

PEOPLE WHO SEXUALLY ABUSE: WHAT YOU NEED TO KNOW

David S. Prescott
2023

Welcome!

CONTACT

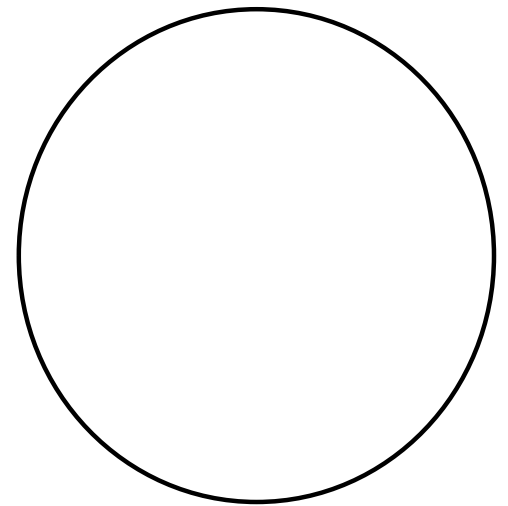
- **David S. Prescott**
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- **www.saferociety.org**

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

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



FOCUS

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



INTRODUCTORY REMARKS



TAKE-HOME MESSAGE

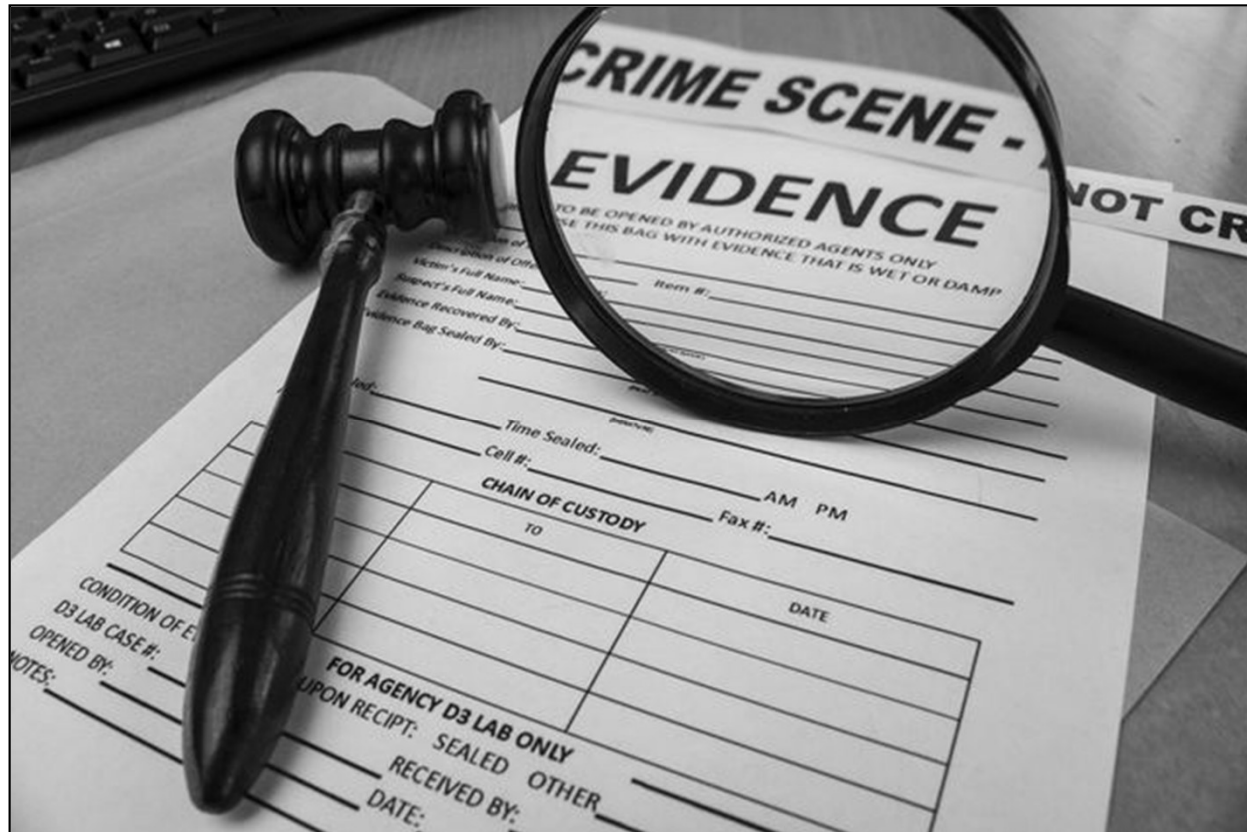
- Abuse is abuse
 - No one “asks” to be abused
- Not all who abuse are the same
- Punishment-only responses don’t reduce risk
- The right treatment can work
- The right treatment with the right community supervision can work better.

A black and white photograph of a starry night sky, with numerous stars visible against a dark background. A white rectangular box is centered horizontally and vertically, containing the title text in a bold, black, serif font.

WHERE WE ARE AND HOW WE GOT HERE

GOT DATA?

- The need for evidence

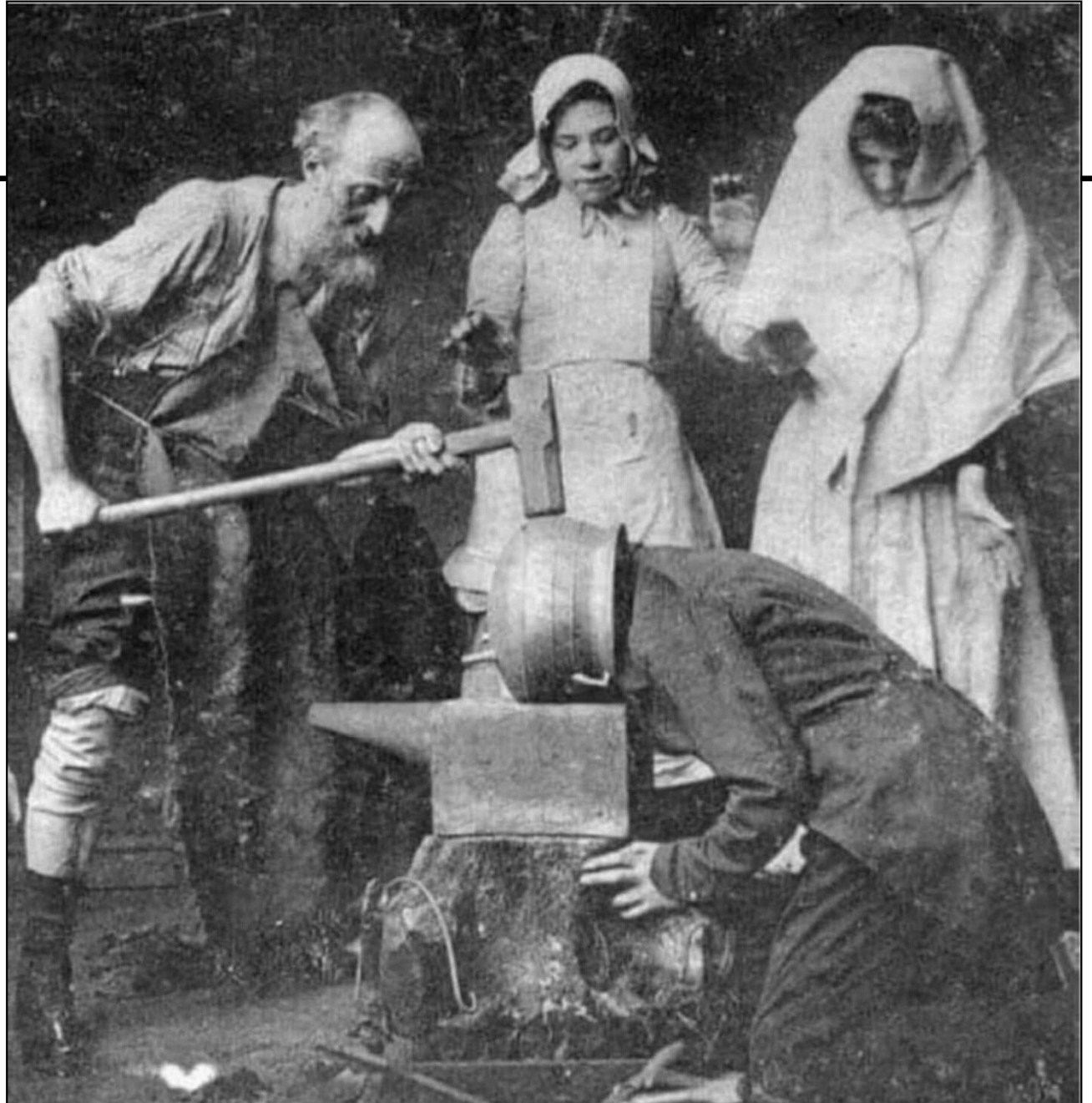


HOW DID WE GET HERE?

- 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)

HISTORICAL OVERVIEW

- 1895-1985



MY CONCERN

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

CURRENTLY ON

EXIT 58A-B

95

1

Zoloft



TP

9

Prozac



Paxil



LAST EXIT
BEFORE TOLL



Buspar



Wellbutrin



Celexa

Xanax



IN THE BEGINNING...



