles to follow
6. Where we go from here

David Prescott: Friend or Foe?



Let's be patient

- ⊗ We live in troubled times
- ⊗ I am going to be very provocative
- ⊗ I am going to be highly irreverent
- ⊗ This is a training for professionals only
- ⊗ I come in peace and believe in human dignity
- ⊗ I mean no harm
- ⊗ Please take everything I say in the spirit in which it is intended

A note on research

- ⊗ In the past, professionals over-relied on adult research and programming to design treatment programs for adolescents.
- ⊗ This problem continues today.
- ⊗ However, where research is sometimes missing for adolescents, I do use occasional studies on adults in an exploratory fashion to assist our understanding.

Let's be clear

We do hard work



Welcome Newcomers!



Professionals in the field

- Before...



... and after



Central Issues

- ⊗ Assessment-Driven Treatment
 - ⊙ Not one-size; grounded in expert knowledge
- ⊗ Keep kids in the community as much as possible
- ⊗ Keep kids mainstreamed as much as possible

Key Themes

- They're still adolescents
- Professionals' attitudes towards adults and adolescents have changed but understanding their differences has not improved
- We've figured out much of the basics; now it's time to develop a deep understanding of:
 - Personal adversity
 - Family adversity
 - Cultural adversity

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BACKGROUND INFORMATION

CAVEATS

- We work in diverse environments
 - One size does not fit all!
- There is no one single correct method for anything



MOTIVATION

- Do we want them to re-offend or not?
- What can we do?
- Who should we be?
- Is that enough?



WHAT IS OUR GOAL?

- Stopping the behavior?
- Justice for the victim?
- Preventing re-offense?
- Building a better life?



REMEMBER

- Safety first!
- Do no harm
- Do no more harm



David's Cheat Sheet

- Cognitive-Behavioral Programming
- Family-focused and community-based
- Skill acquisition and enactment
- Strengths-based
- Collaborative
- Focused on the whole person, but...
- Attending to reducing/managing specific risk factors...
- While also enhancing capacities

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CONTEXTUAL UNDERSTANDING

SEXUAL AGGRESSION IN COLLEGE MEN

- Abbey et al. (2001)
 - 343 college men
 - 33% reported having engaged in some form of sexual assault
 - 8% reported an act that met standard legal definitions of rape or attempted rape
- Koss, Gidycz, & Wisniewski (1987)
 - Found that 24.4% of college men reported “sexual aggression” since age 14
 - 7.8% admitted to acts that met standard legal definitions of rape or attempted rape

SEXUAL AGGRESSION IN COLLEGE MEN

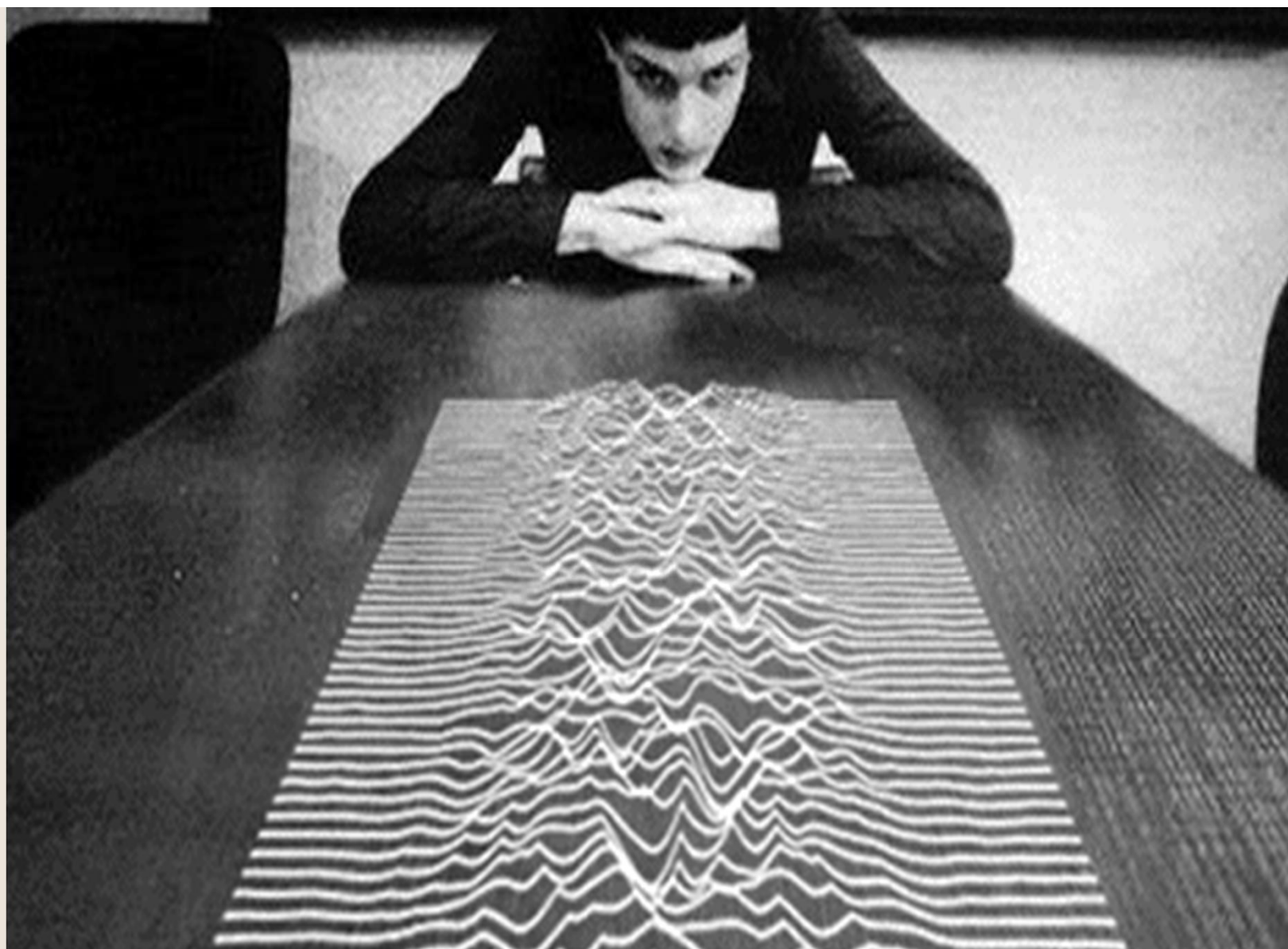
- Abbey & McAuslan (2004)
 - 14% reported that they had committed a sexual assault within a 1-year time interval
 - This is close to the rate presented in the only other study to our knowledge that examines sexual assault perpetration among adults longitudinally, which found a perpetration rate of 12.5% between the 1st and 2nd year of college (White & Smith, in press). These results further demonstrate the critical need for effective prevention programs for men in college.
- Caution: “sexual assault” not clearly defined

WHAT WE FEAR



REALITY





BOTTOM LINE

- Prevalence and incidence = it is big
- We need a public health perspective over and above psychological and criminological perspectives
- Victim-to-victimizer hypothesis = incomplete
 - Self-report requires behavioral description...
 - See Simons (2007)

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PAST APPROACHES AND STIGMA

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2
days
ago

Parents outraged that Mass. middle-schoolers were denied lunch

By The Associated Press

ATTLEBORO, Mass. — As many as 25 students at a Massachusetts school were denied lunch this week because they either could not pay or their pre-paid accounts were short on funds, schools officials and parents said.

Outraged parents say some students at Coelho Middle School in Attleboro cried when they were told by a worker for the district's food service provider they could not eat on Tuesday.

The on-site director for the company, Whitsons Culinary Group of Islandia, N.Y., was placed on

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"The state asks that the defendant, although a tadpole, be charged as a frog."



NO TALKING
NO HABLEN





The Current Status of Treatment



MAINE – AUGUST
2012



MAY 2013







Why doesn't punishment work?


- ⊗ With many kids, punitive approaches produce shame, not guilt
 - ⊙ *"This must be who I am"*
- ⊗ For every kid who straightens up and flies right, there is another who leans further in towards problem behavior
- ⊗ *"Yes, but when I used to get in trouble, my dad would whoop me and I turned out okay."*
 - ⊙ Change happens within relationships.

And then there's the media

RealClear Politics ▾Polls ▾ Election 2021/22 ▾ Video Writers ▾ More ▾

Crime Reform Is Here. Do You Feel Safer?

By **Debra Saunders**



(Abel Uribe/Chicago Tribune via AP)

If a conservative is a liberal who got mugged, California is about to have a bumper crop of right-wingers as the social compact is crumbling in the Golden State and beyond.

California retailers are under siege as smash-and-grab gangs raid stores with impunity. Rachel Michelin, president of the California Retailers Association, has likened the flash robberies to "domestic terrorism."

Can they be cured?

- Treatment won't work equally well for everyone, and 100% success should not be expected.
- Sex offender treatments, like many other types of medical and mental health interventions, don't focus on a cure but on a reduction of symptoms.
- Treatment for diabetes doesn't cure the disease, it manages the disease. Likewise, entering weight watchers with the expectation that simply being in the program will create weight reduction won't work. It takes collaboration and commitment.
- Appendix removal versus weight loss
- Auto Mechanic versus Home Depot manager

(from Kevin Creeden)

Can they be cured?

