PEOPLE WHO SEXUALLY ABUSE: WHAT YOU NEED TO KNOW

David S. Prescott
2023

Welcome!

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CONTACT

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- **Director, Safer Society Continuing Education Center**
- **davidprescottvt@gmail.com**
- **www.safersociety.org**

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PLEASE BE PATIENT WITH ME

- We live in troubled times
- I am going to be very provocative
- I am going to be highly irreverent
- This is presentation aimed at professionals
- 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

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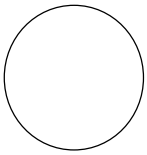
TAKE HOME MESSAGES

- What you do matters
- What you do works
- Follow the research
- Beware of false advertising
- Always keep the big picture in mind



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FOCUS

- Overview
- Where we are and how we got here
- People who are victimized
- Assessment
- Treatment
- Supervision
- Special Issues

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TAKE-HOME MESSAGE

- Abuse is abuse
  - No one "asks" to be abused
- Not all who abuse are the same
- Punishment-only responses don't reduce risk
- The right treatment can work
- The right treatment with the right community supervision can work better.

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WHERE WE ARE AND HOW WE GOT HERE

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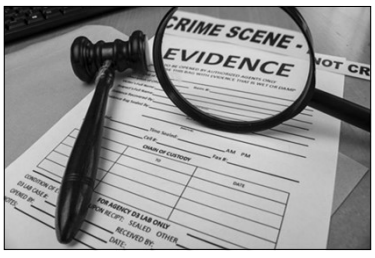
GOT DATA?

- The need for evidence



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HOW DID WE GET HERE?

- Quick look backwards
- Retrospective bias
- Great respect for all involved
- Intent: Tough on issues, tender on people
  - *People are not now as smart as they think; people used to be smarter than we now think they were*
    (Quinsey, Harris, Rice, & Cormier, 2006)

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HISTORICAL OVERVIEW

- 1895-1985

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MY CONCERN

- During the past 40+ years, the majority of our progress has been technological

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IN THE BEGINNING…

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Speech is a mirror of the soul: as a person speaks, so is s/he

- Publilius Syrus, 100 BC

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17TH CENTURY: PASCAL'S PENSEES

"People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others."

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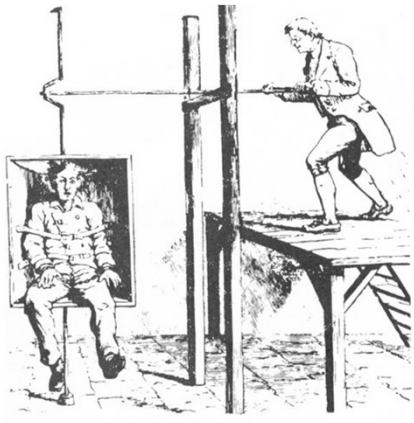

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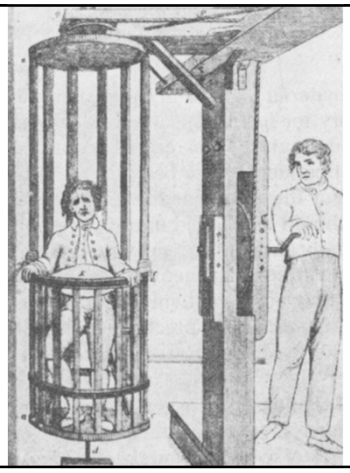

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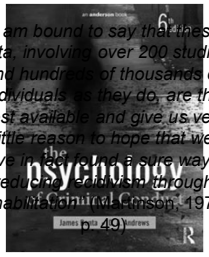
TREATMENT CONTEXT: WHAT WORKS?



"I am bound to say that these data, involving over 200 studies and hundreds of thousands of individuals as they do, are the best available and give us very little reason to hope that we have identified a sure way of reducing recidivism through rehabilitation." (Lipton, Martinson, & Wilks, 1974, p. 49)

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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 emphasized the importance of the alliance in psychotherapy since (Miller, 2011)

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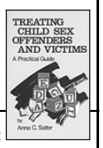
Salter, 1988 (p. 93)



- (T)he process of treating child sex offenders is heavily weighted in the direction of confrontation. Treatment requires continual confrontation.
- *No I don't trust you and you would be pretty foolish to trust yourself.*
- *Give me a break. What do you mean one drink can't do any harm?*
- However, later says that treatment should not be hostile. How do we reconcile this?

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1989:

PAUL GENDREAU

- "Something works"
- "What works!"

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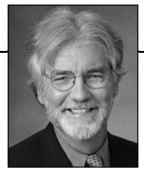
HOPE THEORY, 1999

- C.R. "Rick" Snyder:



- Agency Thinking
  - Awareness that a goal is attainable
- Pathways Thinking
  - Awareness of how to do it
- *"Therapists who are burned out or otherwise fail to convey hopefulness model low agency and pathways thinking."* (in Hubble, Duncan, & Miller, 1999)

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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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TREATMENT CONTEXT: WHAT WORKS?

Criminal Justice and Behavior
http://cjb.sagepub.com

The Principles of Effective Correctional Treatment Also Apply To Sexual Offenders: A Meta-Analysis
R. Karl Hanson, Guy Bourgon, Leslie Helmus and Shannon Hodgson
Criminal Justice and Behavior 2009; 36; 865
DOI: 10.1177/0093854809338545

The online version of this article can be found at:
http://cjb.sagepub.com/cgi/content/abstract/36/9/865

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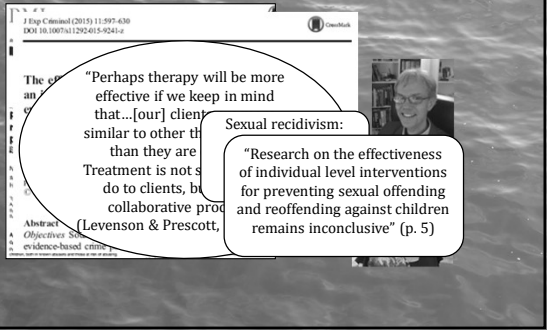
EFFECTIVENESS OF SEXUAL OFFENDING TREATMENT



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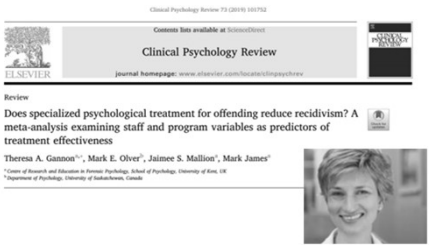
TREATMENT CONTEXT: WHAT WORKS?



Clinical Psychology Review 73 (2019) 101752

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journal homepage: www.elsevier.com/locate/clinpsychrev

Review

Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness

Theresa A. Gannon[a,*], Mark E. Olver[b], Jaimee S. Mallion[a], Mark James[a]

[a] Centre of Research and Education in Forensic Psychology, School of Psychology, University of Kent, UK
[b] Department of Psychology, University of Saskatchewan, Canada

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GANNON ET AL. (2019) KEY FINDINGS

- Treatment associated with 32.6% reduction in sexual reoffending (9.5% treated, 14.1% untreated)
- Sexual offense specific treatment programs best when
  - Consistent input from registered psychologists (vs. inconsistently present, not present or unknown)
  - Supervision provided (vs. absent or unknown); better effects when provided by highly trained, licensed professionals
  - Incorporation of some form of arousal reconditioning (vs. none or unknown)
  - No reliance on polygraph

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ELIZABETH LETOURNEAU WASHINGTON POST NOVEMBER 2022

The Nov. 18 Metro article "Md. court filing tallies sex abuse by clergy" noted that Maryland Attorney General Brian E. Frosh's (D) court filing comes in the 20th-anniversary year of an investigative series by the Boston Globe that dug into the Catholic sexual abuse scandal in the United States.

Sign up for a weekly roundup of thought-provoking ideas and debates →

Over the past two decades, a grand jury in Pennsylvania issued a report alleging that more than 300 priests in six dioceses abused 1,000 children over seven decades. And we've seen high-profile sexual abuse cases at Michigan State University, USA Gymnastics and Penn State.

We're still waiting until kids are harmed to respond. For more than 30 years, we've relied almost solely on after-the-fact approaches to address child sexual abuse. In this same time, we made major inroads in the prevention of child physical abuse, child neglect, bullying and adolescent suicide. We have dozens of evidence-based, effective prevention interventions for these types of childhood victimizations. We need the same for child sexual abuse. Child sexual abuse is a preventable public health problem. Until our nation puts serious resources into the development, evaluation and dissemination of prevention efforts, we will stay trapped in a cycle of abuse, outrage and disbelief.