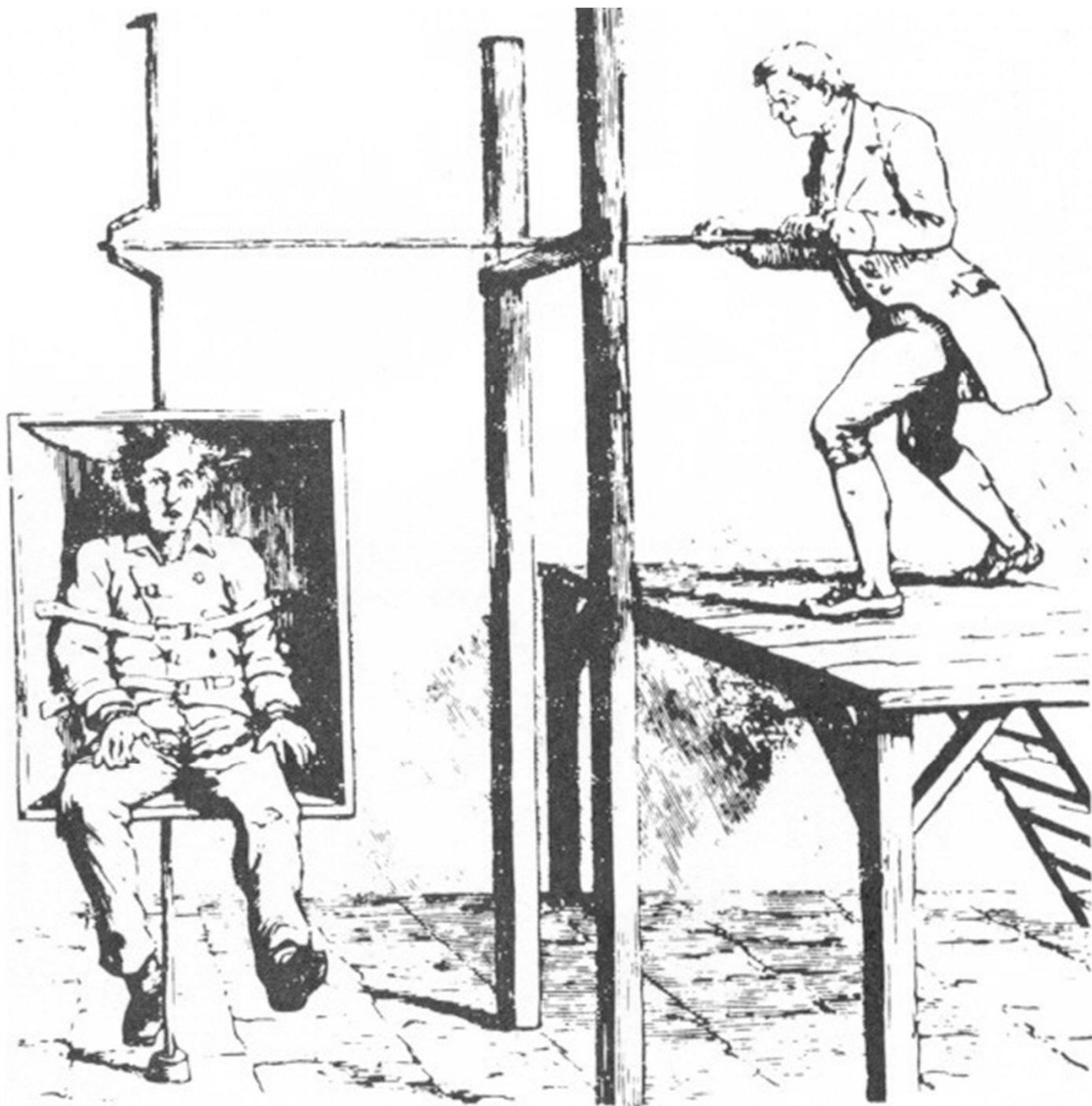
*Speech is a mirror of the
soul: as a person speaks,
so is s/he*

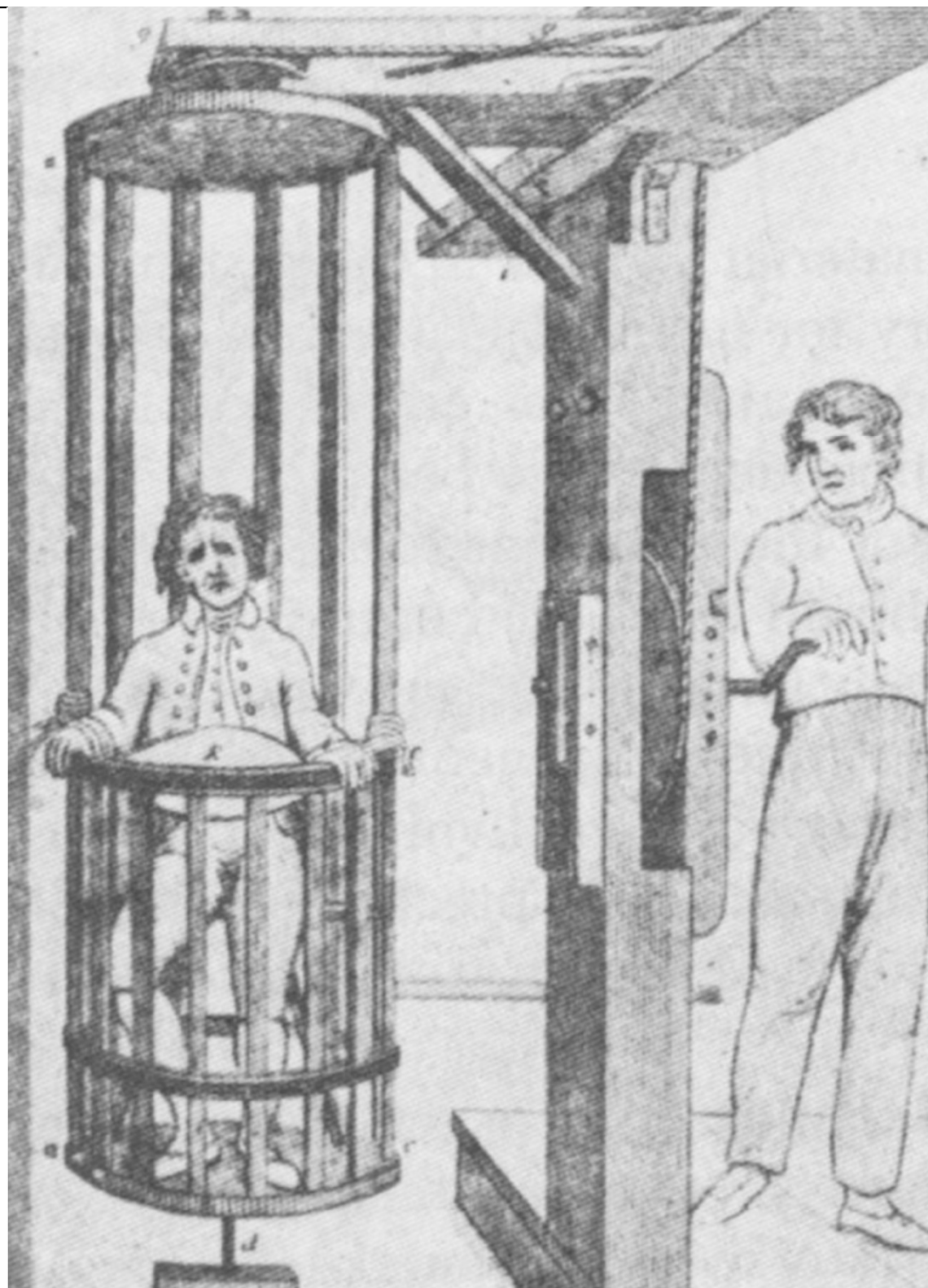
- Publilius Syrus, 100 BC

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.”

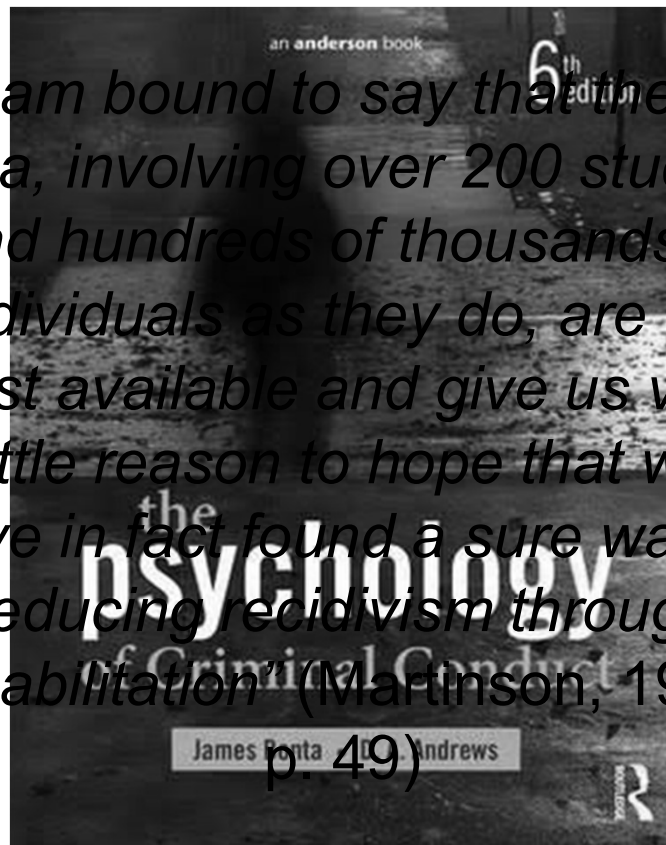




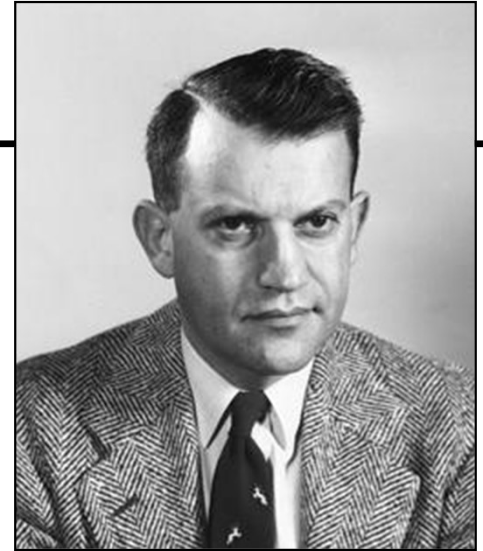


TREATMENT CONTEXT: WHAT WORKS?