- Treatment for schizophrenia doesn't cure psychosis, it reduces symptoms and allows people to function more adequately.
- Chemotherapies may not ultimately prevent all cancer fatalities but may increase life expectancy and quality of life for many patients.
- Sex offender treatment teaches clients how to change their thinking and their behavior, and many are able and willing to do so and avoid re-offense.

Sidebar

In 2011, Colorado abandoned “no-cure” language in its state statutes.

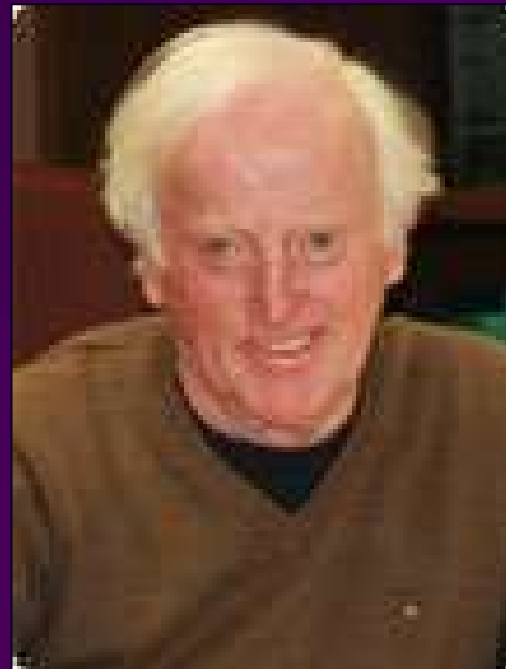
In 2021, Colorado opted for “person-first language”

How Dolphins Learn



Marshall, 2005

- Warm
- Empathic
- Rewarding
- Directive



Problem:

Many people think they have these qualities, but don't.

Parhar, Wormith, et al., 2008

- Meta-analysis of 129 studies
- *In general, mandated treatment was found to be ineffective ... particularly when the treatment was located in custodial settings, whereas voluntary treatment produced significant treatment effect sizes regardless of setting.*



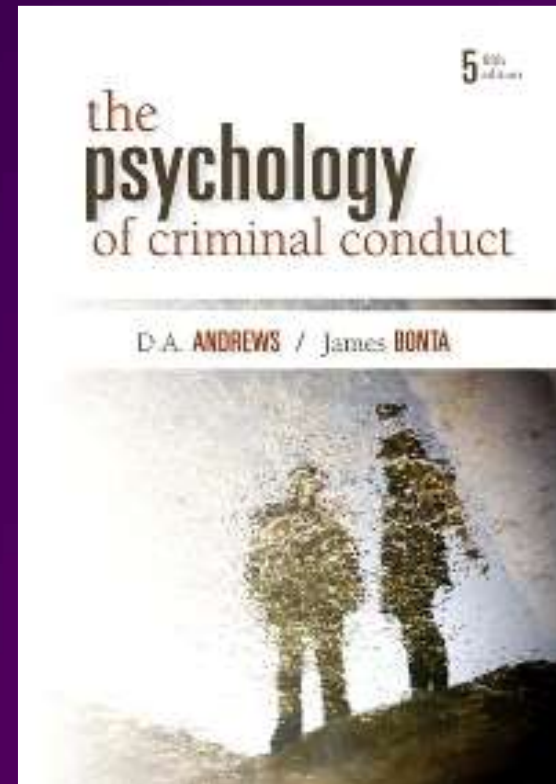
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RISK, NEED, AND RESPONSIVITY

Andrews & Bonta (2010)

Three Principles:

- Risk
- Need
- Responsivity



Effective Programs

RISK Principle

- effective programs match the level of treatment intensity to the level of risk posed by the client
- high risk = high intensity
- mismatching can result in increased risk
- Criminal history = predictive

Risk Principle

- Forget morals
- Forget values
- Forget everything else...
- Risk is an underlying likelihood
- We can make people more dangerous as well as less

Effective Programs

NEED Principle

- effective programs target identified criminogenic needs
- People who have sexually or violently abused require sex/violent offender specific treatment programming
- other programs may result in some ancillary gain, but risk for sexual re-offense likely will not be reduced

Need principle

- Criminal interests
- Criminal attitudes/beliefs
- Criminal schemas
- Criminal associates/significant others
- Self-regulation/management
 - Problem-solving skills
 - Coping skills
 - Interoception

Effective Programs

RESPONSIVITY *principle*

- effective programs are those which are responsive to client characteristics
 - cognitive abilities
 - maturity
 - motivation
 - mode of intervention
 - scheduling concerns
 - neurological impact of trauma

What's the end game?

- ⊗ Completing treatment?
- ⊗ Sustaining lasting and meaningful change?

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DEVELOPMENTAL ASPECTS

Attachment

⊗ Marshall & Marshall (2010):

“Unsatisfactory attachments between parent and child poorly equip the child to develop the skills, self-confidence and confidence in others necessary for them to develop effective relationships” (p. 78).

Attachment

- ⊗ Secure
- ⊗ Ambivalent
- ⊗ Avoidant
- ⊗ Disorganized

Miner et al., (2016)

- ⊗ Observed that:
 - ⊙ Fearful/anxious attachment styles more prevalent in sexual from non-sexual offenders
 - ⊙ Those who target children more likely than those who target adults to have insecure attachment
 - ⊙ There is also evidence that attachment style plays a role in the regulation of affect
 - ⊙ Sex offending behavior may differ depending on the type of insecure attachment style of the perpetrator

Miner et al., (2016)

- ⊗ “We found an indirect association between anxious attachment and sexual offenses against child victims, which was accounted for by measures of social involvement and social isolation. These involvement and isolation measures also did not have a direct association with sexual offenses against child victims, in that their contribution was accounted for by a measure of Masculine Adequacy. This Masculine Adequacy, combined with decreased levels of Sexual Preoccupation and Hypersexuality and increased Sexual Compulsivity, was associated with commission of child sexual abuse. The interpersonal variables did not enter a model predicting sexual offending against peers/adults, which seemed solely associated with the interaction between Sexual Compulsivity and Hypersexuality.”

FACTS

- People develop
- Average age of first offense is around 14
- People are more convinced by what they hear themselves say than by what others say to them
- Use developmental processes as your ally
 - Meet your client where they dream



MOFFITT (1993)



3 groups of delinquent adolescents:

- Adolescence-limited
 - Begins in adolescence; desists by adulthood
- Early onset, life-course persistent with neuropathology
 - Pre/peri/post-natal problems, sometimes in combination with family and community adversity
- Early onset, life-course persistent w/o neuropathology:
 - *"A discrete class of individuals, a taxon that is different in kind from other antisocial individuals..."*

LALUMIÈRE ET AL. (2004)

Best predictors of juvenile delinquency among general youth (ages 6-11)

- Prior offending
- Substance use
- Being male
- Low socioeconomic status
- Antisocial parent

QUINSEY ET AL. (2004)

Best predictors of juvenile delinquency among general youth (ages 12-14)

- Lack of strong prosocial ties
- Antisocial peers
- Prior delinquent offenses

THE PROBLEM

- Smith, Goggin, & Gendreau, 2002
- Meta-analysis
- 117 studies since 1958
- 442,471 criminal offenders (including juveniles)



**No form of punishment
reduced re-offense**

**Two other large-scale studies
have since confirmed**

A REAL PROBLEM

Prisons and intermediate sanctions should not be used with the expectation of reducing criminal behavior

- Includes intensive surveillance, electronic monitoring, DARE, Scared Straight, etc.
- Some indication of increased risk for low-risk criminals
- www.ccoso.org

LOGICAL PUBLIC POLICY?

- Residence restrictions limit where an offender can live; most sexual abusers target people they know
 - Most sexual abusers target people they know
 - Geographic restrictions are meaningless

Juvenile “Sex Offender Registry”

- ⊗ There is little evidence that registries reduce sex offending.
- ⊗ “The primary purpose of this study is to examine the effects of South Carolina’s comprehensive registration policy on recidivism of juveniles who sexually offend. Registered and nonregistered male youth are matched on year of index offense, age at index offense, race, prior person offenses, prior nonperson offenses, and type of index sexual offense, for a total of 111 matched pairs. Recidivism is assessed across a mean 4.3-year follow-up ($SD = 2.5$). The sexual offense reconviction rate is too low (2 events) to support between-group analyses. Cox regression results indicate no significant between-group differences with respect to new nonsexual person offense convictions but significant between-group differences with respect to new nonperson offense convictions. Specifically, registered youth are more likely than nonregistered youth to have new nonperson offense convictions across follow-up.”
— Letourneau & Armstrong (2008)

LANGUAGE

- "JSO"
- Juvenile (unattached, unformed, etc.)
- Sex (subject to change without notice)
- Offender (at least on one occasion)
- Imprecise
- Legal
- Not diagnostic

ROUTINE OUTCOME MONITORING

- Clients can change dramatically while in treatment
- Tracking global outcomes
- Tracking the working alliance
- Session-by-session feedback
- Examples include Youth Outcome Questionnaire, Outcome Rating Scale, Session Rating Scale, etc.

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WHAT HAVE WE LEARNED?