Elizabeth J. Letourneau, *Baltimore*

The writer is director of the Moore Center for the Prevention of Child Sexual Abuse at the Johns Hopkins Bloomberg School of Public Healt

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IMPORTANT

- Letourneau focuses on the clergy
- 2021 saw the same with the police in the UK
  - Aftermath of Sarah Everard
- Cases are pending against beloved sports officials
- Abuse is in all of our communities
  - And often our own families
  - And both sides of the political aisle

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2022

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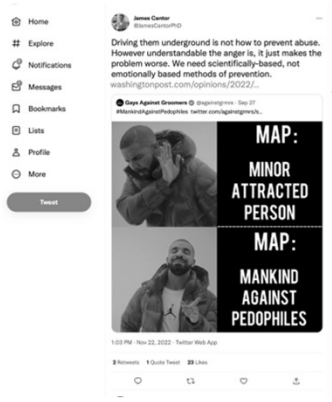
NOVEMBER 2022



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THE TRUTH IS HARDER TO BEAR

Sexual Interest in Children Among an Online Sample of Men and Women: Prevalence and Correlates

Sandy K. Wurtele, Dominique Simons and Tasha Moreno
Sex Abuse published online 11 November 2013
DOI: 10.1177/1079063213503688

The online version of this article can be found at:
http://sax.sagepub.com/content/early/2013/11/11/1079063213503688

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On behalf of:
ATSA
MAKING SOCIETY SAFER
Association for the Treatment of Sexual Abusers

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THE TRUTH IS HARDER TO BEAR

- *Among men, 6% indicated some likelihood of having sex with a child if they were guaranteed they would not be caught or punished, as did 2% of women. Nine percent of males and 3% of females indicated some likelihood of viewing child pornography on the Internet. Overall, nearly 10% of males and 4% of females reported some likelihood of having sex with children or viewing child pornography.*

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NOW

- We know better
- We do worse

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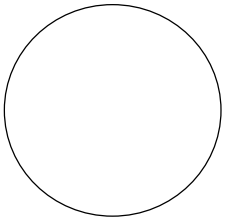
WHAT' S OUR GOAL?

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



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WHAT WORKS?

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

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RACE AND RISK

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CONTROVERSY?

- AG Eric Holder (2014) - "These tools could have a disparate and adverse impact on the poor, on socially disadvantaged offenders, and on minorities"

  "...they may exacerbate unwarranted and unjust disparities that are already far too common in our criminal justice system and in our society."

- Report from the U.S. Sentencing Commission:
  "...analysis of current risk assessment tools demonstrate that utilizing such tools for determining prison sentences to be served will have a disparate and adverse impact on offenders from poor communities already struggling with social ills." (US DOJ, Criminal Division, July 2014)

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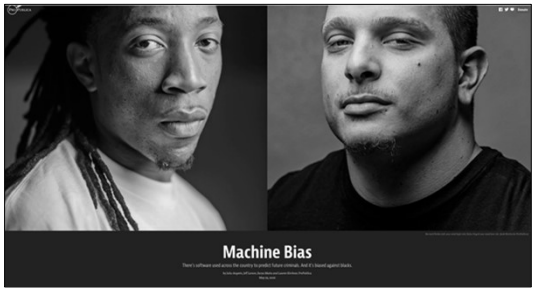
PROPUBLICA, 2016



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FLORES, BECHTEL, & LOWENKAMP, 2016

False Positives, False Negatives, and False Analyses: A Rejoinder to "Machine Bias: There's Software Used Across the Country to Predict Future Criminals. And It's Biased Against Blacks."

Anthony W. Flores
California State University, Bakersfield
Kristin Bechtel
Crime and Justice Institute at CRJ
Christopher T. Lowenkamp
Administrative Office of the United States Courts
Probation and Pretrial Services Office

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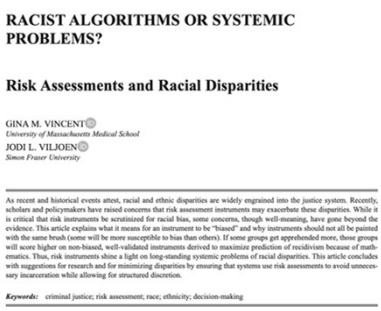
VINCENT & VILJOEN, 2020



RACIST ALGORITHMS OR SYSTEMIC PROBLEMS?

Risk Assessments and Racial Disparities

GINA M. VINCENT
University of Massachusetts Medical School
JODI L. VILJOEN
Simon Fraser University

As recent and historical events attest, racial and ethnic disparities are widely engrained into the justice system. Recently, scholars and policymakers have raised concerns that risk assessment instruments may exacerbate these disparities. While it is critical that risk instruments be scrutinized for racial bias, some concerns, though well-meaning, have gone beyond the evidence. This article explains what it means for an instrument to be "biased" and why instruments should not all be painted with the same brush (some will be more susceptible to bias than others). If some groups get apprehended more, those groups will score higher on non-biased, well-validated instruments derived to maximize prediction of recidivism because of mathematics. Thus, risk instruments shine a light on long-standing systemic problems of racial disparities. This article concludes with suggestions for research and for minimizing disparities by ensuring that systems use risk assessments to avoid unnecessary incarceration while allowing for structured discretion.

Keywords: criminal justice; risk assessment; race; ethnicity; decision-making

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NATIONAL COUNCIL OF STATE LEGISLATURES, MAY 2022

- *Academic studies show varied results related to the use of risk assessments and their effect on racial and ethnic disparities in the justice system. One study, "Racist Algorithms or Systemic Problems," concludes "there is currently no valid evidence that instruments in general are biased against individuals of color," and, "Where bias has been found, it appears to have more to do with the specific risk instrument." In another study, "Employing Standardized Risk Assessment in Pretrial Release Decisions," the authors, without making causal conclusions, find that "despite comparable risk scores, African American participants were detained significantly longer than Caucasian participants ... and were less likely to receive diversion opportunity."*

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You be the judge?

Static-99R – TALLY SHEET

Assessment date: ______ ________ **Date of release from index sex offence:** ______________

Item #	Risk Factor	Codes		Score
1	Age at release from index sex offence	Aged 18 to 34.9 Aged 35 to 39.9 Aged 40 to 59.9 Aged 60 or older		1 0 -1 -3
2	Ever lived with a lover	Ever lived with lover for at least two years? Yes No		0 1
3	Index non-sexual violence - Any convictions	No Yes		0 1
4	Prior non-sexual violence - Any convictions	No Yes		0 1
5	Prior sex offences	Charges 0 1,2 3-5 6+	Convictions 0 1 2,3 4+	0 1 2 3
6	Four or more prior sentencing dates (excluding index)	3 or less 4 or more		0 1
7	Any convictions for non-contact sex offences	No Yes		0 1
8	Any unrelated victims	No Yes		0 1
9	Any stranger victims	No Yes		0 1
10	Any male victims	No Yes		0 1
	Total Score	**Add up scores from individual risk factors**		

Nominal Risk Levels (2016 version)	Total	Risk Level
	-3, -2,	I - Very Low Risk
	-1, 0,	II - Below Average Risk
	1, 2, 3	III - Average Risk
	4, 5	IVa - Above Average Risk
	6 and higher	IVb -Well Above Average Risk

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You be the judge?

The Dynamic Supervision of Sexual Offenders STABLE-2007 Tab 08a

STABLE-2007 – TALLY SHEET

Subject Name: ____________________

Place of Scoring: ____________________

Date of Scoring: ____________ **Name of Assessor:** ____________

Scoring Item	Notes	Section Total
Significant Social Influences		
Capacity for Relationship Stability		
Emotional ID with Children	(Only score this item for child molesters)	
Hostility toward women		
General Social Rejection		
Lack of concern for others		
Impulsive		
Poor Problem Solving Skills		
Negative Emotionality		
Sex Drive Sex Preoccupation		
Sex as Coping		
Deviant Sexual Preference		
Co-operation with Supervision		
Sum for Final Total (Out of 24 for those without a child victim, see Tab 8, page 36 for definition of a "child")		26
Deviant Sexual Interests in Possible Remission 1) Is the offender in an age appropriate, consensual, sexual relationship of at least one years duration while "at risk" in the community? Yes/No 2) Is there an absence of behavioural indicators of Deviant Sexual Interest for 2 years? Yes/No If both questions have been answered "Yes" award a "-1" in this box and reduce the total score by one point as long as the Deviant Sexual Interest score is greater than zero. Note: The "over-ride" has not been validated and does not count in the total score entered above. The adjusted score can be recorded for future empirical validation. However, the original unadjusted score should be reported and should be used when combining the STABLE-2007 score with STATIC-99.		
Revised Total taking "Deviant Sexual Interests in Possible Remission" into Account		

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You be the judge?