"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 in fact found a sure way of reducing recidivism through rehabilitation" (Martinson, 1974, p. 49)



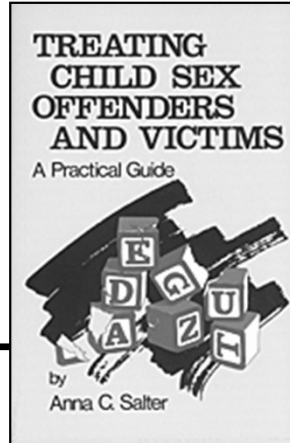
1979: EDWARD S. BORDIN



- 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)

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?

1989:

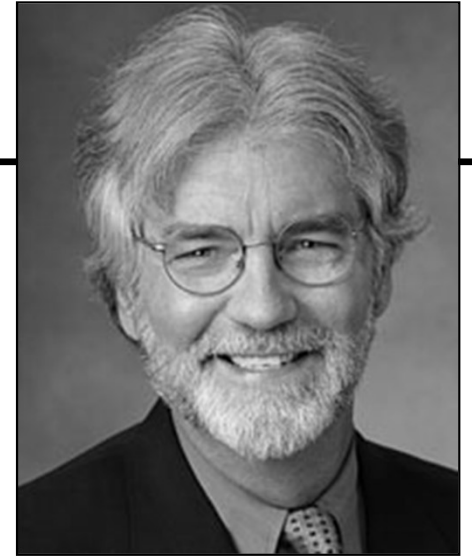
PAUL GENDREAU

- “Something works”
- “What works!”



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)



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.*



TREATMENT CONTEXT: WHAT WORKS?

Criminal Justice and Behavior

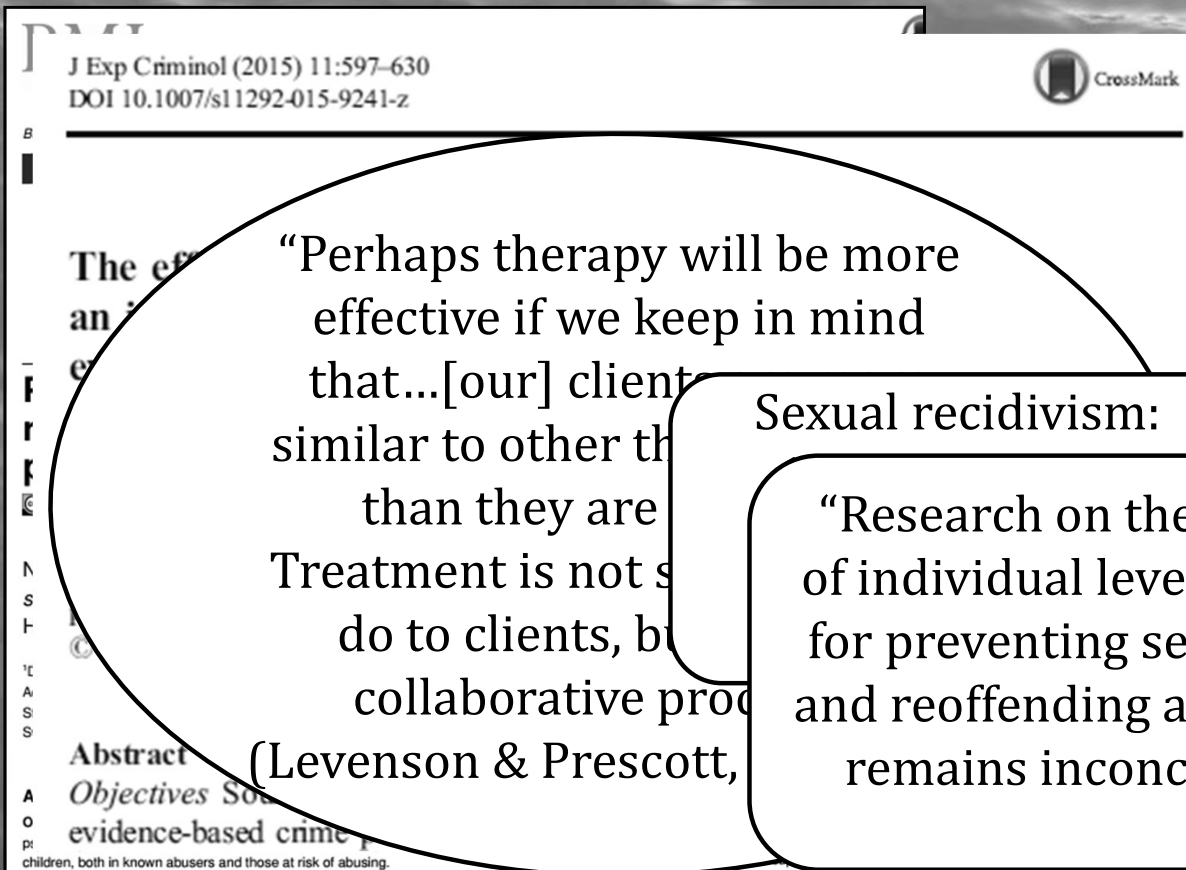
<http://cjb.sagepub.com>

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>

EFFECTIVENESS OF SEXUAL OFFENDING TREATMENT



TREATMENT CONTEXT: WHAT WORKS?

Clinical Psychology Review 73 (2019) 101752



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Review

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



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^b Department of Psychology, University of Saskatchewan, Canada



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

Newsweek

THE U.S. EMBASSY
BOMBINGS

August 27, 1998 \$3.00

Gay for Life?

Going Straight: The Uproar Over Sexual 'Conversion'



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.

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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.

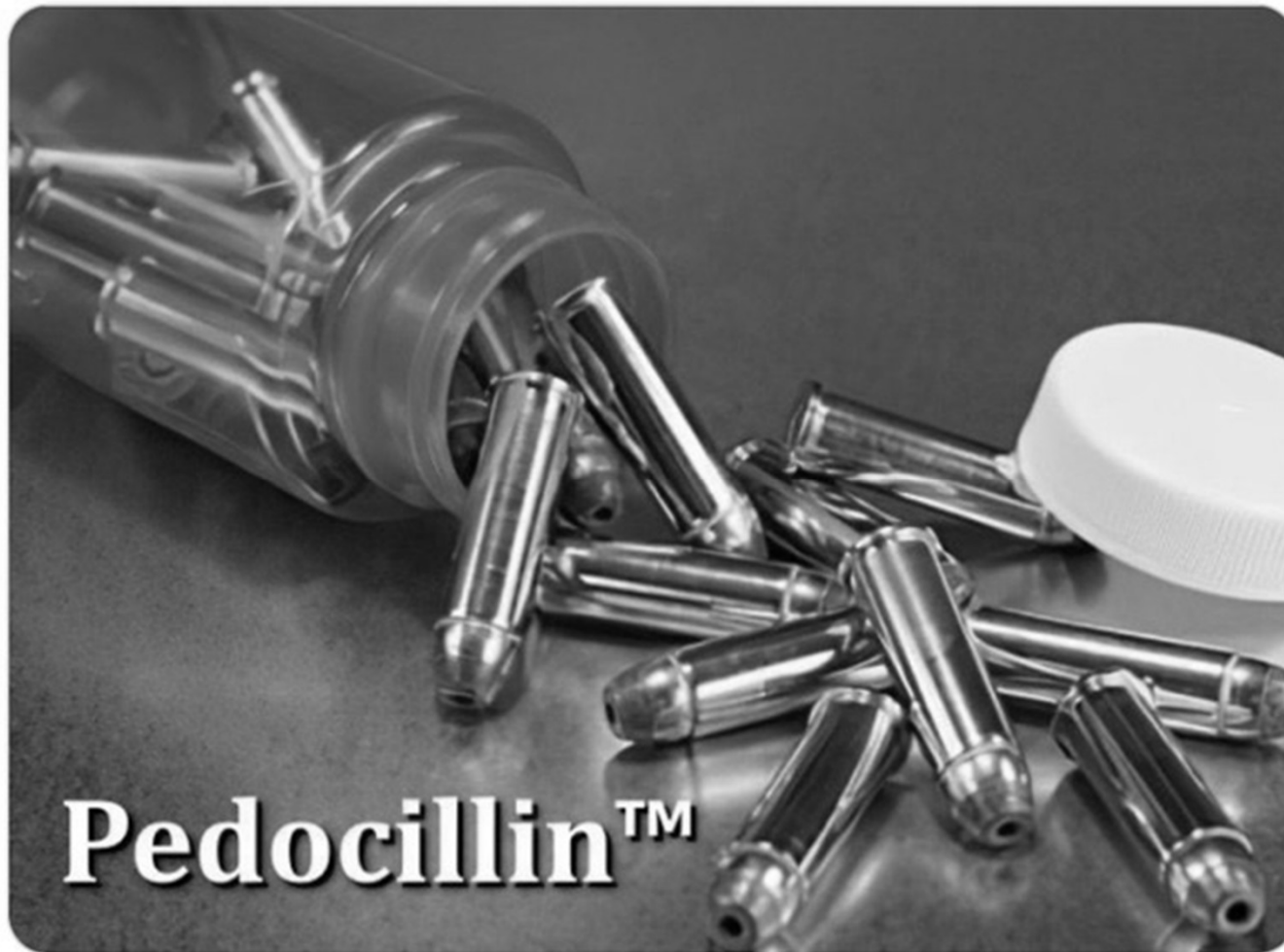
Elizabeth J. Letourneau, *Baltimore*

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

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

2022



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NOVEMBER 2022

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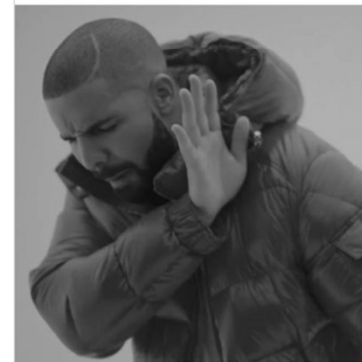
James Cantor
@JamesCantorPhD

Driving them underground is not how to prevent abuse. However understandable the anger is, it just makes the problem worse. We need scientifically-based, not emotionally based methods of prevention.