**SIX PRINCIPLES TO
FOLLOW**

6 PRINCIPLES

1. Adolescents, not “little adults”
2. Most do not re-offend sexually
3. Assessment measures help, but are not stand-alone instruments
4. Resiliency and protective factors
5. Assess the program: Not all treatments are alike
6. Assess the provider: The qualities of the professional influences outcomes

1. ADOLESCENTS, NOT “LITTLE ADULTS”

LETOURNEAU & MINER (2005)

Three Realities:

1. Opportunity to intervene
2. More in with other “juvenile delinquents” than adult sex offenders
3. Re-offense rates very different from adults



SETO & LALUMÈRE (2010)

- Adolescent sexual offending not a simple manifestation of general antisocial tendencies.
- Compared with non-sex offenders, adolescents who abused had less extensive:
 - Criminal histories
 - Antisocial peers
 - Substance use problems



SETO & LALUMÈRE (2010)

- Compared with non-sex offenders, adolescents who abused had more extensive:
 - Sexual abuse history
 - Exposure to sexual violence
 - Other abuse or neglect, social isolation
 - Early exposure to sex or pornography
 - Atypical sexual interests
 - Anxiety
 - Low self-esteem



SETO & LALUMIÈRE (2010)

Not different between groups:

- Attitudes and beliefs about women or sexual offending
- Family communication problems or poor parent–child attachment
- Exposure to nonsexual violence
- Social incompetence
- Conventional sexual experience, and low intelligence



SETO & LALUMIÈRE (2010)

Largest Group Differences:

- Atypical sexual interests
- Sexual abuse history
- Criminal history
- Antisocial associations
- Substance abuse



IMPLICATIONS

- Letourneau & Miner (2005) observed that adolescents who sexually abuse have more in common with other delinquent teens than they do with adult sexual offenders
... and this is correct
- There are still differences between populations of adolescents who sexually abuse and other teens who get in trouble with the law

IMPORTANT!

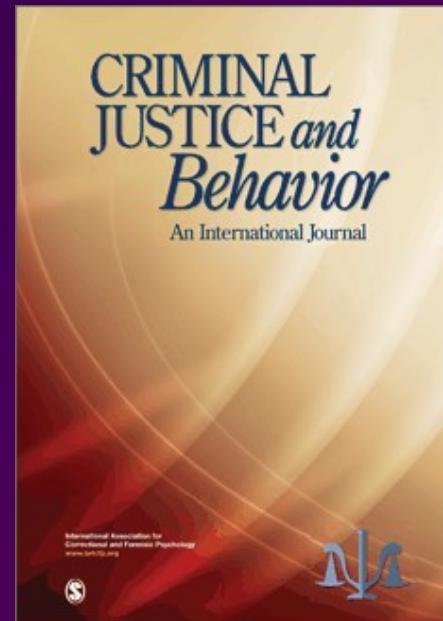
The findings of Seto & Lalumiere (2010) suggest that risk factors for **BOTH** general delinquency and sexual offending behavior contribute to juvenile sex offenses



CARPENTIER, LECLERC, & PROULX (2011)

WHO PERSISTS?

WHO DESISTS?



CARPENTIER ET AL. (2011)

- Examined correlates of onset, variety, and desistance of criminal behavior
- Confirmed that most of those who persist commit a variety of offenses and do not specialize



CARPENTIER ET AL. (2011)

Sex-only versus sex-plus aggressors

- Sex-only have lower rates of CD and fewer antisocial traits
- Less likely to have experienced traumatic physical and sexual victimization
- Less likely to have been placed in outside care
- Half as likely to have consumed alcohol and drugs prior to age 12
- In adolescence, had less drug/alcohol, aggression, delinquent peers, and consensual sex

CARPENTIER ET AL. (2011)

- Persistence
- Desistance
 - Fewer antisocial traits
 - Less ADD
 - Less physical and sexual victimization
 - Less parental negligence
 - Fewer out-of-home placements
 - Fewer learning disabilities, behavior problems, and school failures
 - Fewest consensual sexual experiences

CARPENTIER ET AL. (2011)

- Stable Highs (sexual or violent re-offense)
- De-escalators (re-offense, not sex or violence)
 - Less ADD
 - Less physical and sexual victimization
 - Less parental negligence
 - Fewer out-of-home placements
 - Less involvement with delinquent peers
 - Fewer officially recorded crimes

CARPENTIER ET AL. (2011)

Adolescents who exhibited antisocial traits ran an almost threefold risk of committing both sexual and nonsexual offenses



CARPENTIER ET AL. (2011)

"Adolescents with poor self-control tend to avoid situations of social control (supervision, discipline) and consequently tend to associate with peers who resemble them and who, like them, are likely to offend. These young people also tend to experience school difficulties (behavioral and learning difficulties), leading to school failure and dropping out of school in favor of less constraining environments." (p. 867)

CARPENTIER ET AL. (2011)

"The severity of the offenses committed by both these groups appears to be more influenced by childhood trauma than by variables related to adolescent development. However, only two variables related to childhood development (sexual victimization and long-term paternal absence) predicted membership in the stable high group rather than the de-escalator group." (p. 868)

CARPENTIER ET AL. (2011)

Implications

- Early intervention with trauma survivors
- We need to build resilience and protective factors to produce desisters
- Trauma treatment is vital
- Comprehensive assessments are key

Lussier & Blokland (2014)

- ⊗ *Purpose: It is assumed that juvenile sex offenders (JSO) are tomorrow's adult sex offenders (ASO) and ASO were previously JSO. The current study tests these two assumptions using prospective longitudinal data. Methods: Using data from the 1984 Dutch Birth Cohort study, the study examines the criminal career of JSO and the continuity of sex offending into early adulthood.*
- ⊗ *Results: The study findings show much heterogeneity in the criminal careers of JSO suggesting several criminal career outcomes in adulthood. Put differently, the vast majority of JSO do not become ASO while adult sex offending does not require juvenile sex offending...*



Lussier & Blokland (2014)

- ⊗ *... Against the backdrop of this principle, the study found a small group of JSO recidivist at-risk of persisting into adulthood and a group of chronic juvenile offenders who are at-risk of escalating their offending to sex crimes in adulthood.*
- ⊗ *Conclusions: For the most part, JSO and ASO are two distinct phenomenon. The vast majority of JSO desist from sex offending while the vast majority of ASO started sexually offending in adulthood. As the frequency of general nonsexual offending increases during adolescence, so is the risk of becoming ASO. This group of youth warrants closer scrutiny for prevention programs.*

Lussier & Blokland (2014)

- ⊗ Juveniles who persisted into adulthood:
- ⊗ 5-10% of the authors' studies
- ⊗ *"...it is worth noting that they were responsible for less than five percent of all sex crimes in adulthood by this birth cohort"*
- ⊗ High rates of chronic non-sexual offending as well as sexual offending.
- ⊗ *"That said, prior research has shown that this group should not be confused with Moffitt's life course persistent (LCP) offenders as the scope of their nonsexual offending and offending trajectory is atypical to the LCP group"*
 - ⊙ *Higher rates of sexual offending*

Lussier & Blokland (2014)

- ⊗ "Robin's Paradox"
- ⊗ Epidemiologist Lee Robins described an apparent paradox that puzzled psychiatry: Antisocial adults virtually always begin as children with antisocial misconduct, but most young people who engage in antisocial misconduct do not grow up to be antisocial adults.

Beaudry-Cyr et al. (2017)



- ⊗ *Using data collected at two different time points from a sample of sex offenders who served a prison sentence for an adult sex offense, the present study examines the prevalence of sex offending continuity, and its potential linkages with subsequent sex and general recidivism as well as identifying risk factors related to these outcomes. The multivariate results indicate a low rate of sex offending continuity in general but suggest the presence of identifiable risk factors that predict sex offending continuity...*

Beaudry-Cyr et al. (2017)

- ⊗ ... *Specifically, non-sexual juvenile offending is the most notable of the numerous risk factors found to be associated with those displaying sex offending continuity from adolescence into adulthood. Subsequent analyses also reveal a significant association between sex offending continuity and sexual recidivism but not general recidivism.*

Krause et al., (2022)

- ⊗ 230 adolescents with histories of sexual offending
- ⊗ *“Overall, our findings do not support a general notion of the presence of SB (sexualized behaviors) as an indicator of high risk for persistent sexual offending among JSO. Instead, JSO with SB appear particularly burdened regarding a range of psychiatric disorders that should be treated accordingly.”*



Krause et al., 2022

⊗ Three profiles:

1. “low/no SB” ($n = 188$),
2. “preoccupied SB” (preoccupation with sexuality, e.g., early pornography consumption, excessive masturbation; $n = 29$), and
3. “dysregulated SB” (exhibiting inappropriate sexualized behaviors toward others, e.g., sexualized speech, touching others inappropriately; $n = 13$).

Aebi et al. (2022)

- ⊗ 64 adolescent males between 10 and 18 (M=14.75 years)
- ⊗ Compared two variations (general skills versus offending-specific)
- ⊗ *“Despite some methodological limitations, the current findings favor offending-specific skills-based therapy over general skills-based ones for preventing sexual reoffenses.”*




Pornography

Adolescent viewers are not little adult viewers...

2020

Pornography and Sexual Aggression: Can Meta-Analysis Find a Link?

Christopher J. Ferguson¹  and Richard D. Hartley²

TRAUMA, VIOLENCE, & ABUSE
1-10
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Abstract

Whether pornography contributes to sexual aggression in real life has been the subject of dozens of studies over multiple decades. Nevertheless, scholars have not come to a consensus about whether effects are real. The current meta-analysis examined experimental, correlational, and population studies of the pornography/sexual aggression link dating back from the 1970s to the current time. Methodological weaknesses were very common in this field of research. Nonetheless, evidence did not suggest that nonviolent pornography was associated with sexual aggression. Evidence was particularly weak for longitudinal studies, suggesting an absence of long-term effects. Violent pornography was weakly correlated with sexual aggression, although the current evidence was unable to distinguish between a selection effect as compared to a socialization effect. Studies that employed more best practices tended to provide less evidence for relationships whereas studies with citation bias, an indication of researcher expectancy effects, tended to have higher effect sizes. Population studies suggested that increased availability of pornography is associated with reduced sexual aggression at the population level. More studies with improved practices and preregistration would be welcome.