ACUTE-2007 TALLY SHEET

Subject Name: **Name of Assessor:**

Place of Scoring: **Date of Scoring:**

Sex/Violence Score (Sum of four factors)	Score	General Recidivism Score (Sum of all seven factors)	Scoring
• Victim Access		→ → Copy these scores over → →	
• Hostility		→ → Copy these scores over → →	
• Sexual Pre-occupation		→ → Copy these scores over → →	
• Rejection of Supervision		→ → Copy these scores over → →	
		• Emotional Collapse	
		• Collapse of Social Supports	
		• Substance Abuse	
Sex/Violence Total (Sum of four factors)		General Recidivism Risk Total (Sum of all seven factors)	

Sex and Violence Risk and General Recidivism Risk

Sex/Violence Nominal Categories (Sum of four risk factors)			General Recidivism Risk Nominal Categories (Sum of all seven risk factors)	
Low	0		Low	0
Moderate	1		Moderate	1-2
High	2+(plus)		High	3+(plus)

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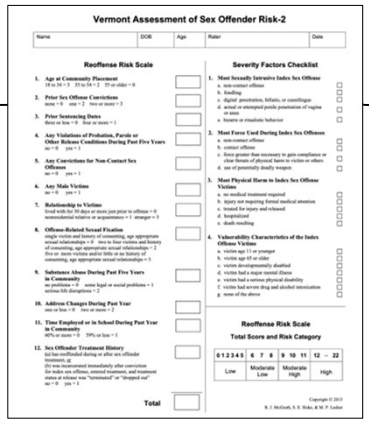
You be the judge?



Vermont Assessment of Sex Offender Risk-2

Name	DOB	Age	Rater	Date

Reoffense Risk Scale

1. **Age at Community Placement**
   18 to 34 = 3 35 to 54 = 2 55 or older = 0
2. **Prior Sex Offense Convictions**
   none = 0 one = 2 two or more = 3
3. **Prior Sentencing Dates**
   three or less = 0 four or more = 1
4. **Any Violations of Probation, Parole or Other Release Conditions During Past Five Years**
   no = 0 yes = 1
5. **Any Convictions for Non-Contact Sex Offenses**
   no = 0 yes = 1
6. **Any Male Victims**
   no = 0 yes = 1
7. **Relationship to Victims**
   lived with for 30 days or more just prior to offense = 0
   nonresidential relative or acquaintance = 1 stranger = 3
8. **Offense-Related Sexual Fixation**
   single victim and history of consenting, age appropriate sexual relationships = 0 two to four victims and history of consenting, age appropriate sexual relationships = 2
   five or more victims and/or little or no history of consenting, age appropriate sexual relationships = 3
9. **Substance Abuse During Past Five Years in Community**
   no problems = 0 some legal or social problems = 1
   serious life disruptions = 2
10. **Address Changes During Past Year**
    one or less = 0 two or more = 2
11. **Time Employed or in School During Past Year in Community**
    90% or more = 0 59% or less = 1
12. **Sex Offender Treatment History**
    (a) has reoffended during or after sex offender treatment, or
    (b) was incarcerated immediately after conviction for index sex offense, entered treatment, and treatment status at release was "terminated" or "dropped out"
    no = 0 yes = 1

Total

Severity Factors Checklist

1. **Most Sexually Intrusive Index Sex Offense**
   a. non-contact offense
   b. fondling
   c. digital penetration, fellatio, or cunnilingus
   d. actual or attempted penile penetration of vagina or anus
   e. bizarre or ritualistic behavior
2. **Most Force Used During Index Sex Offenses**
   a. non-contact offense
   b. contact offense
   c. force greater than necessary to gain compliance or clear threats of physical harm to victim or others
   d. use of potentially deadly weapon
3. **Most Physical Harm to Index Sex Offense Victims**
   a. no medical treatment required
   b. injury not requiring formal medical attention
   c. treated for injury and released
   d. hospitalized
   e. death resulting
4. **Vulnerability Characteristics of the Index Offense Victim**
   a. victim age 11 or younger
   b. victim age 65 or older
   c. victim developmentally disabled
   d. victim had a major mental illness
   e. victim had a serious physical disability
   f. victim had severe drug and alcohol intoxication
   g. none of the above

Reoffense Risk Scale
Total Score and Risk Category

0 1 2 3 4 5	6 7 8	9 10 11	12 – 22
Low	Moderate Low	Moderate High	High

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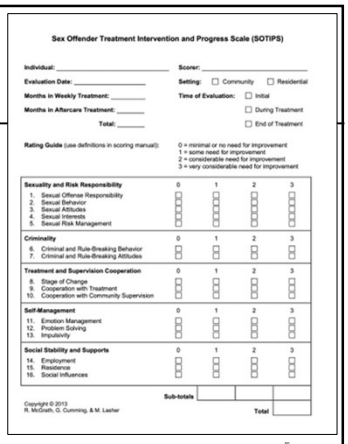
You be the judge?



Sex Offender Treatment Intervention and Progress Scale (SOTIPS)

Individual: _____ **Scorer:** _____

Evaluation Date: _____ **Setting:** ☐ Community ☐ Residential

Months in Weekly Treatment: _____ **Time of Evaluation:** ☐ Initial

Months in Aftercare Treatment: _____ ☐ During Treatment

Total: _____ ☐ End of Treatment

Rating Guide (use definitions in scoring manual):
0 = minimal or no need for improvement
1 = some need for improvement
2 = considerable need for improvement
3 = very considerable need for improvement

	0	1	2	3
Sexuality and Risk Responsibility				
1. Sexual Offense Responsibility	☐	☐	☐	☐
2. Sexual Behavior	☐	☐	☐	☐
3. Sexual Attitudes	☐	☐	☐	☐
4. Sexual Interests	☐	☐	☐	☐
5. Sexual Risk Management	☐	☐	☐	☐
Criminality	0	1	2	3
6. Criminal and Rule-Breaking Behavior	☐	☐	☐	☐
7. Criminal and Rule-Breaking Attitudes	☐	☐	☐	☐
Treatment and Supervision Cooperation	0	1	2	3
8. Stage of Change	☐	☐	☐	☐
9. Cooperation with Treatment	☐	☐	☐	☐
10. Cooperation with Community Supervision	☐	☐	☐	☐
Self-Management	0	1	2	3
11. Emotion Management	☐	☐	☐	☐
12. Problem Solving	☐	☐	☐	☐
13. Impulsivity	☐	☐	☐	☐
Social Stability and Supports	0	1	2	3
14. Employment	☐	☐	☐	☐
15. Residence	☐	☐	☐	☐
16. Social Influences	☐	☐	☐	☐
Sub-totals				
Total				

50

BERNARD WERBER

- *Between what I think, what I want to say, what I believe I say, what I say, what you want to hear, what you believe to hear, what you hear, what you want to understand, what you think you understand, what you understand...They are ten possibilities that we might have some problem communicating. But let's try anyway...*
- https://www.azquotes.com/quote/802362

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BY EXTENSION, FOR ASSESSMENTS

- What I want to see >
- What I do see >
- What I think I see >
- What it means >
- What I want it to mean >
- What I believe it means
- What I want to report >
- What I think I report >
- What I do report >
- What others read >
- What others want to read >
- What they believe it says >
- What they want to decide>
- What they decide >
- What they tell themselves after they decide
- (15 points?)

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PERSONS WHO ARE VICTIMIZED

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PERSONS WHO ARE VICTIMIZED

- As many as 90% of persons reporting sexual victimization know the person who abused them
- 2/3 or more of known offenses occur in the person's own home
- As many as 90% of persons who are victimized fail to report their abuse to authorities or others in a position to help

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PERSONS WHO ARE VICTIMIZED

- No "profile" of people who are victimized
  - Dependence on the person who abuses is common
- Most do not report for a variety of reasons
- Sexual violence can have psychological, emotional, social and physical effects on a survivor.
- Looking sexy is not the same thing as wanting sex
- Alcohol "expectancies"
- The paradox of silence

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CAUTION

- Reactions to being abused can vary widely.
- Sexual abuse poses an unacceptable risk of harm.
  - The nature of harm is unpredictable
- Legal proceedings can themselves sometimes cause harm.