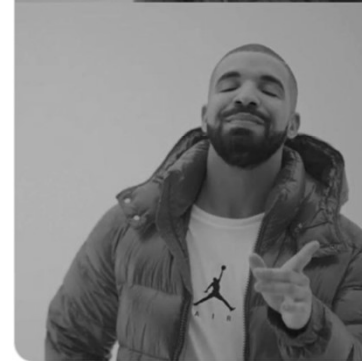
[washingtonpost.com/opinions/2022/...](https://www.washingtonpost.com/opinions/2022/...)



Gays Against Groomers
@againstgrms · Sep 27
[#MankindAgainstPedophiles](#) [twitter.com/againstgrms/s...](#)



**MAP:
MINOR
ATTRACTED
PERSON**



**MAP:
MANKIND
AGAINST
PEDOPHILES**

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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>

Published by:



<http://www.sagepublications.com>

On behalf of:



Association for the Treatment of Sexual Abusers

THE TRUTH IS HARDER TO BEAR

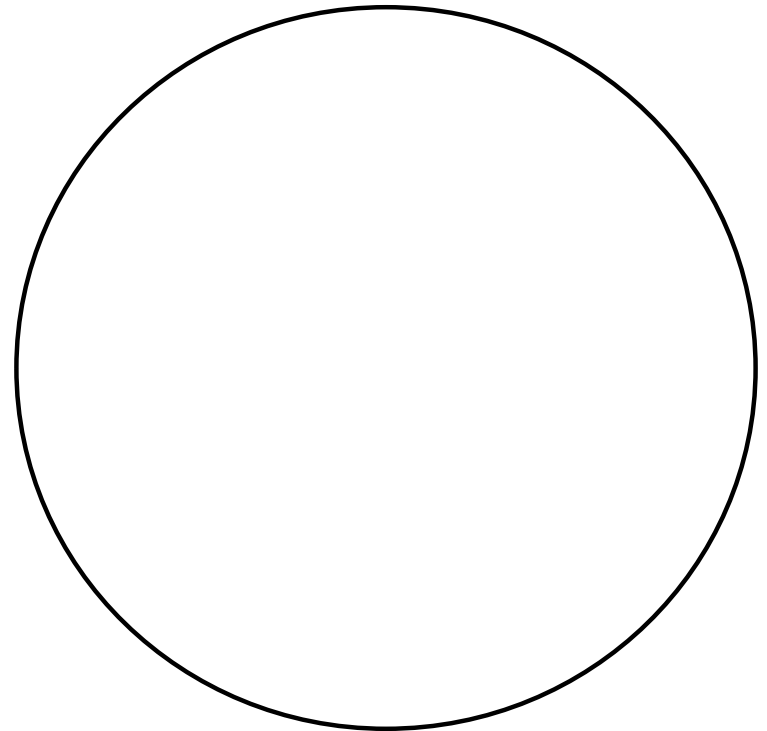
- *Among men, 6% indicated some likelihood of having sex with a child if they were guaranteed they would not be caught or punished, as did 2% of women. Nine percent of males and 3% of females indicated some likelihood of viewing child pornography on the Internet. Overall, nearly 10% of males and 4% of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

NOW

- We know better
- We do worse

WHAT' S OUR GOAL?

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



WHAT WORKS?

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



A black and white photograph of a large flock of birds, possibly terns, flying against a dark sky. The birds are scattered across the frame, with some appearing as bright white specks and others as more detailed silhouettes. A solid white horizontal band runs across the middle of the image, containing the title text.

RACE AND RISK

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)

PROPUBLICA, 2016



FLORES, BECHTEL, & LOWENKAMP, 2016

38 FEDERAL PROBATION

Volume 80 Number 2

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

The validity and intellectual honesty of conducting and reporting analysis are critical, since the ramifications of published data, accurate or misleading, may have consequences for years to come.

—Marco and Larkin, 2000, p. 692

PROPUBICA RECENTLY RELEASED

a much-heralded investigative report claiming that a risk assessment tool (known as the COMPAS) used in criminal justice is biased against black defendants.¹ The report heavily implied that such bias is inherent in all actuarial risk assessment instruments (ARAI).

We think ProPublica's report was based on faulty statistics and data analysis, and that the report failed to show that the COMPAS itself is racially biased, let alone that other risk instruments are biased. Not only do ProPublica's results contradict several comprehensive existing studies concluding that actuarial risk can be predicted free of racial

and/or gender bias, a correct analysis of the underlying data (which we provide below) sharply undermines ProPublica's approach.

Our reasons for writing are simple. It might be that the existing justice system is biased against poor minorities due to a wide variety of reasons (including economic factors, policing patterns, prosecutorial behavior, and judicial biases), and therefore, regardless of the degree of bias, risk assessment tools informed by objective data can help reduce racial bias from its current level. It would be a shame if policymakers mistakenly thought that risk assessment tools were somehow worse than the status quo. Because we are at a time in history when there appears to be bipartisan political support for criminal justice reform, one poorly executed study that makes such absolute claims of bias should not go unchallenged. The gravity of this study's erroneous conclusions is exacerbated by the large-market outlet in which it was published (ProPublica).

Before we expand further into our criticisms of the ProPublica piece, we describe some context and characteristics of the American criminal justice system and risk assessments.

Mass Incarceration and ARAIs

The United States is clearly the worldwide leader in imprisonment. The prison population in the United States has declined by small

percentages in recent years and at year-end 2014 the prison population was the smallest it had been since 2004. Yet, we still incarcerated 1,561,500 individuals in federal and state correctional facilities (Carson, 2015). By sheer numbers, or rates per 100,000 inhabitants, the United States incarcerates more people than just about any country in the world that reports reliable incarceration statistics (Wagner & Walsh, 2016).

Further, it appears that there is a fair amount of racial disproportion when comparing the composition of the general population with the composition of the prison population. The 2014 United States Census population projection estimates that, across the U.S., the racial breakdown of the 318 million residents comprised 62.1 percent white, 13.2 percent black or African American, and 17.4 percent Hispanic. In comparison, 37 percent of the prison population was categorized as black, 32 percent was categorized as white, and 22 percent as Hispanic (Carson, 2015). Carson (2015:15) states that, "As a percentage of residents of all ages at yearend 2014, 2.7 percent of black males (or 2,724 per 100,000 black male residents) and 1.1 percent of Hispanic males (1,090 per 100,000 Hispanic males) were serving sentences of at least 1 year in prison, compared to less than 0.5 percent of white males (465 per 100,000 white male residents)."

Aside from the negative effects caused by

¹ The authors wish to thank James Bonta, Francis Cullen, Edward Latessa, John Monahan, Ralph Serin, Jennifer Skeem, and Stuart Buck for their thoughtful comments and suggestions.

² The main article and an accompanying analysis report were authored by the same individuals, albeit with a different order of authorship. The main ProPublica article is cited as Angwin, Larson, Mattu, and Kirchner (2016) or Angwin et al. (2016). The analysis report is cited as Larson et al. (2016).

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

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.”*

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 <u>two</u> 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	<u>Charges</u> 0 1,2 3-5 6+	<u>Convictions</u> 0 1 2,3 4+	0 1 2 3
6	Four or more prior sentencing dates (<u>excluding</u> 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 <u>risk</u> factors		

Nominal Risk Levels (2016 version)	<u>Total</u>	<u>Risk Level</u>
	-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

You be the judge?

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		26
(Out of 24 for those without a child victim, see Tab 8, page 36 for definition of a "child")		
Deviant Sexual Interests in Possible Remission		
1) Is the offender in an age appropriate, consensual, sexual relationship of at least one <u>years</u> 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		

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)

You be the judge?

Vermont Assessment of Sex Offender Risk-2

Name	DOB	Age	Rater	Date
------	-----	-----	-------	------

Reoffense Risk Scale

- Age at Community Placement**
18 to 34 = 3 35 to 54 = 2 55 or older = 0
- Prior Sex Offense Convictions**
none = 0 one = 2 two or more = 3
- Prior Sentencing Dates**
three or less = 0 four or more = 1
- Any Violations of Probation, Parole or Other Release Conditions During Past Five Years**
no = 0 yes = 1
- Any Convictions for Non-Contact Sex Offenses**
no = 0 yes = 1
- Any Male Victims**
no = 0 yes = 1
- Relationship to Victims**
lived with for 30 days or more just prior to offense = 0
nonresidential relative or acquaintance = 1 stranger = 3
- 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
- Substance Abuse During Past Five Years in Community**
no problems = 0 some legal or social problems = 1
serious life disruptions = 2
- Address Changes During Past Year**
one or less = 0 two or more = 2
- Time Employed or in School During Past Year in Community**
60% or more = 0 59% or less = 1
- 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

- Most Sexually Intrusive Index Sex Offense**
 - non-contact offense
 - fondling
 - digital penetration, fellatio, or cunnilingus
 - actual or attempted penile penetration of vagina or anus
 - bizarre or ritualistic behavior
- Most Force Used During Index Sex Offenses**
 - non-contact offense
 - contact offense
 - force greater than necessary to gain compliance or clear threats of physical harm to victim or others
 - use of potentially deadly weapon
- Most Physical Harm to Index Sex Offense Victims**
 - no medical treatment required
 - injury not requiring formal medical attention
 - treated for injury and released
 - hospitalized
 - death resulting
- Vulnerability Characteristics of the Index Offense Victims**
 - victim age 11 or younger
 - victim age 65 or older
 - victim developmentally disabled
 - victim had a major mental illness
 - victim had a serious physical disability
 - victim had severe drug and alcohol intoxication
 - 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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R. J. McGrath, S. E. Hoke, & M. P. Lasher

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

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

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R. McGrath, G. Cumming, & M. Lasher

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>



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?)

A black and white photograph of a large flock of birds, possibly terns, flying against a dark sky. The birds are scattered across the frame, with some appearing as bright white specks and others as more detailed silhouettes. In the center of the image, there is a white rectangular box containing the text "PERSONS WHO ARE VICTIMIZED" in a bold, black, serif font.

PERSONS WHO ARE VICTIMIZED

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







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

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.

Childhood maltreatment influences adult brain structure through its effects on immune, metabolic and psychosocial factors

 Sofia C. Orellana,  Richard A.I. Bethlehem,  Ivan Simpson-Kent,  Anne-Laura van Harmelen,  Petra E. Vértes,  Edward T. Bullmore

doi: <https://doi.org/10.1101/2023.06.15.23291420>

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.