Keywords

pornography, sexual aggression, rape, domestic violence

Research regarding the effects of pornography consumption on sexually aggressive or violent behavior has been extensive and controversial over the past 40 years since the U.S. Meese Commission reviewed the issue in the 1980s. Although many arguments have been made that consuming pornography increases sexually aggressive behavior of males toward females, the results from extant studies are not conclusive regarding these negative effects. Most industrial countries have experienced large declines in rape and sexual assault while the availability and ease of access to pornography has increased over the same time period (Ferguson & Hartley, 2009). The current study conducts a meta-analysis of 59 existing correlational, experimental, and population studies examining the influence of pornography on sexual aggression.

To date, dozens of research studies have examined the relationship between pornography consumption and aggressive behavior. Outcomes from these studies are mixed, yet those that find a relationship usually report small but statistically significant effects of pornography on aggressive behavior (Alexy et al., 2009; Burton et al., 2010) in mostly samples of male adolescent or college students (for two recent studies, see Dawson et al., 2019; Hagen et al., 2018). Other studies find no effects (Endrass et al., 2009; Hagan et al., 2018) or even inverse relationships (Diamond et al., 2011). Further still, some studies suggest the relationship is more complex, citing both mediators and moderators that reduce the strength of the effect of

pornography consumption on sexually aggressive behavior (Malamuth et al., 2000) or eliminate its influence altogether (Hagen et al., 2018; Kjellgren et al., 2009).

One issue of concern regarding the current corpus of research is how cross-study heterogeneity might be due to methodological issues influencing effect sizes. In other words, it is possible that methodological shortcomings can create “noise” resulting in false positive results in some studies or perhaps false negatives in others. False positive results can cause inflated effect sizes in meta-analyses, falsely boosting confidence in the existence of an effect in the population (for discussion in the similar realm of video game violence effects, see Drummond & Sauer, 2019). For instance, significant effect sizes might disappear after controlling for important theoretically relevant third variables, but meta-analyses that rely on bivariate effects may not properly control for these. Also, effect sizes may be artificially inflated by hypothesis guessing on the

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2019

1

A CHILD'S RIGHT TO BE PROTECTED FROM EXPOSURE TO ONLINE PORNOGRAPHY: ASSESSING THE HARM CAUSED BY CONTEMPORARY ONLINE PORNOGRAPHY AND EVALUATING CURRENT REGULATORY AND LEGAL FRAMEWORKS AIMED AT CHILD PROTECTION ONLINE

Caylee E. Campbell¹

ABSTRACT

Following the violent abduction, rape, and murder of eight-year old Asifa Bano in Kathua, Kashmir, her name topped the trending search board on at least one major pornography website.² Across the globe in the United Kingdom, one thirteen-year-old boy reported, "I have been bullied into watching pornographic videos by people at school, which makes me feel sick. One showed a woman being raped, it was so upsetting."³ Another young girl confessed, "I am really ashamed and now I am getting emails from tons of porno sites. I am so scared my mum is going to find out."⁴

Pornography is not harmless. Each day children as young as five are exposed, either inadvertently or via deliberate searches, to shockingly violent content comprising today's mainstream pornography. The effects of young children viewing "barely legal" content and consuming sexually aggressive messages at a young age manifest in a slew of harms that are grave enough to have prompted governmental regulation.

¹ I would like to thank the whole of ECPAT UK for their support, insights, and encouragement throughout my research and work on this report and for their gracious hospitality during my stay in London. In particular, I would like to thank Bharti Patel and Chloe Setter for making it possible for me to join the ECPAT team and for supervising my progress. I would like to thank Sinead Geoghegan, Debbie Beadle, Lucinda Hardwick, Laura Duran, Catherine Baker, David Drozdziak, Leah Davison, Ranjna Patel, Diana Repcenko, and Temi Adekoya for their encouragement, generosity, and friendship. I would further like to thank the experts that gave their time to talk to me about this issue, including London School of Economics Professor Sonia Livingstone, Secretary of UK Children's Charities Coalition on Internet Safety John Carr, NSPCC's Jon Brown, and Zoe Johannes of McAllister Olivarius. I would like to thank Zoe Johannes for her wise mentorship and willingness to travel out of her way to supervise my legal analysis and aid me in shaping my legal arguments. I am grateful for her patience and knowledge. For connecting me with ECPAT UK and encouraging me to focus on the issue of childhood exposure to pornography and children's rights generally, I am deeply thankful to Professor Warren Binford of Willamette University College of Law. In general, I extend thanks to the Willamette University College of Law community, my colleagues in Oregon, my professors, and the administrative team that aided my being able to travel to London to complete this report. I would like to thank, in particular, Terry Wright, Bev Ecklund, Marti McCausland, and Margaret Schue for their support of the externship program. Finally, I would like to thank my husband, my friends, and my family for continuing to support me from afar and for allowing me the time and space to pursue this project.

² *Asifa Bano Trending on Famous Porn Site: Report*, KOLKATA 24/7 (Apr. 16, 2018), <https://english.kolkata24x7.com/asifa-bano-trending-on-famous-porn-site-report.html/>.

³ Emily Kent Smith, *Youngsters as Young as 11 'Addicted to Online Porn' as 2,000 Children Seek Counselling Having Viewed Sickening Material While Surfing the Web*, DAILY MAIL (Mar. 16, 2018), <http://www.dailymail.co.uk/news/article-5507751/NSPCC-offers-counselling-children-young-11-addicted-porn.html>.

⁴ Smith, *supra* note 2.

Campbell, 2018

Considerations

- While the trend among adults is more “sex positive” ...
- Susceptibility to themes/trends
 - Case example: Arousal to family members
 - Case example: Arousal to violence
- Combination of attention issues with search for novel stimuli = Potent mix
- Ultimately:
 - Maybe not at high risk for sexual violence, but high risk for not living up to full relationship potential?
- “Savvy Consumer” Model (Russ Pratt)

2. MOST ADOLESCENTS
DO NOT RE-OFFEND
SEXUALLY

REITZEL &
CARBONELL
(2006)



CALDWELL (2016)



- Meta-Analysis
- Studies since 2000
- Recidivism = 2.75%
- Many Questions

REITZEL & CARBONELL (2006)

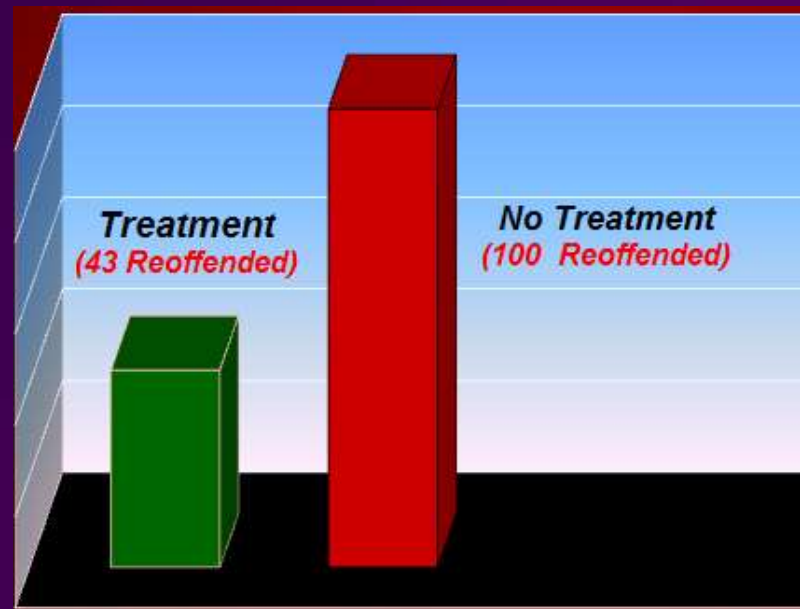
- Summarized 33 studies on sexual re-offense by adolescents
- Follow-up averaged 4.5 years
- 9 studies contained either a treatment control group or a comparison treatment group
- Treated adolescents recidivated sexually at a lower rate (7.37%) than untreated adolescents (18.93%; Total $N = 2986$)



REITZEL & CARBONELL (2006)

Average weighted effect
size of 0.43

($N = 2986$, 9 studies, $CI = 0.33-0.55$)



IMPLICATIONS & A CAUTION

- Treat the entire youth
- The right treatment approaches with the right client = Positive impact
- Our job is to create willing partners in change



WORLING ET AL. (2010)

- Followed 148 juveniles for 12-20 years
- Prospective study
- 16.22% sexual re-conviction rate (24 of 148)
- More likely to commit other crimes

“Relative to the comparison group ($n = 90$), adolescents who participated in specialized treatment ($n = 58$) were significantly less likely to receive subsequent charges for sexual, nonsexual violent, and nonviolent crimes.”