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Social Psychiatry and Psychiatric Epidemiology
https://doi.org/10.1007/s00127-019-01767-x

ORIGINAL PAPER

From surviving to thriving: factors associated with complete mental health among childhood sexual abuse survivors

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Abstract

Background Despite many negative health and social consequences of childhood sexual abuse (CSA), some of those with a history of adversity manage to thrive in adulthood and achieve complete mental health (CMH). CMH is defined as the absence of mental illness in combination with almost daily happiness and/or life satisfaction, as well as high levels of social and psychological well-being. The objectives of this study were (1) to identify the pathways linking CSA to CMH in adulthood and (2) to estimate the magnitude of risk and protective factors associated with CMH among those exposed to CSA.

Methods A sample of 17,014 respondents aged 20 years and older from the 2012 Canadian Community Health Survey-Mental Health was selected including 651 with a history of CSA. Path analysis was used to estimate indirect and direct pathways between CSA, a priori hypothesized risk and protective factors, and CMH. Multivariable logistic regression was then used to investigate the magnitude of effects of the same risk and protective factors on CMH among CSA survivors.

Results After controlling for age, sex, race, education, and marital status, the association between CSA and CMH was mediated by lifetime depression, anxiety, substance abuse, chronic pain, and having a confidant. The strongest predictor of past-year CMH among those with a history of CSA was lifetime depression (OR 0.12, 95% CI 0.07–0.20) followed by having a confidant (OR 6.78, 95% CI 1.89–24.38). The odds of CMH was decreased by over three times among those with a history of substance misuse, and halved for those with lifetime anxiety and/or presence of pain.

Conclusions These findings suggest that CMH among survivors of CSA is related to social and emotional factors such as social support and lifetime history of mental health conditions. Future research should investigate the effectiveness of multilevel interventions for promoting recovery among CSA survivors.

Keywords Childhood maltreatment · Positive psychology · Childhood sexual abuse · Adverse childhood experiences

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OVERVIEW

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THE PROBLEM

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

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- No form of punishment reduces risk to abuse

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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
  - While incarceration serves a purpose, we must be clear about what it does and doesn't do

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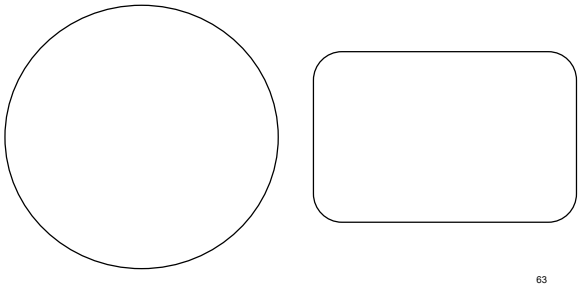
MANY MOTIVATIONS

- Sexual
- Non-sexual



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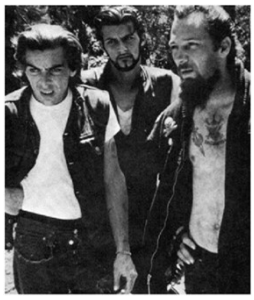
1980'S: WHAT MANY THOUGHT



- Sex offenders are destined to a lifetime of destruction and havoc
- Problem: prospective versus retrospective studies

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WHAT WE KNOW

- A range of contact and no-contact offenses
  - including sexual assault, online solicitation, making a distributing sexual abuse images (child porn)
- Greatly under reported
- Like sex offenses, offenders are not all alike; they have unique risks and strengths
- Only about half of child molesters meet criteria for Pedophilic Disorder.
  - Behavior not always the same as a sustained interest

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WHAT WE KNOW

- Many offenses are pleaded down
  - important to get a more accurate view of what occurred from available reports
- Not all sex offenders need intensive supervision
- May not have the typical criminal profile as other offenders but this does not mean they are not risky.

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HANSON AND BUSSIÈRE

- Meta-analysis, 1996, 1998
  - Asked: *"Compared to other sex offenders, which individual characteristics increase or decrease their chances of recidivism over the long term?"*
  - 61 data sets
  - examined 28,972 sex offenders

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HANSON AND BUSSIERE

- Measured outcomes:
  - sexual
  - non-sexual
  - general

  used re-arrests, reconviction, self-report, etc.
- No single factor found that could be used in isolation

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HANSON AND BUSSIÈRE

- Results:
  - 13.4% Sexual recidivism in 4-5 years (n = 23,393)
    - 18.9% for 1,839 rapists
    - 12.7% for 9,603 child molesters
  - 12.2% Violent recidivism in 4-5 years (n = 7,155)
    - 22.1% for 782 rapists
    - 9.9% for 1,774 child molesters
  - 36.3% any recidivism in 4-5 years (n = 19,374)
    - 46.2% for 4,017 rapists
    - 36.9% for 3,363 child molesters

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HANSON AND BUSSIÈRE

- Predictors of sexual recidivism:
  - PPG sexual interest in children r = .32
  - Any deviant sexual preference r = .22
  - Prior sexual offenses r = .19
  - Stranger victims r = .15
  - Early onset r = .12
  - Unrelated victims r = .11
  - Boy victims r = .11

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HANSON AND BUSSIÈRE

- Predictors of sexual recidivism *(continued)*
  - Diverse sexual crimes r = .10
  - Antisocial Personality Disorder r = .14
  - Any prior offenses (general) r = .13
  - Age (young) r = .13
  - Single (never married) r = .11
  - Treatment drop-out r = .17

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HANSON AND BUSSIÈRE

What DIDN'T correlate to recidivism?

- History of sexual abuse
- General psychological problems
- Education
- Victim empathy
- Denial (without outlier)

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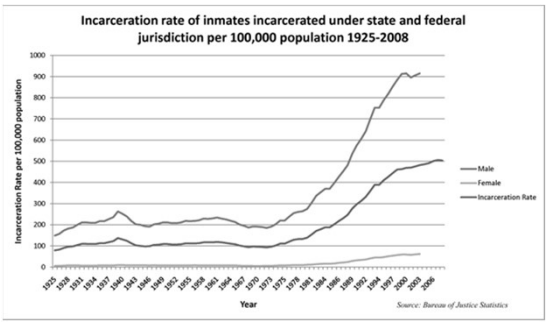
INCARCERATION RATES



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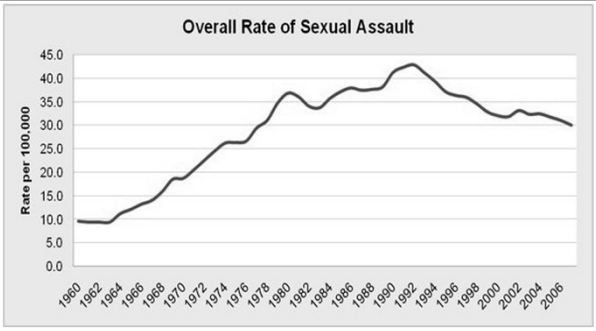
SEX CRIME RATE



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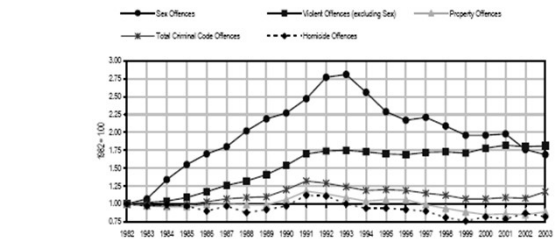
CANADA



Source: Statistics Canada. (2004). "Crime Statistics in Canada, 2003." Canadian Centre for Justice Statistics. Juristat, Vol.24 No. 6.