Abstract

Full Text

Info/History

Metrics

 Preview PDF

Abstract

Childhood maltreatment (CM) leads to a lifelong susceptibility to mental ill-health which might be reflected by its effects on adult brain structure, perhaps indirectly mediated by its effects on adult metabolic, immune, and psychosocial systems. Indexing these systemic factors via body mass index (BMI), C-reactive protein (CRP) and rates of adult trauma (AT), respectively, we tested three hypotheses: (H1) CM has direct or indirect causal effects on adult trauma, BMI and CRP; (H2) adult trauma, BMI and CRP are all independently related to adult brain structure; and (H3) effects of CM on adult brain structure are mediated by its effects on adult trauma, BMI and CRP. Using path analysis and data from N=116,887 participants in UK Biobank we find that CM is related to greater BMI and AT levels, and that only these two variables mediate CM's effects on CRP [H1]. Regression analyses on the UKB MRI sub-sample (N=21,738) revealed that greater CRP and BMI were both related to a spatially convergent pattern of cortical effects (Spearman's $\rho=0.87$) characterised by fronto-occipital increases and temporo-parietal reductions in thickness, and that AT is related to lower subcortical volumes [H2]. Finally, path models indicated that CM has indirect effects in a subset of brain regions through its influence on BMI, CRP and AT [H3]. Results provide evidence that childhood maltreatment can influence brain structure decades after exposure by increasing individual risk towards adult trauma, obesity or inflammation.

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Subject Area

Psychiatry and Clinical Psychology

Subject Areas

All Articles

Addiction Medicine

Allergy and Immunology

Anesthesia

Cardiovascular Medicine

Dentistry and Oral Medicine

Dermatology

Emergency Medicine

Endocrinology (including Diabetes Mellitus and Metabolic Disease)

Epidemiology

Forensic Medicine



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

Esme Fuller-Thomson¹ · Ashley Lacombe-Duncan² · Deborah Goodman³ · Barbara Fallon¹ · Sarah Brennenstuhl⁴

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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



OVERVIEW



THE PROBLEM

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

- No form of punishment reduces risk to abuse

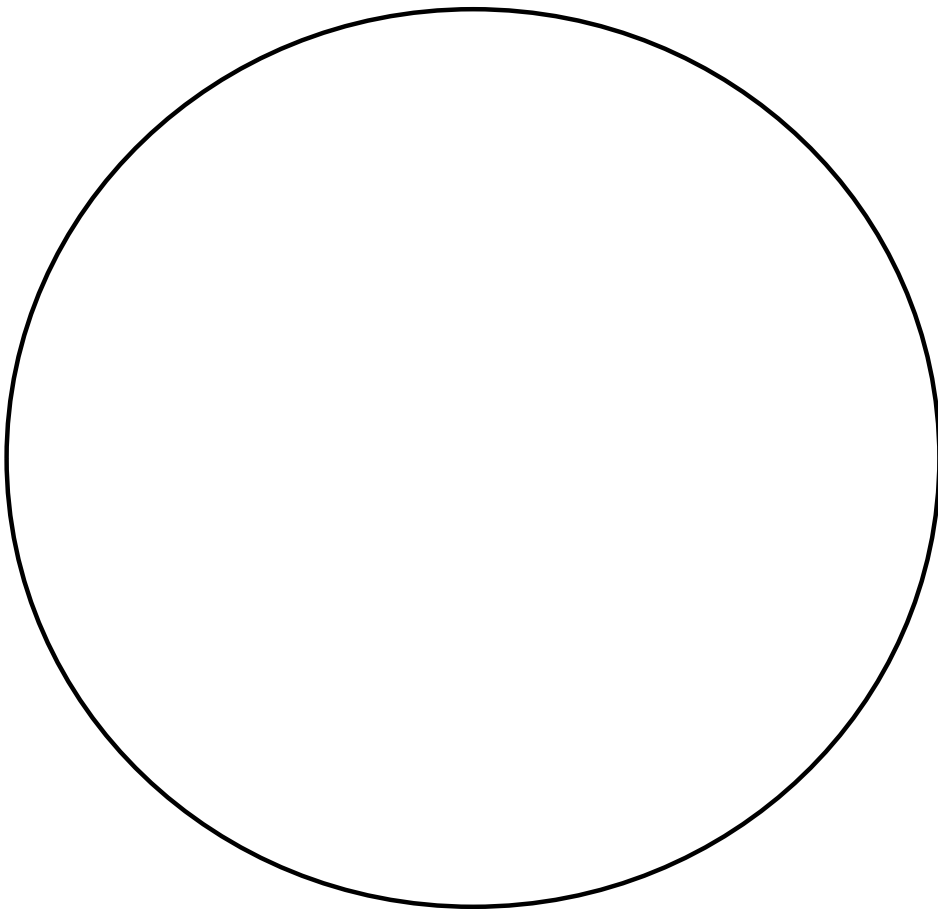


A REAL PROBLEM

- *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

MANY MOTIVATIONS

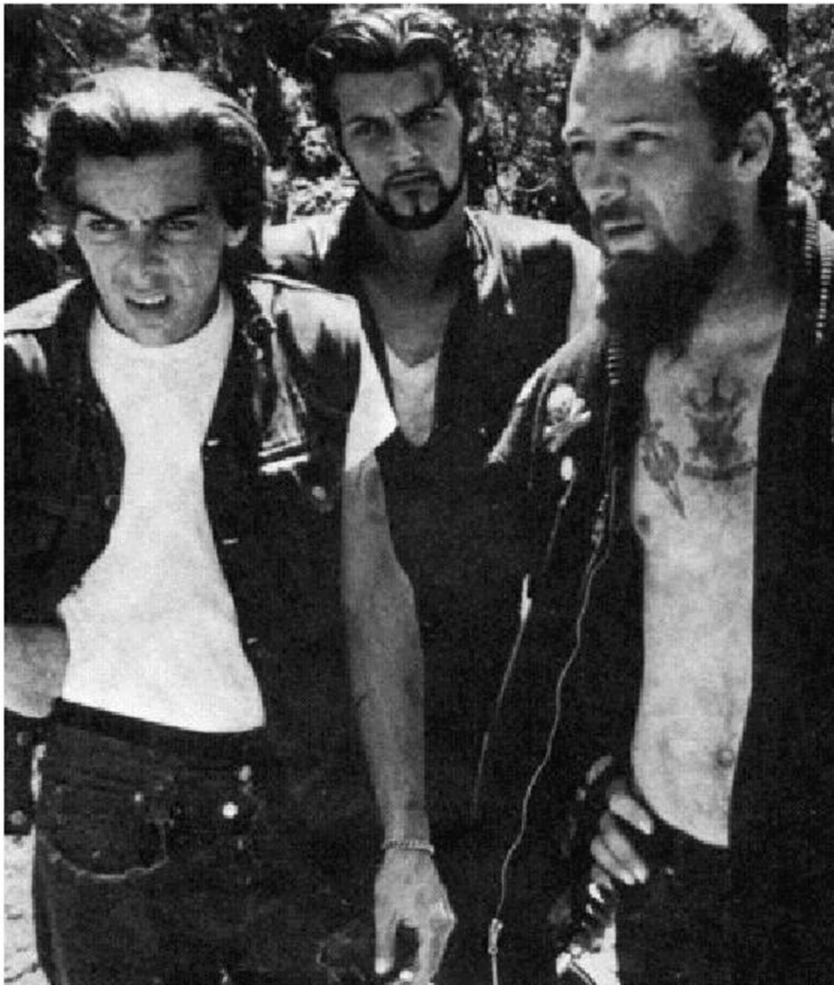
- Sexual



- Non-sexual



1980'S: WHAT MANY THOUGHT



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

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

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.

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

HANSON AND BUSSIÈRE

- Measured outcomes:

- sexual
- non-sexual
- general

used re-arrests, reconviction, self-report, etc.