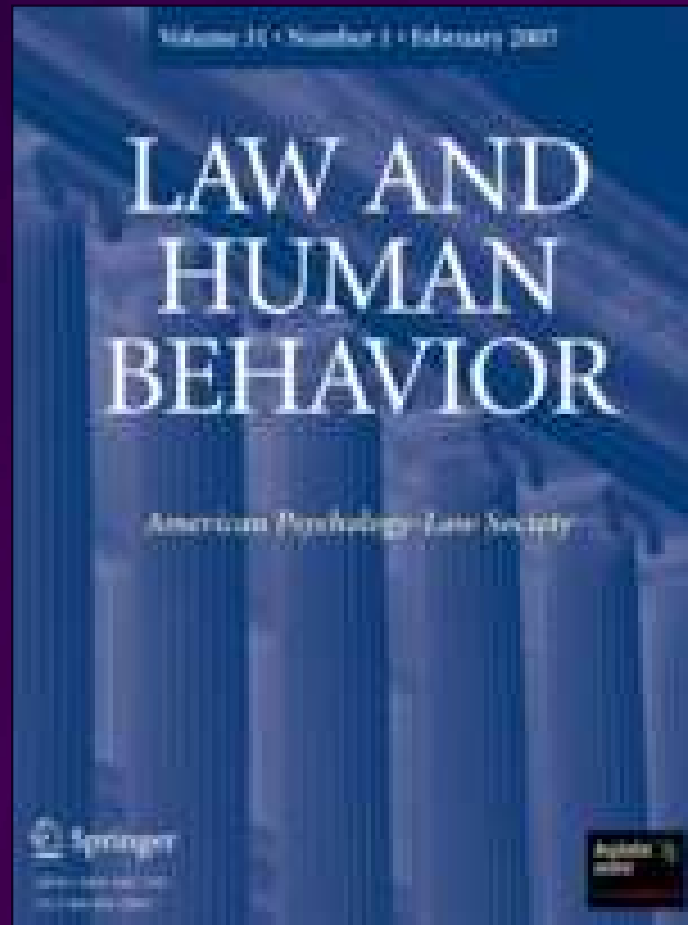
CALDWELL (2010)

- Meta-analyzed 61 juvenile data sets
- 11,219 juveniles - weighted average 59.4 months
- Weighted mean sexual recidivism rate is 7.08%
- General recidivism 43.4%

“Studies that examine sexual recidivism during adolescence find monthly sexual recidivism rates that are more than 4 times higher than those found in studies that rely only on adult recidivism records. Neither the level of secured placement (community, residential, or secured custody) nor the use of arrest versus conviction as an outcome significantly influences sexual recidivism rates.”

3. ASSESSMENT MEASURES HELP, BUT ARE NOT STAND- ALONE INSTRUMENTS

VILJOEN ET AL.
(2012)



VILJOEN ET AL. (2012)

- Examined predictive validity of JSOAP-II, ERASOR, JSORRAT-II, and Static-99 with adolescents
- AUC scores ranging from .64 to .67
- Moderate to high variability across studies



WORLING (2006)

- The computerized assessment was able to distinguish those who had abused male children, but no technique accurately identified adolescents who had abused female children exclusively.
- Earlier research into techniques such as the plethysmograph did not examine adolescents' experiences of the procedure itself.
- In this study, Worling found that the adolescents typically did not find any of the methods upsetting.

IMPLICATIONS

- Adolescents can be truthful
- Get back to the basics
- Ensure person-centered practice
- Assessment and treatment should address the person, not the behavior
- There is much we don't know about adolescent sexual interest and arousal

4. RESILIENCY AND PROTECTIVE FACTORS

DEFINED

- Factors associated with desistance/low probability of offending
- Factors that:
 - Enhance personal competencies
 - Ameliorate the effects of specific risks directly or by interacting with them
 - Serve a stabilizing or enhancing function

(Langton & Worling, 2015)

TWO KINDS?

1. Factors on the other end of a continuum from risk (e.g., young versus older age; interpersonal competence versus isolation)
2. Factors with no corresponding risk (e.g., religiousness; sex education/knowledge)
 - Also known as “promotive factors”

PROTECTIVE FACTORS

- Supportive families
- Education
- Stability in one's daily life
- Adequate knowledge about human sexuality
- Having a confidante
- Ability to regulate emotions
- Opportunities to explore one's interests
- Hope
- Plans for the future



De VRIES ROBBE ET AL. (2015)

- Medication
- Empathy
- Secure attachment in childhood
- Intimate relationship
- Motivation for treatment
- Attitude toward authority
- Self-control
- Coping skills
- Work and leisure interests

De VRIES ROBBE ET AL. (2015)

Desistance Factors:

- Treatment as a turning point
- Social network
- Personal agency
- Internal locus of control
- Finds positive outcomes in negative events

De VRIES ROBBE ET AL. (2015)

Best Outcomes:

- Goal-directed living
- Good problem-solving
- Constructive employment/leisure activities
- Sobriety
- Hopeful, optimistic, motivated attitude towards desistance

Worling 2017 (excerpt)

- Hope regarding healthy sexual future
- Respectful sexual environment
- Balanced sexual interests
- Compassionate and caring
- Good self-regulation
- Good problem-solving
- Emotional intimacy, feeling supported
- Secure living environment



RISK FACTORS

First Offense

- Impulsivity
- Breaking other laws
- History of sexual victimization
- Witnessing domestic violence
- Neglect
- Psychological abuse
- Physical abuse
- Having antisocial caregivers
- Attachment problems

Subsequent

- Self-management
- Attitudes (?)
- Interpersonal competence
- Contextual factors, including peer groups and family environment
- Abuse-related interests (subject to change without notice!)

2018

Check for updates

Young People Who Display Harmful Sexual Behaviors and Their Families: A Qualitative Systematic Review of Their Experiences of Professional Interventions

Fiona Campbell¹, Andrew Booth¹ , Simon Hackett², and Anthea Sutton¹

Abstract

It is estimated that 30–50% of all childhood sexual abuse involves other young people as perpetrators. The treatment of harmful sexual behavior (HSB) in young people has evolved from interventions developed for use with adult perpetrators of sexual offenses. Increasingly, these approaches were not seen as appropriate for use with young people. The purpose of this qualitative systematic review was to establish what intervention components are viewed as acceptable or useful by young people and their families in order to inform the development of interventions for young people with HSB. We conducted searches across 14 electronic databases as well as contacting experts to identify relevant studies. Thirteen qualitative studies were included in the analysis, reporting findings from intervention studies from the United Kingdom, United States, New Zealand, Australia, and Ireland. Thematic analysis was used to combine findings from the studies of young people and parent/carers views. Five key themes were identified as critical components of successful interventions for young people with HSB. These included the key role of the relationship between the young person and practitioner, the significance of the role of parents and carers, the importance of considering the wider context in which the abuse has occurred, the role of disclosure in interventions, and the need to equip young people with skills as well as knowledge. The evidence was limited by the small number of studies that were mainly from the perspectives of adolescent males.

Keywords

harmful sexual behavior, juvenile sex offender, qualitative evidence synthesis

Since the early 1990s, there has been increasing recognition that children and youth may display sexual behaviors that lie outside normative developmental parameters and can be experienced as harmful or abusive by others (Hackett, 2014). Changing terminology to describe this group of children and their behaviors reflects a shift in understanding and approach away from viewing them simply as “mini” adult sex offenders (Hackett, Masson, & Phillips, 2005) to an approach which embodies a positive and child-centered philosophy (Myers, 2002). In this article, we use “harmful sexual behavior” as a descriptive term that avoids labeling children as sexual offenders, recognizing the considerable variation among children and youth in terms of the nature and range of the harmful sexual behaviors expressed as well as their motivating factors.

Despite increasing interest in youth with harmful sexual behaviors, there is relatively little population-based epidemiological data about such youth or their offenses (Finkelhor, Ormrod, & Chaffin, 2009). The largely hidden nature of child sexual abuse makes recognition difficult. The stigma and shame associated with victimization may lead to

underreporting and the broader social context is one of the hostility toward individuals responsible for acts of sexual abuse. All these factors make it difficult to measure the true scale of the problem accurately. Nonetheless, official statistics and existing research suggest that at least a quarter of all sex offenders in the United States are juveniles (Finkelhor et al., 2009) and that between a fifth and a third of all child sexual abuse in the United Kingdom involves other children and adolescents as perpetrators (Hackett, 2014).

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TRAUMA, VIOLENCE, & ABUSE
1-14
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journals.sagepub.com/home/tva
SAGE

Campbell, Booth, Hackett &
Sutton, 2020

Involve the Family

- Prescott in-house FIT data
- Multi-Systemic Therapy
- Functional Family Therapy
- Families should especially be involved in residential treatment
- Bottom Line: The best value for the effort is often with families



5. ASSESS THE PROGRAM: NOT ALL TREATMENTS ARE ALIKE

CASE EXAMPLE

“Chris”

- Serious sexual behavior problems
- Speech therapy
- Interpersonal competence
- Cognitive transformation, not risk reduction



"SEXUAL DEVIANCE"

- Understand sexual arousal in the broader context of emotional and physiological development
- Understand the context of the harmful sexual behavior
- Understand the developmental history of the youth, including harmful behaviors, as well as experiences with trauma or other developmental disruptions
- Be careful with interventions targeting sexual deviance
- Remember that all adolescents are sexual beings

AROUSAL RECONDITIONING

- Male Adolescent Residential:
56.4% of programs use one or more behavioral techniques
- Male Adolescent Outpatient:
49.4% of programs use one or more
- Female Adolescent Residential:
48.5% of programs use one or more
- Female Adolescent Outpatient:
37.2% of programs use one or more

(McGrath, Cumming, & Burchard, 2003)

WHAT IS MISSING?