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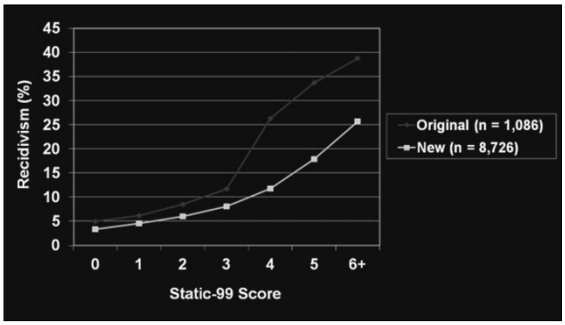
SEXUAL RECIDIVISM AT 5 YEARS
(STATIC-99 SURVIVAL ANALYSIS)



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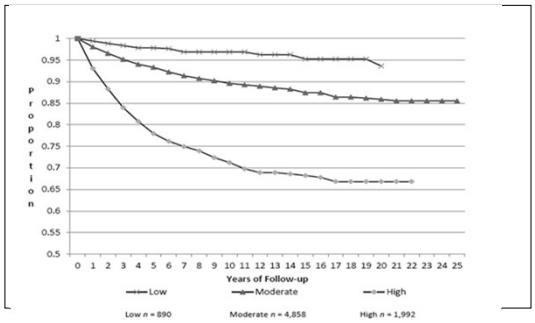
5-YEAR SURVIVAL RATES:
HANSON ET AL. 2015



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ASSESSMENT

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ASSESSMENT

- Comprehensive assessment versus risk assessment.
  - Traditional assessment tools do not focus on specific risk factors
  - Risk assessments should use empirically supported tools (e.g., Static-99r, Stable 2007, Acute 2007)
- Best when done after guilt phase and prior to sentencing
  - to inform the court about supervision and treatment planning and orders

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ASSESSMENT

- Some assessments are clinical
  - (e.g., psychophysiological measures)
- Some are designed to be done by trained probation/parole officers

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ASSESSMENT MEASURES

For use by PO's and Psychologists alike:

- Level of Service Inventory – Revised
- Static-99r (actuarial, similar to life insurance tables)
- Stable-2007 and Acute-2007
- SOTIPS (Sex Offender Treatment Intervention Progress Scale)

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DYNAMIC RISK FACTORS

- Deviant sexual interest/preference
- Antisocial orientation
- Significant social influences
- Intimacy deficits
- Sexual self-regulation
- Offense-supportive attitudes
- Cooperation with supervision
- General self-regulation

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TREATMENT

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TREATMENT

- People who complete treatment programs re-offend at lower rates
  - 32% reduction in the most recent/rigorous study
- Are they cured?
  - "Cure" is misleading
  - Rehabilitated/treated may be better words to use

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TREATMENT

- What courts / parole offices can do to support treatment
  - "Your behavior is going to determine how this goes."
  - Clear boundaries
- Differs from client-centered therapy
- Regular, on-going information sharing between the treatment providers and the supervision agents is critical

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TREATMENT OF PEOPLE WHO HAVE ABUSED

- Cognitive-behavioral:
  - Change thought patterns and behavior
  - Development of pro-social/non-offending attitudes and beliefs
- Builds skills for managing risks
- Best over-arching goal: A balanced, self-determined lifestyle

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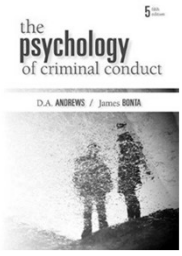
ANDREWS & BONTA (2010)

Three Principles:

- Risk
- Need
- Responsivity



From *The Psychology of Criminal Conduct, 5th ed.*

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ANDREWS & BONTA – "BIG 4"

- Antisocial values and attitudes
- Antisocial behavior
- Antisocial personality structure
- Antisocial peer affiliation

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EFFECTIVE PROGRAMS

RISK Principle

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

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RISK

Environmental/Situational Elements

\+ Personal Elements

Risk

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EFFECTIVE PROGRAMS

NEED Principle

- effective programs target identified criminogenic needs
- sexual offenders require treatment programming individualized and specific to their needs
- other programs may result in some ancillary gain, but risk for sexual recidivism likely will not be reduced

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STABLE-2007

1. Significant Social Influences
2. Intimacy Deficits
   - Lovers and intimate partners
   - Emotional identification with children
   - Hostility towards women
   - General social rejection/loneliness
   - Lack of concern for others
3. Sexual Self-Regulation
   - Sexual drive/pre-occupation
   - Sex as coping
   - Deviant sexual interest
4. General Self-Regulation
   - Impulsive acts
   - Poor cognitive problem solving
   - Negative emotionality/hostility
5. Cooperation with Supervision

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EFFECTIVE PROGRAMS

RESPONSIVITY principle

- effective programs are those which are responsive to offender characteristics
  - cognitive abilities
  - maturity
  - motivation
  - mode of intervention
  - scheduling concerns

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RELATIONSHIP PROBLEMS

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LEARNING DIFFICULTIES

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HYPERACTIVITY

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COMMUNICATION DIFFICULTIES

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PARADOXICAL COMMUNICATION

- You need to be more motivated to change.
- Treatment holds the promise of a "good life".
- It is our job to point out your thinking errors; however, it is not acceptable for you to observe when we are using thinking errors.
- We expect you to demonstrate meaningful and consistent behavioral change within a highly controlled environment.
- You need to participate fully in treatment regimens that we professionals cannot agree on ourselves.

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COGNITIVE RIGIDITY

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AMBIVALENCE

- I want to work with you, and I don't want to sacrifice myself
- I want to change, and I want to be respected
- I want to be in treatment, and I don't want to be in a one-down position
- I want to look at myself, and I don't want to feel less of a man
- etc. etc. etc. etc. etc.

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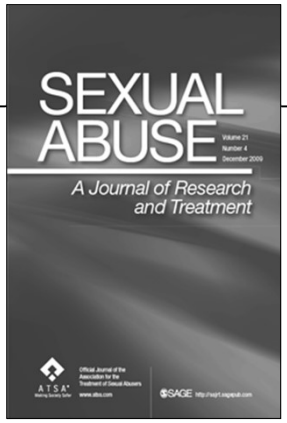
MARSHALL, 2005



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MARSHALL, 2005

- Warm
- Empathic
- Rewarding
- Directive

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

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WHAT NOT TO DO: CASE EXAMPLE

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RULE REMINDERS
And Consequence earners

- No glass or ceramics in room
- No food or drinks in room
- ONE water per day: SIGN OUT and INITIAL bottle
- MUST ask before entering kitchen
- NO SEXUAL BEHAVIORS
- NO REVEALING CLOTHES Triple B "NO butts, breasts, belly"
- NO inappropriate behaviors
- 20 minutes @ the dinner table
- NO entering staff office without permission
- NO talking or hanging out in Hallways
- Lying
- Name Calling: peers or staff
- Slamming Doors
- Staff Splitting
- Tattling
- CANNOT be in a room with other peers WITHOUT STAFF
- Caught in a room with another resident and NO staff
- Taking food without permission
- NO dating/seeing other residents or their family members

- How far we have come…

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- ONE person in the kitchen at a time
- Inappropriate table manners (eating with mouth open, etc.)
- NO borrowing, lending, buying or selling to any residents or staff
- SILENT Study Hall
- Chore Non-compliance
- NO talking behind peers back
- Worry about yourself and no one else
- No Pictures of other residents to be taken or kept on cameras
- No Swearing AT ALL- 10¢ a swear
- No Feet with shoes on the couch
- MUST wait 45 MINUTES after eating before using the bathroom
- NO note passing
- No mocking each other
- NO Threatening of any kind
- No more than $20 in possession at any time
- Only fruit, cheese, or yogurt for evening snack

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These are and always have been rules!
This is a reminder and a prompt!
These actions WILL BE CONSEQUENCED

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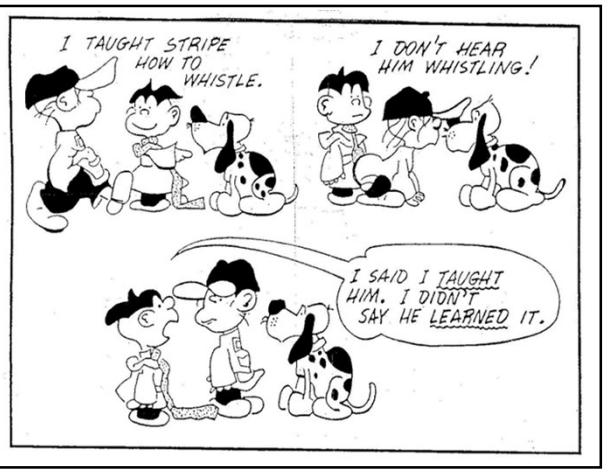

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PROMISING TARGETS

- changing antisocial attitudes and feelings
- reducing antisocial peer associations
- promoting prosocial associations
- increasing self-control, self-management, problem-solving skills
- reducing chemical dependencies
- shifting rewards for behavior from criminal to non-criminal orientation
- develop a plan to deal with risky situations
- confront personal barriers to change

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LESS PROMISING TARGETS

- Increasing self-esteem for its own sake
- Focusing on vague personal complaints not related to criminal conduct
- Improving living conditions without touching on higher risk individuals and families
- Working on personal goals without providing concrete assistance
- Making the client a better person, when being a better person is unrelated to propensity for crime

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INDICATORS OF QUALITY PARTICIPATION

- Attendance
- Engagement in program
- Completion (as opposed to premature program termination)
- Quality relationship with service provider
- Respect, positive attitude
- Showing change on the intermediate targets

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KEY COMPONENTS AND THE GOOD LIVES MODEL

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WHAT WORKS?

Who works?