- No single factor found that could be used in isolation



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

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 $r = .11$

HANSON AND BUSSIÈRE

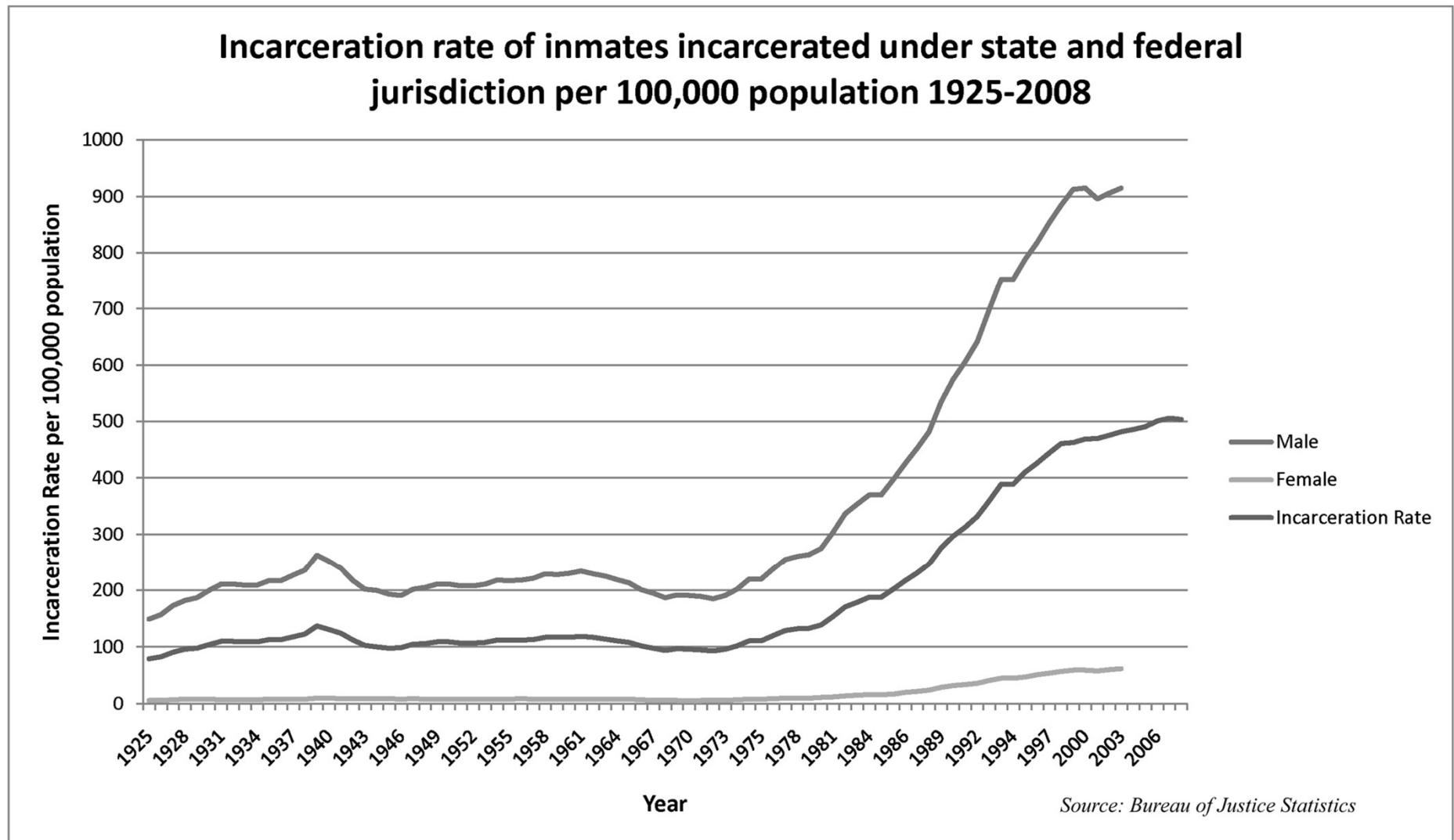
- Predictors of sexual recidivism (*continued*)
 - Diverse sexual crimes $r = .10$
 - Antisocial Personality Disorder $r = .14$
 - Any prior offenses (general) $r = .13$
 - Age (young) $r = .13$
 - Single (never married) $r = .11$
 - Treatment drop-out $r = .17$

HANSON AND BUSSIÈRE

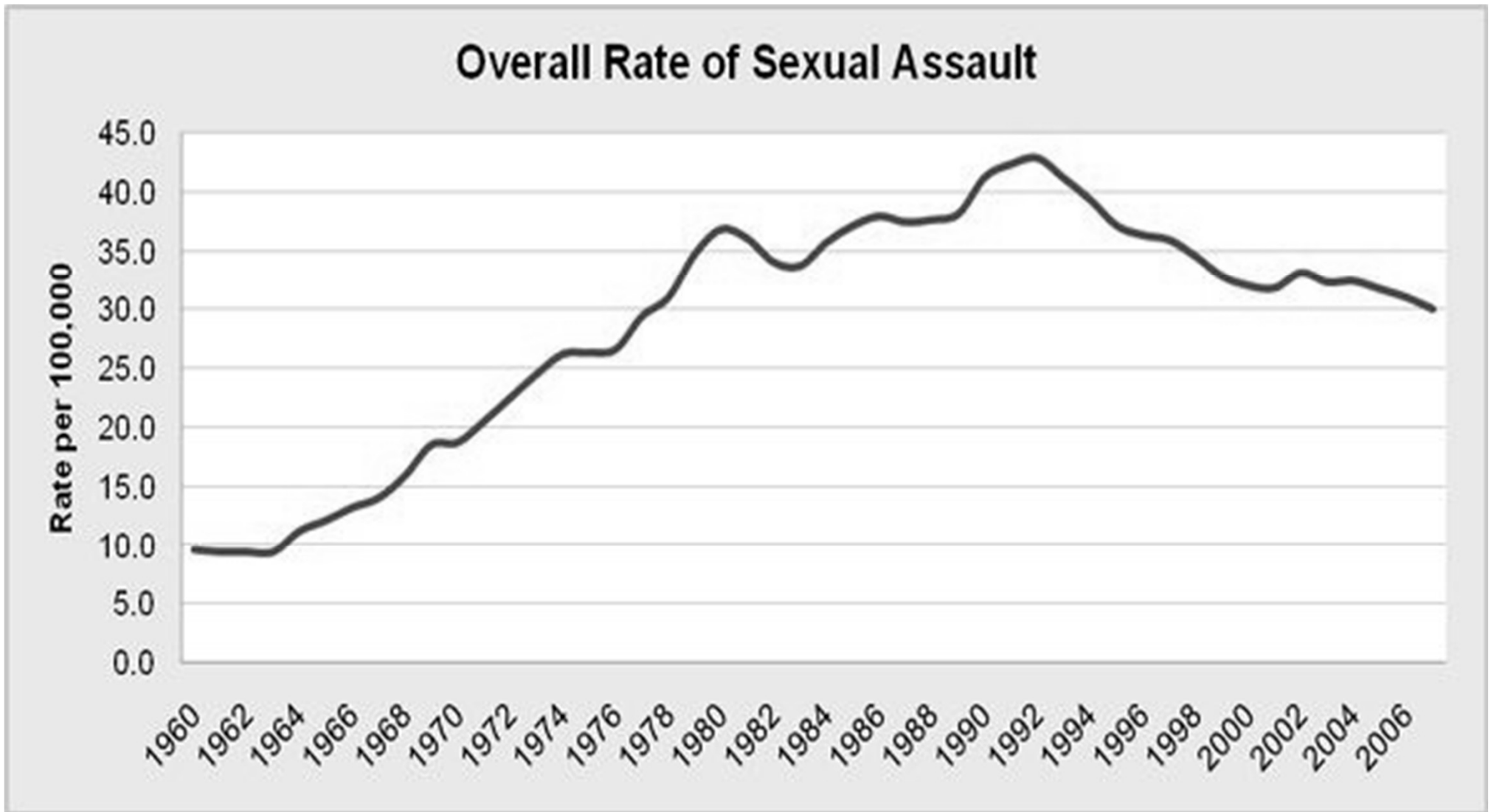
What DIDN'T correlate to recidivism?