Little, if any, research basis for...

- Remorse/Shame/Guilt
- Empathy
- Psychological Maladjustment
- Denial
- Clinical presentation
- In youth: Uncertain sexual arousal

(Hunter & Becker, 1994)

In case it interests

Becoming Who I Want to Be

A Good Lives Workbook for Young Men



David S. Prescott, LICSW

THE PROBLEM WITH TREATMENT

- Putting adolescents who have engaged in misconduct together can actually increase their risk of committing further harm
- “Iatrogenic” effects (Dishion et al., 1999)
- Weiss et al. (2005) Examined published and unpublished studies of antisocial youth

WEISS ET AL. (2005)

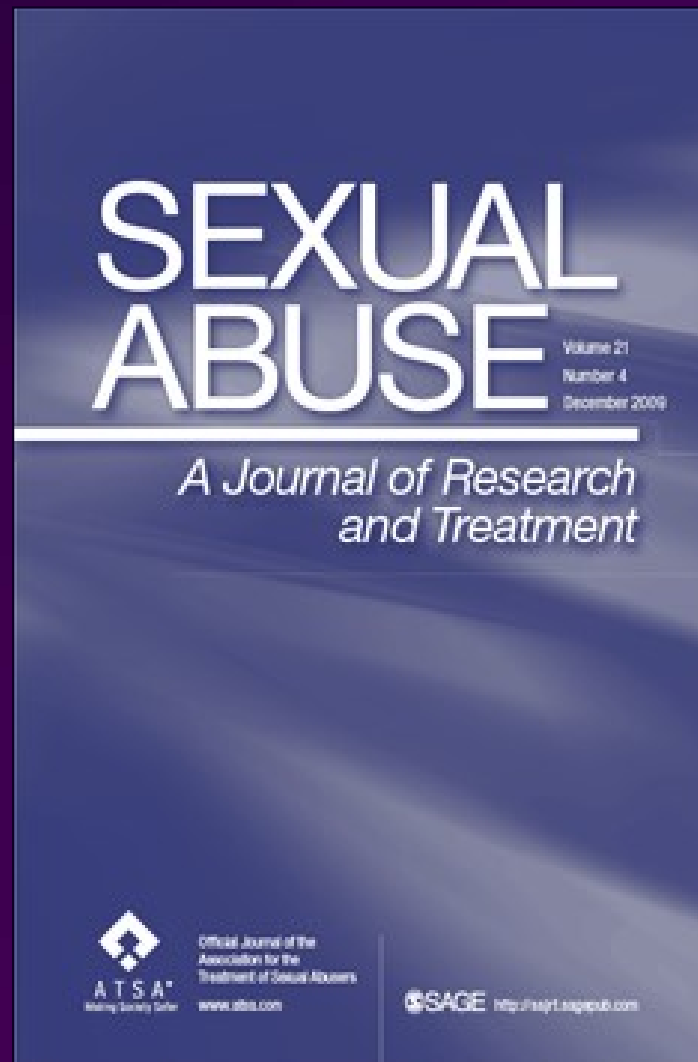
- Antisocial peer groups \neq likelihood of future misconduct
- While the evidence is convincing that misbehaving youth can influence each other in general settings ("deviancy training"), this negative influence is not necessarily seen in group treatment situations
- Outcomes are less severe than arrest for a serious crime (e.g., smoking, classroom misconduct)
- In one well-known study, the purported effects of these peer groupings were not apparent until 30 years later, and "treatment" involved mentoring and case management

IMPLICATIONS

- The impact of peers is important
- Positive peer and adult influence
- One study does not a reality make

6. ASSESS THE PROVIDER: THE QUALITIES OF THE PROFESSIONAL INFLUENCES OUTCOMES

MARSHALL (2005)



MARSHALL (2005)

- Warm
- Empathic
- Rewarding
- Directive



** Problem: Many people think they have these qualities, but do not.*

EMPATHY

- Empathy among doctors (Hojat et al., 2009)
Empathy scores did not change significantly during the first two years of medical school
- However, a significant decline in empathy scores was observed at the end of the third year which persisted until graduation
- Patterns of decline in empathy scores were similar for men and women and across specialties

HOJAT ET AL. (2009)

Conclusions

It is ironic that the erosion of empathy occurs during a time when the curriculum is shifting toward patient-care activities; this is when empathy is most essential.

Implication

- Motivational Interviewing
- Emphasizes compassion over “empathy”
- Think:
 - Intention
 - Attitude
 - “Heartset”
- Capacity for measurement
 - MITI (Motivational Interviewing Treatment Integrity)



1979: EDWARD S. BORDIN



Therapeutic Alliance:

- Agreement on relationship
- Agreement on goals
- Agreement on tasks
- (Norcross, 2002 would add client preferences)

Over 1,100 studies have since emphasized the importance of the alliance in psychotherapy

(Prescott & Miller, 2015; Orlinsky et al., 1994)

Alliance

- What are this client's goals?
- Who are you in this client's life
- What approaches are and aren't a good fit for this client?
- And what strongly held personal and cultural values influence this person and the treatment process?

ASK YOURSELF

- How good is our therapeutic alliance with clients, really?
- If a client fails to progress because we adopt a more intrusive approach, how would we explain this to future victims?

TRAUMA

Approximately 90% of youth in juvenile detention facilities reported a history of exposure to at least one potentially traumatic event in two independent surveys of representative samples.

E.g., being threatened with a weapon (58%),
traumatic loss (48%), and physical assault (35%)

(Ford et al., 2012)

TRAUMA

- Two complex trauma sub-groups:
 - 20% some combination of sexual or physical abuse or family violence
 - 15% emotional abuse and family violence (but not physical or sexual abuse)
- The resultant combined prevalence estimate of **35%** for complex trauma history is about three times higher than the **10-13%** estimates of polyvictimization from epidemiological study of children and adolescents

(Ford et al., 2012)

IN SUMMARY

- There is almost no research on the polygraph and its most effective use with adolescents
- Just because professionals can use it with a given adolescent does **NOT** mean that they should use it
- Policies that require polygraph examinations for every adolescent will likely do harm by neglecting the individual differences and vulnerabilities of each adolescent

BE TRAUMA-INFORMED



Really Trauma-Informed

TRAUMA

Ford et al. (2012)

⊗ Approximately 90% of youth in juvenile detention facilities reported a history of exposure to at least one potentially traumatic event in two independent surveys of representative samples

⊙ E.g., being threatened with a weapon (58%), traumatic loss (48%), and physical assault (35%)

TRAUMA

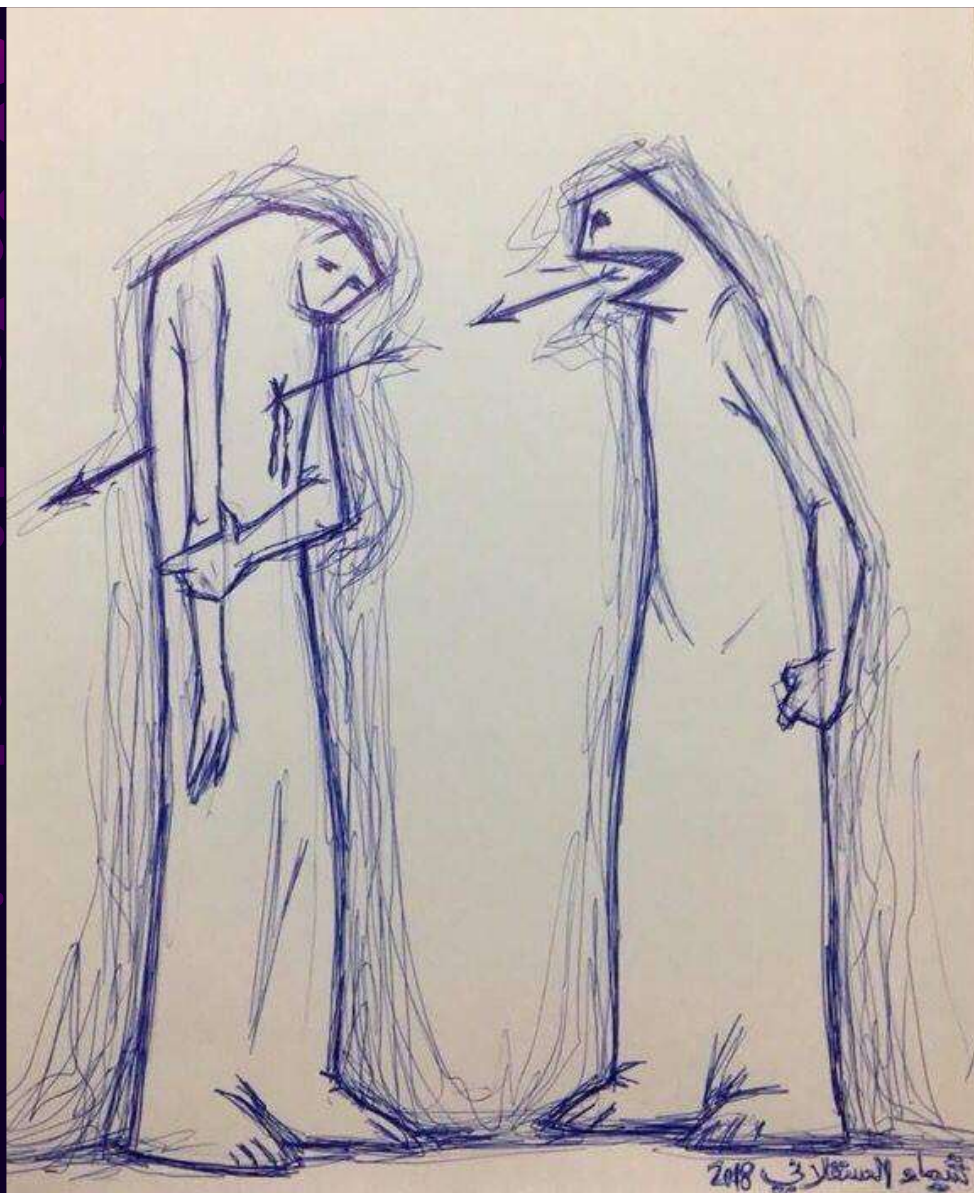
- ⊗ Two complex trauma sub-groups:
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- ⊗ The resultant combined prevalence estimate of **35%** for complex trauma history is about three times higher than the **10-13%** estimates of polyvictimization from epidemiological study of children and adolescents

(FORD ET AL., 2012)

WHAT IS TRAUMA?