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GLM APPROACH AND CORE PRINCIPLES

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GLM ADULT

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美好生命 (GLM)：人生共同需要 Primary Human Goods

(重要性及信心) Importance and Confidence

人類共同需要 Primary Human Goods	定義 Definitions	重要分 Importance (0-10)	信心分 Confidence (0-10)	備註： Remarks
人生：生活與求生 Life	能照顧個人健康與/或能維持個人生命及安全 Looking after physical health, and/or staying alive and safe.	9	4	
知識：學習與認知 Knowledge	追尋關於自己、他人、環境或特定範疇的知識 Seeking knowledge about oneself, other people, environment, or specific subjects.	7	6	
於工作或休閒活動時有卓越表現 Mastery at work or play	在工作、進行休閒活動時追求卓越表現 Striving for excellence/mastery in work, hobbies or leisure activities.	5	5	

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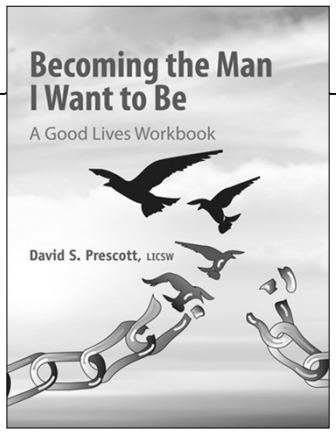
Becoming the Man
I Want to Be
A Good Lives Workbook
David S. Prescott, LICSW

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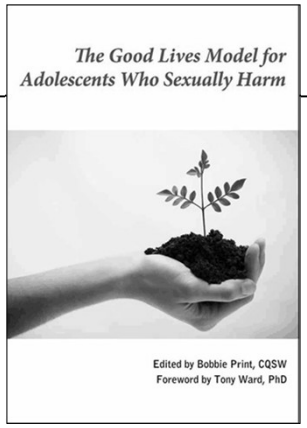
The Good Lives Model for
Adolescents Who Sexually Harm
Edited by Bobbie Print, CQSW
Foreword by Tony Ward, PhD

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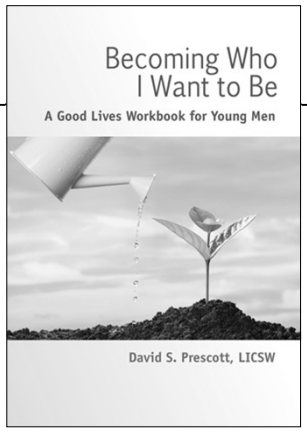
Becoming Who
I Want to Be
A Good Lives Workbook for Young Men
David S. Prescott, LICSW

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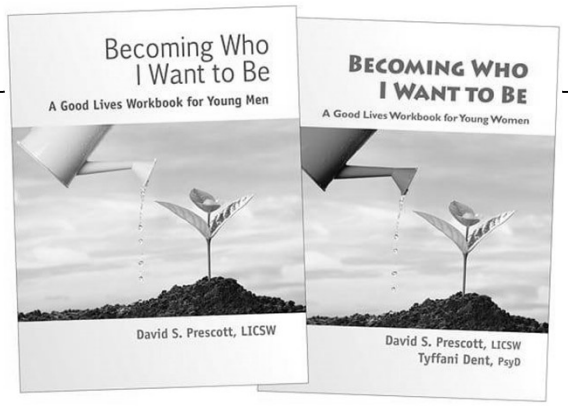

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THE GOOD LIVES MODEL (GLM)

"…[our clients] want better lives, not simply the promise of less harmful ones"
(Ward et al., 2006)

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"As a kid I had lots of examples of what I didn't want to be. I spent my life trying not to be those things. Then when an aide asked me about 5 years ago what I wanted to be I had no idea."

40 y/o male
in civil commitment (USA)

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REFLECTION EXERCISE

- Take three deep breaths. Take a moment to think about what a Good Life means to you.
- If it helps, close your eyes and think about what was happening the last time you remember feeling truly satisfied and fulfilled in your life. Try to *see* fulfilment. Try to *hear* fulfilment. Try to *taste* fulfilment. Try to *smell* fulfilment. Try to *feel* fulfilment.
- Take some notes.

We will revisit this exercise later.
You will not be expected to share your responses.

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GOING UPSTREAM

- What is something (anything) that you would like right now?
  - World peace? A new phone? Maybe a drink?
  - If you had that, then what else would you have in your life?
  - And if you had that, what else would you have in your life?
  - And if you had that, what else would you have in your life?
  - Keep going until your answer is one word and you can't go further
  - What have you learned?

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WHAT ARE ALL THE NEEDS THAT THESE MEET?

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KRAKOW

- Lord's Ark Church
- Built by hand from ruins caused by Soviet invasion
- What needs was this meeting?

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GLM APPROACH

- Strengths-based, positive approach
- Collaborative, motivational approach
- Focuses on how treatment/supervision/case management will benefit client
- Two goals:
  - Reducing/managing risk
  - Attaining fulfilling life, psychological wellbeing
- GLM integrated with RNR

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GLM APPROACH

- Offending relates to the pursuit of legitimate goals via harmful, maladaptive means
- All human beings are goal-directed and predisposed to seek *primary human goods*
- Primary human goods = actions, experiences, circumstances, states of being, etc., that individuals seek to attain for their own sake

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GLM APPROACH

- Secondary goods = concrete ways (means) to secure primary goods (also called instrumental goods)
- Dynamic risk factors = markers for internal or external obstacles that block achieving primary goods in prosocial ways in addition to increasing risk

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A NOTE ON NARRATIVE

- We often think in terms of risk and protective "factors"
- Problem of reification
- Ward and his colleagues (including us) encourage thinking in terms of the narrative that underlies the factors
- What's the actual story?
- How did events result in this "factor"?

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PRIMARY HUMAN GOODS

- GLM proposes at least 10 primary human goods
- Value/importance placed on various goods determines individual's conceptualisation of a "good life"; reflected in good life plan (GLP)
- Assumption: Prosocial attainment of goods will help reduce or manage risk to reoffend (alongside targeting criminogenic needs)

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PRIMARY HUMAN GOODS AS COMMON LIFE GOALS (YATES & PRESCOTT, 2011)

Primary Good	→	Common Life Goal
Life	→	Life: Living and Surviving
Knowledge	→	Knowledge: Learning and Knowing
Excellence in Work & Play	→	Being Good at Work & Play
Excellence in Agency	→	Personal Choice and Independence
Inner Peace	→	Peace of Mind
Friendship/Relatedness	→	Relationships and Friendships
Community	→	Community: Being Part of a Group
Spirituality	→	Spirituality: Having Meaning in Life
Happiness	→	Happiness
Creativity	→	Creativity

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GLM VS. ANDREWS & BONTA BIG 8 (POSSIBLE COMPARISON)

GLM

- Happiness/Pleasure
- Creativity
- Knowledge
- Being good at work and play
- Personal choice/independence
- Relationships and friendships
- Meaning and purpose in life
- Peace of mind
- Community
- Living and surviving

Big 8

- Substance abuse and other pleasure seeking
- Poor performance in school or work
- Impulsivity/self-regulation deficits
- Antisocial peer group/social isolation/family problems
- Antisocial history
- Aggression/irritability
- Attitudes and beliefs supportive of sexual violence
- Alcohol/drugs, reckless, dangerous behavior

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PRIMARY GOODS: DEFINITIONS

- Life: Living & Surviving
  - Healthy living and functioning
  - Basic survival needs
- Instrumental (secondary) goods:
  - Acquiring income for food/shelter
  - Physical activity
  - Healthy nutrition
  - Health care

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PRIMARY GOODS: DEFINITIONS

- Knowledge: Learning & Knowing
  - Desire for information and understanding about oneself and the world
- Instrumental (secondary) goods:
  - Attending school, training, vocational courses
  - Self-study
  - Therapy and self-help activities

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PRIMARY GOODS: DEFINITIONS

- Being Good at Play / Being Good and Work
  - Mastery in work / leisure
- Instrumental (secondary) goods:
  - Participation in sport or other leisure activities/hobbies
  - Participation in training, certification, apprenticeships
  - Meaningful paid or voluntary work

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PRIMARY GOODS: DEFINITIONS

- Personal Choice and Independence
  - Desire for independence, autonomy, choice, self-directedness
- Instrumental (secondary) goods:
  - Formulate plans to achieve a specific end or objective
  - Engage in activities to ensure self-sufficiency
  - Assert self; communicate needs and desires with others
  - Control, dominate, abuse or manipulate others to establish personal control