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

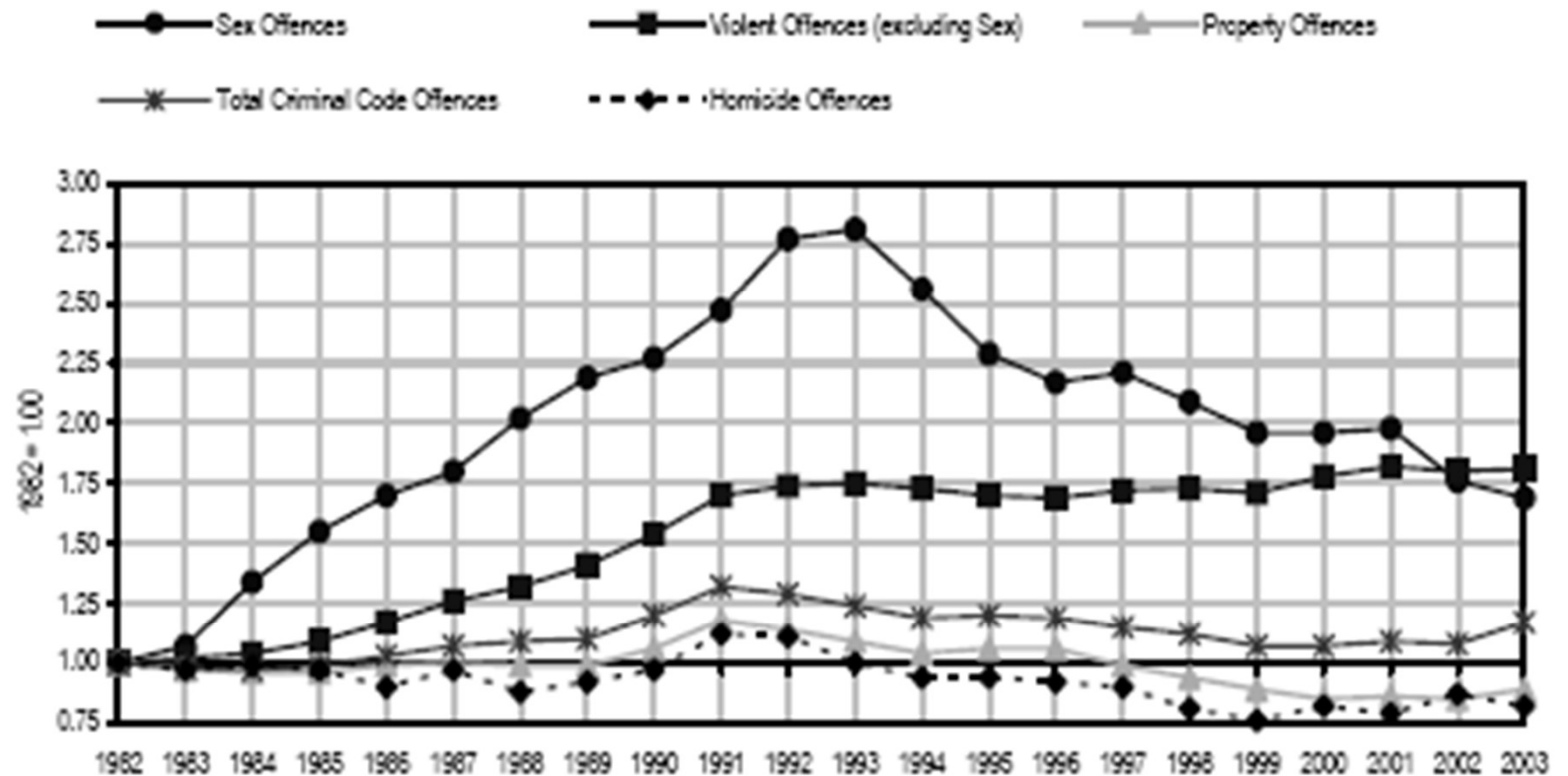
INCARCERATION RATES



SEX CRIME RATE



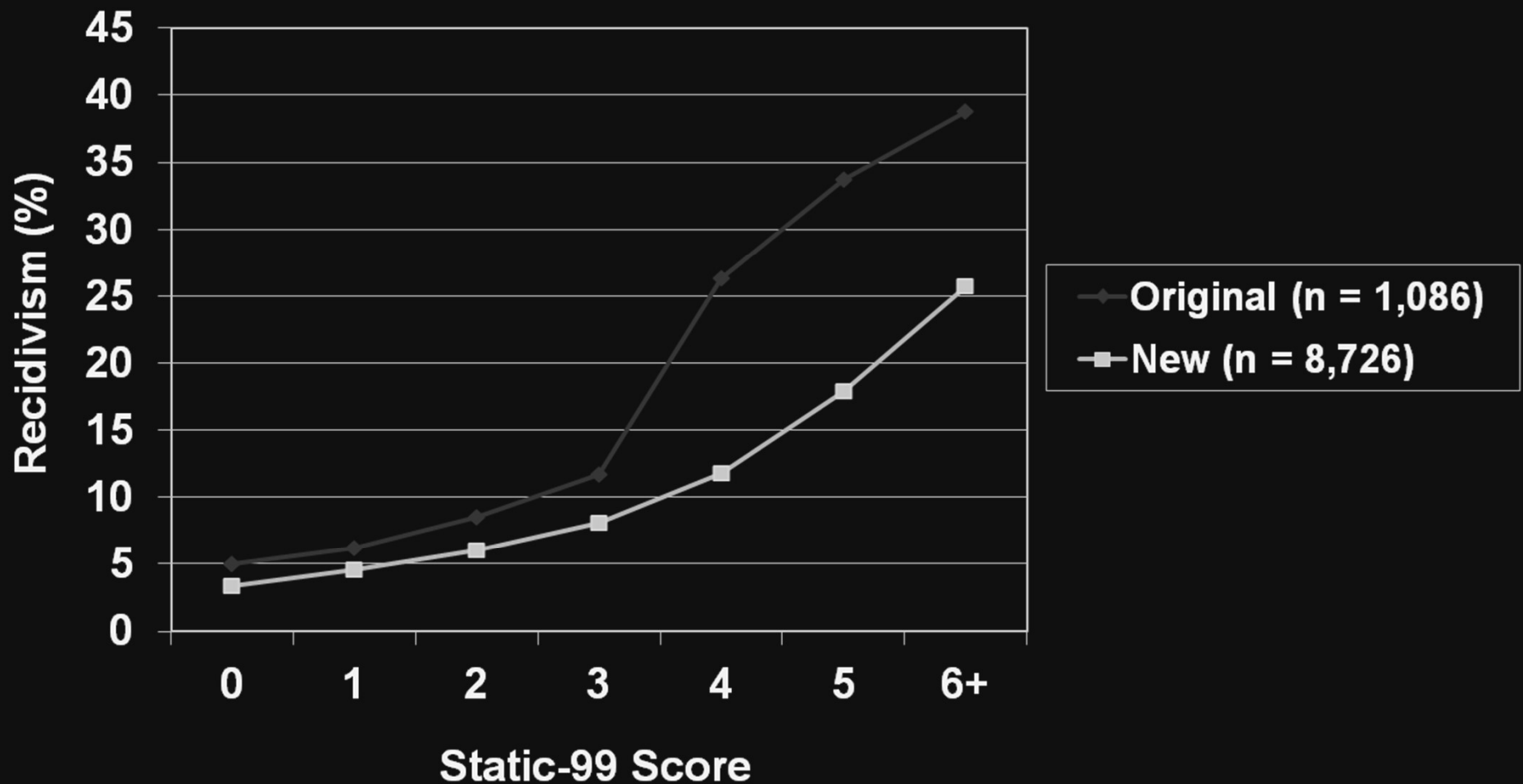
CANADA



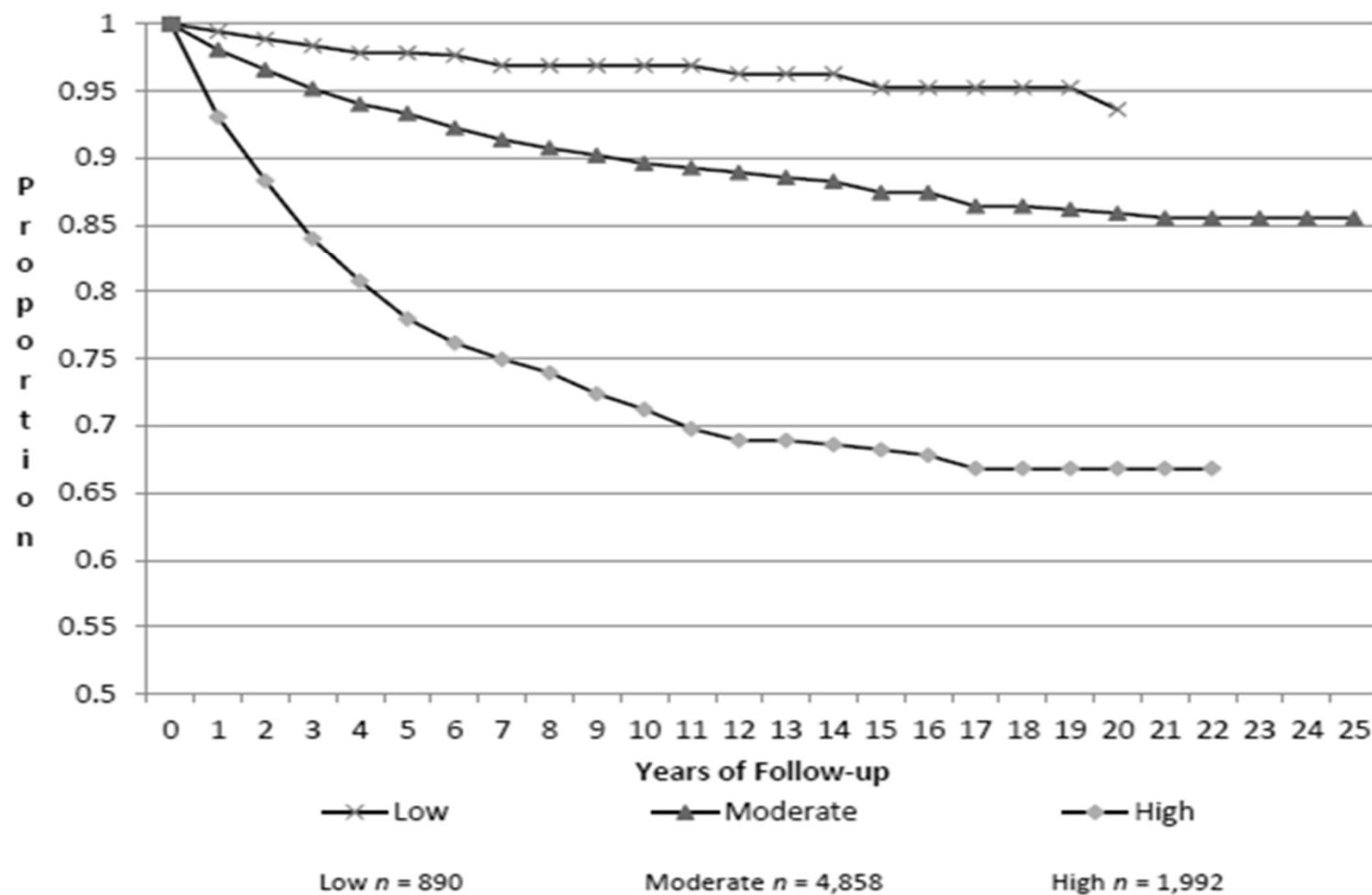
Source: Statistics Canada. (2004). "Crime Statistics in Canada, 2003." Canadian Centre for Justice Statistics. Juristat, Vol.24 No. 6.

SEXUAL RECIDIVISM AT 5 YEARS

(STATIC-99 SURVIVAL ANALYSIS)



5-YEAR SURVIVAL RATES: HANSON ET AL. 2015





ASSESSMENT



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

ASSESSMENT

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

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)

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



TREATMENT



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

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

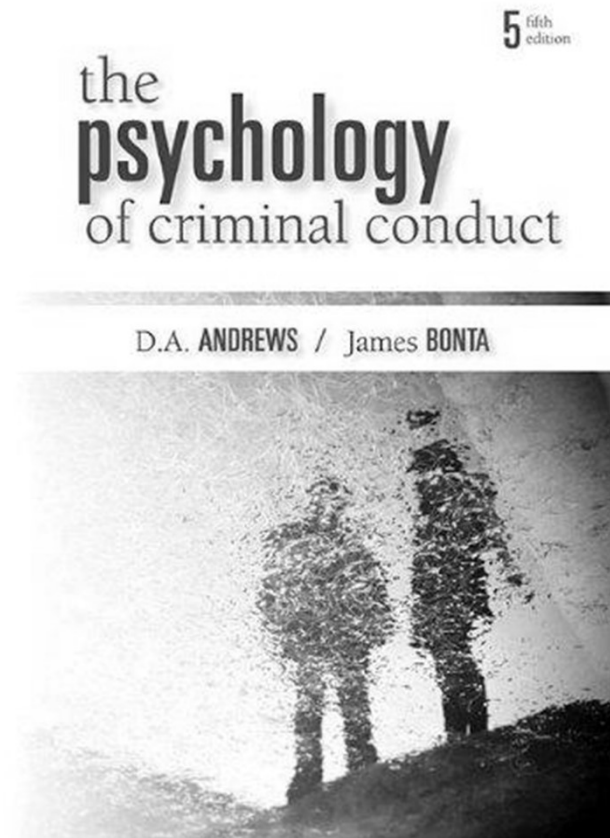
TREATMENT OF PEOPLE WHO HAVE ABUSED

- 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

ANDREWS & BONTA (2010)

Three Principles:

- Risk
- Need
- Responsivity



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

ANDREWS & BONTA – “BIG 4”

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

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

RISK

Environmental/Situational Elements

+

Personal Elements

Risk

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

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

EFFECTIVE PROGRAMS

RESPONSIVITY principle

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

RELATIONSHIP PROBLEMS



LEARNING DIFFICULTIES



HYPERACTIVITY



COMMUNICATION DIFFICULTIES



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.