- PTSD
- Complex PTSD
- DEHNOS
- Complex trauma
- Developmental Trauma Disorder





Why
So
Complicated?

FROM THE OUTSIDE
LOOKING IN,
IT'S HARD TO
UNDERSTAND.

FROM THE INSIDE
LOOKING OUT,
IT'S HARD TO
EXPLAIN.

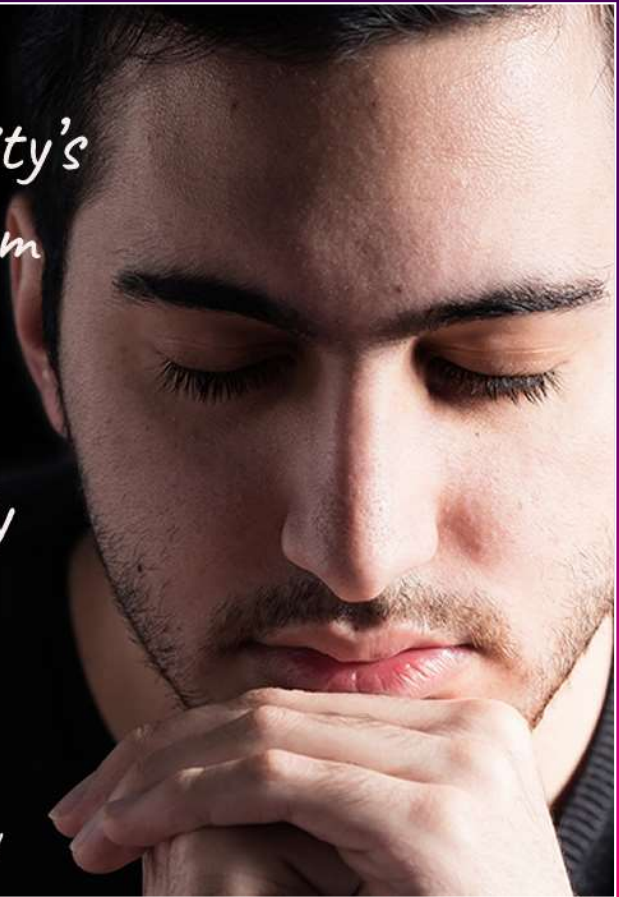


HEALTHYPLACE.COM

Why?

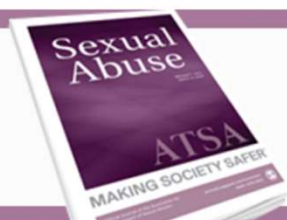
*All of humanity's
problems stem
from man's
inability
to sit quietly
in a room
alone.*

~ Blaise Pascal



Question

- ⊗ *Between our economy, health conditions, and community violence, is ANYONE not “at risk”?*



Sexual Abuse



Thursday, September 3, 2020

Community Violence and Individual Anguish

By David S. Prescott, LICSW

The news across cities in the US has once again been horrifying. We, professionals, have found ourselves at our wits' end trying to figure out what we might do. Watching the news is a harrowing experience. Ignoring it is irresponsible. While some details of each incident may be debatable, the overall trends couldn't possibly be clearer. People of color have died under circumstances that are questionable at best (and this is an attempt to express it diplomatically). All of this comes against a backdrop since the start of the summer of [documented](#), nationwide increases in anxiety, depression, substance use, and suicidal ideation. Why mention this topic in a blog that typically focuses on issues relevant to sexual violence prevention?

First, most of this blog's readers have in one way or another made life as well as a living in trying to help build healthy lives and safer communities. For the most part, we all have skin in this game. Yet for all of our specialized efforts anxiety, depression, illness of all sorts, and overt violence – including overt racialized violence – are on the rise. We still don't have a clear picture of what has been happening with family violence behind closed doors. Where will we want to focus our next efforts? With what resources?

I was recently on a call with colleagues discussing work with at-risk children and adolescents. The question arose about whether any kids in the current era are not at risk, given their exposure to so many horrific events. While, on average, kids from minority backgrounds and marginalized communities are at much higher risk for every kind of bad outcome, it is an interesting question. The challenge of how best to form connections with kids who have been abused was once front and center in our minds, but it may be more realistic now to ask whether we can possibly understand their current realities and emerging world view. How should we change our assessments and treatment in response to the new realities of daily life in 2020?

Kieran McCartan, PhD



Chief Blogger

David Prescott, LICSW



Associate blogger

WHAT IS TRAUMA?

“Trauma is the desperate hope that the past was somehow different.”

– Judith Hindman, MD



WHAT IS TRAUMA?

"Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Psychologists can help these individuals find constructive ways of managing their emotions."

–American Psychological Association





ABSENCE OF CURIOSITY

KEY THEME

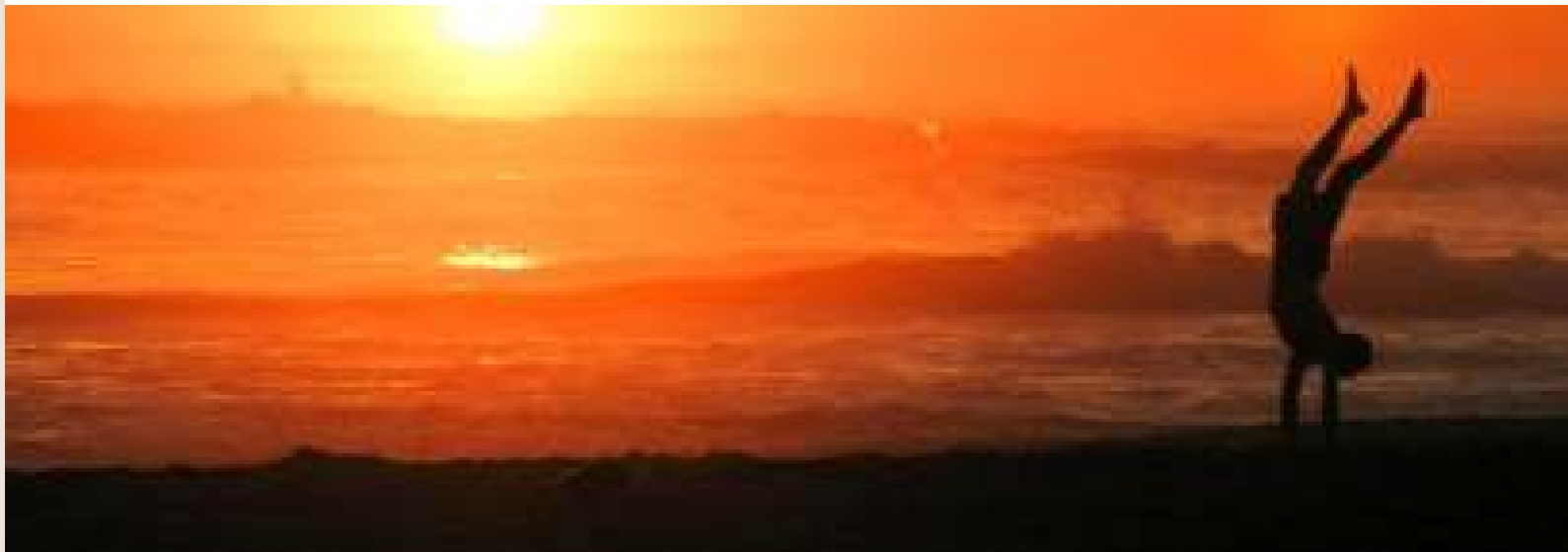
- Just notice
- See what happens next
 - Not just mindful...
 - Investigating each experience



Relational Issues & Somatic Challenges

The goal of (trauma) treatment is to help people live in the present, without feeling or behaving according to irrelevant demands belonging to the past

– Bessel van der Kolk



CASE EXAMPLE

- EBT roll-out
- JCCO directed client into treatment
- Client reluctant to attend
- Harm



BENISH ET AL. (2008)

- Treatment for PTSD is effective
- “Bona fide psychotherapies produce equivalent benefits for patients with PTSD”
- Much controversy



SEPTEMBER 11

- Critical Incident Stress Debriefing
- Some treatments cause harm
- Lilienfeld (2007)



ULTIMATELY

“No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest.”