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PRIMARY GOODS: DEFINITIONS

- Peace of Mind
  - Emotion regulation, equilibrium
  - Freedom from emotional turmoil and stress
- Instrumental (secondary) goods:
  - Activities to minimize emotional distress/achieve equilibrium (e.g., exercise, meditation)
  - Substance use or sexual activity to regulate mood/cope

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PRIMARY GOODS: DEFINITIONS

- Relationships and Friendships
  - Desire to establish bonds with others; includes intimate, romantic and family relationships
- Instrumental (secondary) goods:
  - Activities that facilitate meeting new people and maintaining relationships
  - Spending time with friends
  - Giving and receiving support (e.g., emotional, practical)
  - Intimate relationships

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PRIMARY GOODS: DEFINITIONS

- Community: Being Part of a Group
  - Desire to be connected to similar social groups
- Instrumental (secondary) goods:
  - Participate in community activities (e.g., social service groups, special interest groups)
  - Participate in volunteer activities, groups
  - Membership in groups sharing common interests, values, concerns
  - Provide practical assistance to others in times of need (e.g., neighbors)

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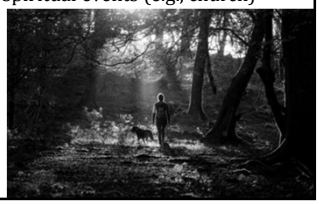
PRIMARY GOODS: DEFINITIONS

- ~~Spirituality: Having Meaning in Life~~
  - Desire for meaning and purpose in life
  - Sense that one is part of larger whole
- Instrumental (secondary) goods:
  - Attends formal religious/spiritual events (e.g., church)
  - Meditation/prayer
  - Involved in spiritual community/group
  - Mindfulness
  - Forest bathing



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PRIMARY GOODS: DEFINITIONS

- Creativity
  - Desire for novelty or innovation
- Instrumental (secondary) goods:
  - Engages in new/novel experiences that has not attempted previously
  - Engages in artistic, creative activities
  - Desire/need for novel sexual practices

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PRIMARY GOODS: DEFINITIONS

- Happiness
  - State of being happy/content
  - Pleasure in life
- Instrumental (secondary) goods:
  - Activities that result in sense of satisfaction, contentment, fulfillment
  - Activities that result in sense of pleasure (e.g., leisure activities, sports, sex)
  - Activities intended to achieve sense of purpose, direction in life (e.g., work, friendships, family)

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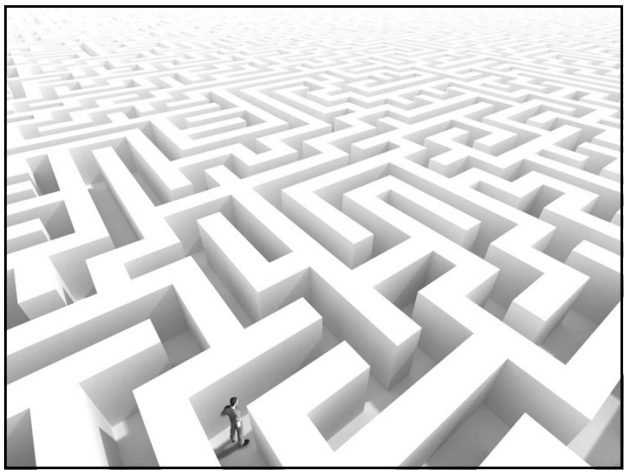

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WHEN THINGS GO WRONG: GOOD LIFE PLAN OBSTACLES

The GLM proposes that offending and life problems result when…

1. Maladaptive/harmful means used to seek out primary goods
2. A Good Life Plan lacks scope
3. Conflict between goods and/or means
4. Lack of capacity to attain goods in a prosocial/adaptive way (internal and external)

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A QUICK NOTE…

- ”Obstacles” are referred to in earlier texts as “flaws”
- ”Flaws” can sometimes have a negative connotation (“flawed human being”) even though the original intention was different (e.g., the flaws in leather or diamonds can give them their special character)
- English is a living language where connotations can change ☺
- “Obstacles” might just as easily be “challenges”, although that word is also subject to misuse (“should would to a fight”)

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HARMFUL/PROBLEMATIC MEANS

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NARROW SCOPE

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CONFLICT: THE PURSUIT OF ONE GOOD INTERFERES WITH PURSUIT OF ANOTHER GOOD

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LACK OF CAPACITY: INTERNAL

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Adverse Childhood Experiences (ACEs) in the lives of adult males who have sexually offended (Levenson, Willis & Prescott, 2016)

ACE items:	SOTx (*n* = 679)	CDC males (*n* = 7,970)
Verbal abuse	53.3%	7.6%
Physical abuse	42.2%	29.9%
Child sexual abuse	38%	16%
Emotional neglect	37.6%	12.4%
Physical neglect	15.9%	10.7%
Parents not married	54.3%	21.8%
DV in home	24%	11.5%
Substance abuse in home	46.7%	23.8%
Mental illness in home	25.9%	14.8%
Incarceration family member	22.6%	4.1%

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LACK OF CAPACITY: INTERNAL

Maladaptive schemas	Maladaptive attachments	Maladaptive coping
other people will abuse/reject/ abandon me; dangerous world	*relationship instability, hostility towards women, social rejection*	*substance abuse, sex as coping, aggression*

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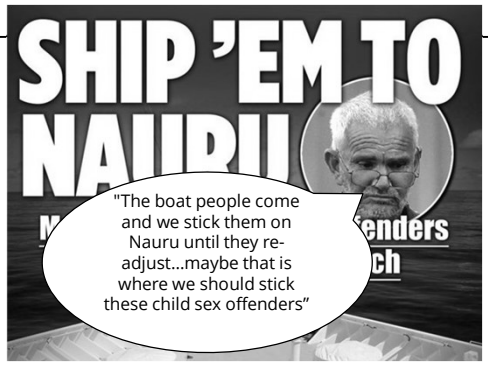
LACK OF CAPACITY: EXTERNAL



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IDENTIFYING OBSTACLES

- What might have obstructed Paul from seeking valued primary goods in prosocial, adaptive ways?

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SPOT SOME OBSTACLES: PAUL

Paul is a 42-year-old male imprisoned for sexual offenses against female children (8 – 11 years-old). In each instance, Paul was a trusted babysitter (for his employer then neighbour). He described his offending in a romanticised fashion, stating that he was in relationships with each victim. He said that he "never hurt them" and that the sex was "entirely consensual." Paul often took the victims away camping. He enjoyed teaching them about bush survival skills and different tree varieties. Paul enjoyed being surrounded by nature. He had few adult friends and stated that he preferred the company of children because they don't judge him like adults do.

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CASE ANALYSIS: PAUL

Primary goods implicated in offending:

- Relationships & Friendships
- Knowledge

Primary goods Important to Paul:

- Relationships & Friendships
- ? Peace of mind
- ? Spirituality

Obstacles in Good Life Plan:

- Maladaptive means
- Lack of capacity (internal)
  - Offense supportive cognitions (children as sexual objects)
  - Maladaptive attachments/relational styles (e.g., emotional congruence with children, general social rejection)
  - ?Offense related sexual interest

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TREATMENT PROGRESS

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KEY CONSIDERATIONS

- Is this person working with or against his supervising agent?
- Statements regarding wanting to, being able to, needing to change
- "Stages of Change"
  - Pre-contemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance

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PROTECTIVE FACTORS

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

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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

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VRIES ROBBE ET AL. (2015)

Best Outcomes:

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

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WHEN ARE THEY FINISHED?

- No magical formula
- Treatment versus Aftercare/Maintenance treatment
- Ask
  - Do others believe the offender has made significant progress?
  - Do others believe the offender has made acceptable progress?

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MISSION CRITICAL

- Close coordination between supervising agent and treatment provider(s)
- Supervising agent is the eyes and ears of the team in the community.

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IMPORTANT STUDY

- Blasko & Taxman (2018)
- Offenders who believe their supervising agent is :
  - Fair
  - Respects them
  - Listens to them
- Have lower rates of violations and returns to prison
- The working relationship matters!

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MOST IMPORTANTLY

- You don't have to be a therapist to be therapeutic!
- All professionals have a role in helping people become less dangerous.

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SUPERVISION

- Community safety is the highest priority.
- Monitor victim access
- Observe offenders in the community, including their home and work.
- Look for positive or negative changes in problem solving and related behaviors.
- Identify and deal with non-compliance problems early.

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SUPERVISION

- Address problem attitudes
- Provide support and acknowledge successes, even very small ones.
- Maintain frequent communication with other team members, such as the treatment provider, employer, spouse, et cetera.
- Support treatment compliance and extend probation if necessary to allow completion of treatment.
- Monitor compliance with registration and notification requirements.