– Judith Herman, MD

Reframe:

Interventions that empower survivors foster recovery



POST-TRAUMATIC STRESS DISORDER

POST-TRAUMATIC STRESS DISORDER

- Traumatic event including...
 - Actual or threat of death or serious injury
 - Threat to physical integrity
 - Response of intense fear, helplessness, horror
- Persistent re-experiencing of events
- Persistent avoidance of associated stimuli & numbing of responsiveness
- Persistent symptoms of increased arousal
- Duration >1 month, significant disturbance in functioning

POST-TRAUMATIC STRESS DISORDER

- Re-experiencing distress
 - Recollections, images, thoughts, perceptions
 - Dreams
 - Flashbacks, illusions, hallucinations
- Avoidance of related stimuli
 - Thoughts, feelings, conversations
 - Activities, places or people

POST-TRAUMATIC STRESS DISORDER

- **Numbing of general responsiveness**
 - Inability to recall important aspects of event
 - Diminished interest/participation in activities
 - Detachment/estrangement from others
 - Restricted range of emotions (e.g., love)
 - Sense of foreshortened future
- **Arousal symptoms**
 - Insomnia
 - Anger
 - Hypervigilance
 - Difficulty concentrating
 - Exaggerated startle response

POST-TRAUMATIC STRESS DISORDER

- Events
 - Military combat
 - Violent personal assault (physical, sexual, mugging)
 - Kidnapping, terrorism, torture, incarceration, disasters, auto accidents, terminal diagnosis)
 - Witnessing fatal accident, body parts
- Typically worse when event is of human design
- Typically worse when stressor is repeated, chronic

So is everything about trauma?

- ⊗ No
- ⊗ This is a common misunderstanding
- ⊗ TIC is about understanding the effects of adverse life events.
- ⊗ Post-traumatic growth also exists

A blurred landscape photograph showing a bright horizon line separating a golden-yellow ground from a clear blue sky. The image has a soft, out-of-focus quality.

**Not all trauma results in PTSD
(Still devastating life effects)**

The Most Important Future Directions

What Do We Not Know?

CULTURAL ADVERSITY

Racialized Violence is Preventable

2020
(Just one example)

Research

JAMA Pediatrics | Original Investigation

Association of Sexual Health Interventions With Sexual Health Outcomes in Black Adolescents

A Systematic Review and Meta-analysis

Reina Evans, BS; Laura Widman, PhD; McKenzie N. Stokes, BS; Hannah Javidi, BS; Elan C. Hope, PhD; Julia Brasileiro, MPH

[Supplemental content](#)

IMPORTANCE Black adolescents are at increased risk of contracting HIV and other sexually transmitted infections (STIs) and experiencing unplanned pregnancy. Although sexual health interventions aimed at decreasing these risks exist, evidence of the association between sexual health interventions and the sexual behavior of black adolescents has not been synthesized to our knowledge.

OBJECTIVE To examine the associations between sexual health interventions and behavioral, biological, and psychological outcomes.

DATA SOURCES For this systematic review and meta-analysis, a systematic search was conducted of studies published through January 31, 2019, using the PubMed, PsycINFO, and CINAHL databases and relevant review articles. The following key words were used: youth, adolescent or teen*; sexual health or safe* sex or sexually transmitted disease or sexually transmitted infection or STD or STI or HIV or AIDS or pregnancy or reproductive health or condom* or contraceptive* or unprotected sex or abstinence; intervention or program or education or prevention or promotion or trial; latino* or latina* or latin* or minorit* or ethnic* or hispanic or african american* or black* or race or racial or biracial.

STUDY SELECTION Studies were included if they included a US-based sample of black adolescents, evaluated a sexual health intervention using experimental or quasi-experimental designs, included a behavioral outcome, and were published in English.

DATA EXTRACTION AND SYNTHESIS Standardized mean differences and 95% CIs were extracted and meta-analyzed using random-effects models.

MAIN OUTCOMES AND MEASURES Behavioral outcomes were abstinence, condom use, and number of sex partners. Biological outcomes were pregnancy and STI contraction. Psychological outcomes were sexual health intentions, knowledge, and self-efficacy.

RESULTS Across 29 studies including 11 918 black adolescents (weighted mean age, 12.43 years), there was a significant weighted mean association of sexual health interventions with improvements in abstinence (Cohen $d = 0.14$; 95% CI, 0.05-0.24) and condom use (Cohen $d = 0.25$; 95% CI, 0.11-0.39). No significant mean association of these interventions with number of sex partners, pregnancy, or STI contraction was found. Sexual health interventions were significantly associated with improvements in psychological outcomes: sexual health intentions (Cohen $d = 0.17$; 95% CI, 0.05-0.30), knowledge (Cohen $d = 0.46$; 95% CI, 0.30-0.63), and self-efficacy (Cohen $d = 0.19$; 95% CI, 0.09-0.28). Intervention effect sizes were consistent across factors, such as participant sex and age and intervention dose.

CONCLUSIONS AND RELEVANCE The findings suggest that sexual health interventions are associated with improvements in sexual well-being among black adolescents. There appears to be a need for wide-scale dissemination of these programs to address racial disparities in sexual health across the US.

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Evans et al., 2020

HOW DOES TRAUMA AND ADVERSITY AFFECT DEVELOPMENT?

And Risk Factors?
And Good Lives Goals?

Developmental effects of childhood adversity

Attachment

- Trauma impacts child & caregiver relationship
- Impairs trust and ability to form secure attachments

Cognition

- Brain selectively focuses on maintaining safety rather than planning, learning, or future-oriented activities
- Expectations and Interpretations

Self-regulation

- Frontal lobe development is disrupted, can result in long-term effects on emotional and behavioral self-control

Cascade Effects

- Early deficits in one domain of functioning impede subsequent development in other areas

Developmental effects of childhood adversity and Risk

Attachment

- Intimacy deficits
- Dismissive or disorganized attachment style
- Negative peer/social influences
- Hostility towards women
- Emotional congruence with children

Cognition

- Attitudes and beliefs that support child abuse, criminality, violence against others
- Schemas/core beliefs: Dangerous world, children as sexual, women as unknowable

Self-regulation

- Coping style focusing on problems instead of solutions, focus on the emotions that problems generate, etc.
- General self-regulation, sexual self-regulation, etc.
- Can appear as ADHD, Conduct Disorder, etc.

Cascade Effects

- Early deficits in one domain of functioning impede subsequent development in other areas
- Risk factors as obstacles to achieving developmental tasks and – ultimately – Good Lives Goals.

Developmental effects of childhood adversity and Good Lives Goals

Attachment

- Relatedness, being connected to others
- Community, being part of a group
- Meaning and purpose in life, spirituality

Cognition

- Meaning & purpose, spirituality
- Knowledge
- Creativity/new experiences

Self-regulation

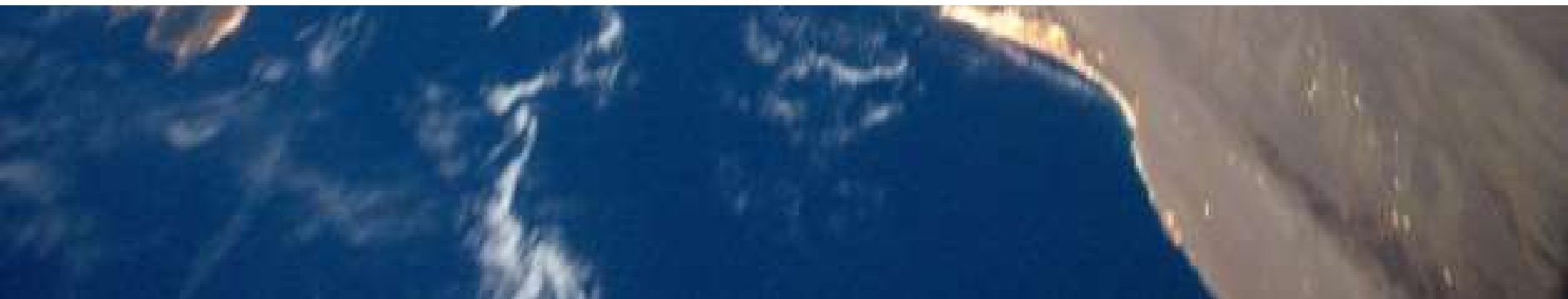
- Autonomy, independence, being my own person
- Creativity, happiness/pleasure, having fun
- Can appear as ADHD, Conduct Disorder, etc.

Cascade Effects

- Adverse experiences =>
- Challenges in development =>
- Obstacles to balanced, self-determined life =>
- Risk factors =>
- Barriers to good life



NEW FRONTIERS



HOW DO PEOPLE CHANGE?

- ⊗ Challenging “distorted cognitions”?
- ⊗ Completing assignments?
- ⊗ Following the manual?
- ⊗ Through their experiences and discoveries?
- ⊗ Via a relationship experience where hope and possibility are renewed... or born



EMPATHIC, ATTUNED, INTERVENTIONS

- ⊗ Unexpected
- ⊗ Welcome
- ⊗ Impactful



WHAT WE NEED...

⊗ Mindset

⊗ Heartset

⊗ Spirit

⊗ Attitude

⊗ Intention



COMPASSION



POLITICAL CLIMATE

- Coercion
- Shame
- Blame
- Threats
- Punishment



A photograph of a sunset over a beach. The sky is a mix of orange, yellow, and blue. The water is calm with a few small boats visible. The foreground shows the silhouettes of palm trees and beach huts.

Treatment is something we do for and
with clients, not to and on them

(Miller & Rollnick, 2013)

WE CAN
LEAVE NO
ONE BEHIND