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SUPERVISION

- Monitor and help to strengthen the factors that stabilize the offender like housing and employment.
- Officers should remember that all people can change.
  - It is a process and takes time and support.
- Officers should remember they are not alone.
  - Most communities use a team approach to management

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SUPERVISION

- Supervision and treatment are often tightly linked. More risk = more supervision.
  - The goal is to have the offender not need us to be watching them all the time.
- Specialized rules
  - Can include searching computers and devices
- Maintaining appropriate boundaries
  - supportive, respectful, professional
- Safety planning and community support teams

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SPECIAL ISSUES

- Females
  - Re-offense rates of 1-5%
- Child Sexual Abuse Images
  - Not all have had contact offenses
- Juvenile-only
  - Young men who are prosecuted years after their offenses have often changed dramatically in a short time.

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THE SAFEST SEX OFFENDER

- Stable
- Occupied
- Accountable to others
- Plans for the future
- Everything to lose by repeating past behavior

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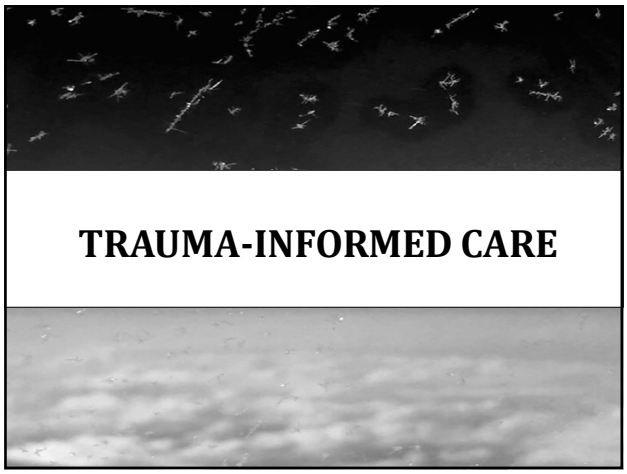

TRAUMA-INFORMED CARE

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WHAT IS TRAUMA?

- PTSD
- Complex PTSD
- DESNOS
- Complex trauma
- Developmental Trauma Disorder

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WHAT IS TRAUMA?

- Trauma is the desperate hope that the past was somehow different.
  - -- Jan Hindman

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WHAT IS TRAUMA?

- APA:
- **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.

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ABSENCE OF CURIOSITY

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KEY THEME

- Just notice
- See what happens next
  - Not just mindful…
  - Investigating each experience
  - Practice Making Choices based on what you notice

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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

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CASE EXAMPLE

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

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BENISH, IMEL, & WAMPOLD, 2008

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

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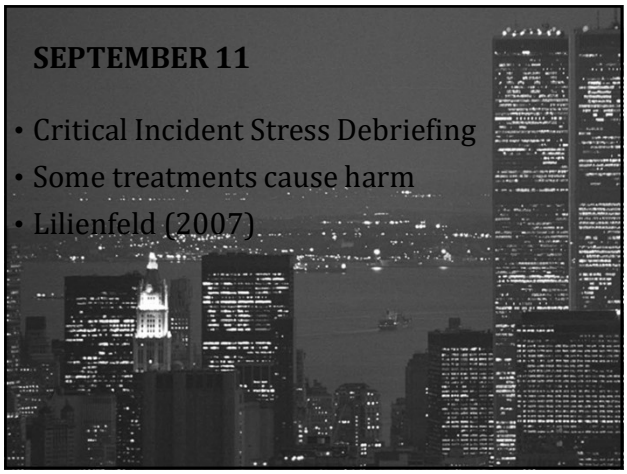
SEPTEMBER 11

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



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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, M.D.

- Reframe: Interventions that empower survivors foster recovery

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POST-TRAUMATIC STRESS DISORDER

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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

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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

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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

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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

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IMPORTANT

- Not all trauma results in PTSD
- Trauma can have a devastating effect on life outside of PTSD

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COMMON TRAUMA RESPONSES

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HERMAN, 1992

Type 1 Trauma: Isolated, simple trauma	Type 2 Trauma: Chronic & Complex
Usually a single incident or time-limited duration	Prolonged, repeated trauma
Acute Stress Disorder/PTSD	Increased risk for long-term PTSD symptoms
Response and effects may vary with many factors	Increased risk for related behavioral health syndromes

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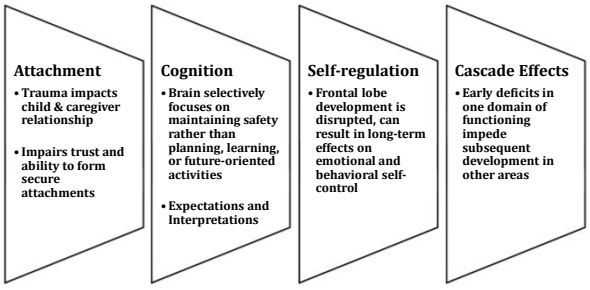
DEVELOPMENTAL EFFECTS OF CHILDHOOD ADVERSITY



Levenson
Prescott Willis
2017

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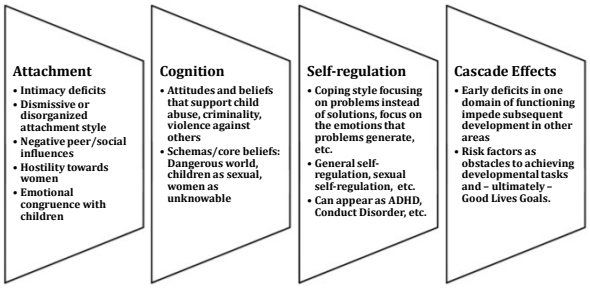
DEVELOPMENTAL EFFECTS OF CHILDHOOD ADVERSITY AND RISK



Levenson
Prescott Willis
2017

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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

Levenson Prescott Willis 2017

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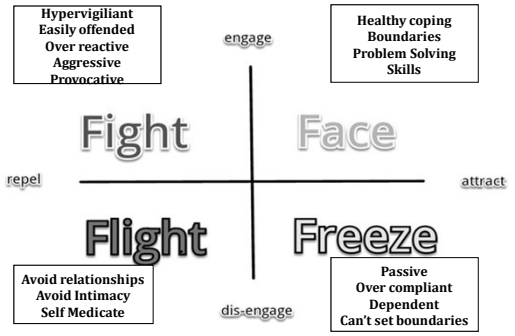
Ways trauma may impact relational dynamics



Levenson, 2015

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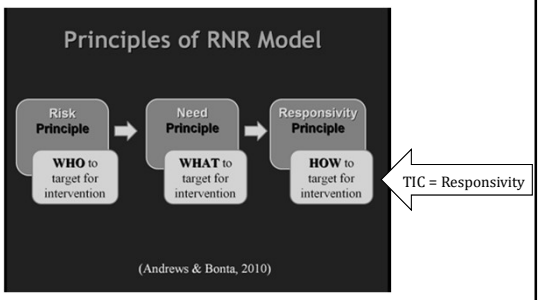

TRAUMA-INFORMED CARE IN SOTX

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- *Safe communities*

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HOW DO PEOPLE CHANGE?

- Challenging "distorted cognitions"?
- Completing assignments?
- Following the manual?
- Through their experiences and discoveries?
- Or, via a relationship experience where hope and possibility are renewed … or born.

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ATTACHMENT

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EMPATHIC ATTUNEMENT

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EMPATHIC, ATTUNED INTERVENTIONS

- Unexpected
- Welcome
- Impactful

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WHAT WE NEED …

- Mindset
- Heartset
- Spirit
- Attitude
- Intention

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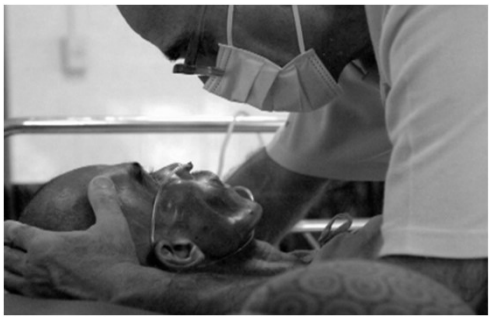
COMPASSION



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POLITICAL CLIMATE

- Coercion
- Shame
- Blame
- Threats
- Punishment

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WE CAN LEAVE NO ONE BEHIND

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SKILLS

- How could I make this problem worse?
- How does the behavior make sense?
- What are all the ways he/she feels two ways about his/her life?
- What are the positive goals for change?

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