COGNITIVE RIGIDITY



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.

MARSHALL, 2005



MARSHALL, 2005

- Warm
- Empathic
- Rewarding
- Directive



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

WHAT NOT TO DO: CASE EXAMPLE

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...

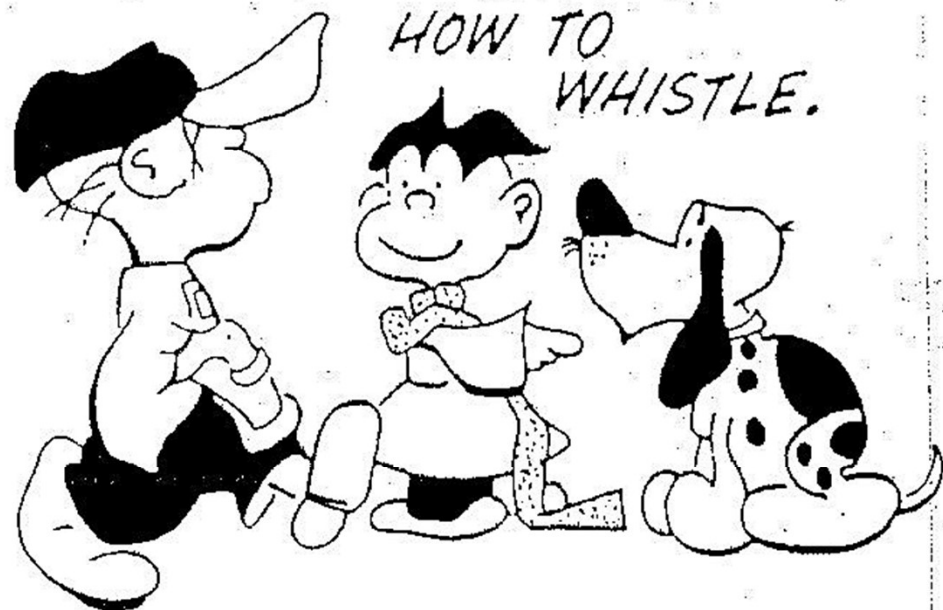
- ONE person in the kitchen at a time
- Inappropriate table manners (eating with mouth open, etc.)
- NO borrowing, lending, buying or selling to any residents or staff
- SILENT Study Hall
- Chore Non-compliance
- NO talking behind peers back
- Worry about yourself and no one else
- No Pictures of other 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

**These are and always have
been rules!**

This is a reminder and a prompt!

**These actions WILL BE
CONSEQUENCED**

I TAUGHT STRIPE
HOW TO
WHISTLE.



I DON'T HEAR
HIM WHISTLING!



I SAID I TAUGHT
HIM. I DIDN'T
SAY HE LEARNED IT.



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

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

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



KEY COMPONENTS AND THE GOOD LIVES MODEL

WHAT WORKS?

Who works?

GLM APPROACH AND CORE PRINCIPLES

GLM ADULT

Safer Society Press
and
The Association for the Treatment of Sexual Abusers
present
The ATSA Conference Workshop Video Series



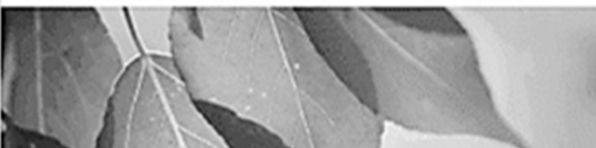
Making a Better Life Happen:
Integrating the Good Lives Model in
Sexual Offender Treatment

featuring:
Gwenda M. Willis, PhD
Pamela M. Yates, PhD
David S. Prescott, LICSW

Recorded November 1, 2013
at the ATSA 32nd Annual
Research and Treatment Conference


Includes bonus
with the
slide pr
easy-t
for

*Applying the Good Lives and
Self-Regulation Models to
Sex Offender Treatment:*
A Practical Guide for Clinicians



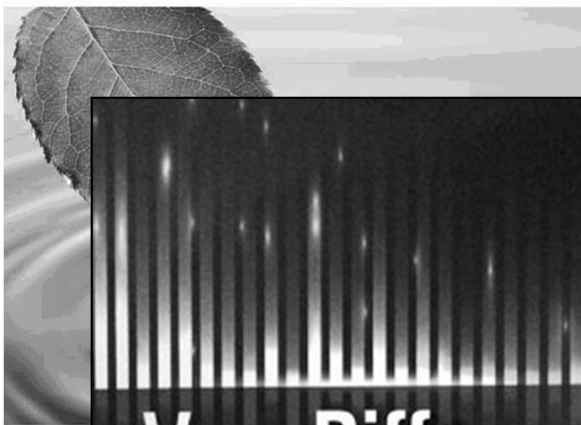
Ph.D., R.D. Psych
Prescott, LICSW
D., DipClinPsyc

Building a Better Life
A Good Lives and Self-Regulation Workbook




Pamela M. Yates, Ph.D., R.D. Psych
David S. Prescott, LICSW
Foreword by Tony Ward, Ph.D., DipClinPsyc

*Applying the Good Lives Model to the
Case Management of Sexual Offenders*
A Practical Guide for Probation Officers,
Parole Officers, and Case Workers



**Very Different
Voices:** Perspectives and
Case Studies in
Treating Sexual
Aggression

David S. Prescott and
Robin J. Wilson



グッドライフ・モデル

性犯罪からの立ち直りとより良い人生のためのワークブック

パメラ・M・イエイツ、
デビッド・S・プレスコット 著
藤岡淳子 監訳



誠信書房

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, 1 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	



Becoming the Man I Want to Be

A Good Lives Workbook

David S. Prescott, LICSW



The Good Lives Model for Adolescents Who Sexually Harm



Edited by Bobbie Print, CQSW
Foreword by Tony Ward, PhD

Becoming Who I Want to Be

A Good Lives Workbook for Young Men



David S. Prescott, LICSW

Becoming Who I Want to Be

A Good Lives Workbook for Young Men



David S. Prescott, LICSW

BECOMING WHO I WANT TO BE

A Good Lives Workbook for Young Women



David S. Prescott, LICSW
Tyffani Dent, PsyD

THE GOOD LIVES MODEL (GLM)



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

“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)

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.

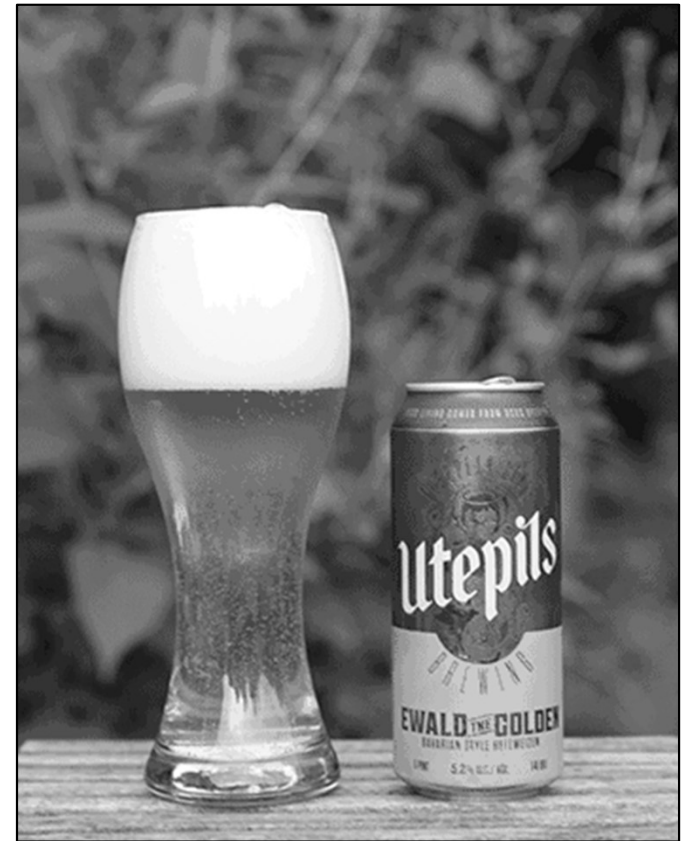
We will revisit this exercise later.

You will not be expected to share your responses.

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?

WHAT ARE ALL THE NEEDS THAT THESE MEET?



KRAKOW

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



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

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

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

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”?

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)

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

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

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



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



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



PRIMARY GOODS: DEFINITIONS

Dymt bakt Torsk Torsk med smør og løk, serveres med potetstappe og grønnsaker. Baked cod with butter and onion, served with potato mash and vegetables.	315,-
Ishavskrøye Skremte skrei med smør og løk, serveres med potetstappe og grønnsaker. Creamed Arctic char with butter and onion, served with potato mash and vegetables.	265,-
Blacalao Torsk med blacalao, serveres med potetstappe og grønnsaker. Cod with blacalao, served with potato mash and vegetables.	295,-
Kveite Kveite med smør og løk, serveres med potetstappe og grønnsaker. Kveite with butter and onion, served with potato mash and vegetables.	345,-
Klippfisk Klippfisk med smør og løk, serveres med potetstappe og grønnsaker. Klippfisk with butter and onion, served with potato mash and vegetables.	295,-
Moules frites 2 kilo dampede skaldyr i rødt og hvitt saus, serveres med pommes frites. Steamed mussels (2 kg) in white and red sauce, served with fries.	239,-
Når sesongen er der /when available: Lutefisk/Stock fish Nordique Vårt lutfisk er gul erkeblanding, serveres med potetstappe og grønnsaker. Our lutfisk is yellow erkeblanding, served with potato mash and vegetables. Den du har lyst på grønne erkeblanding, serveres med potetstappe og grønnsaker. If you wish to try an alternative, served with potato mash and vegetables. Det er vårt ønske at du skal bli glad og mett, så vi serverer deg gjerne to ganger.	460,-
Fersk torsk med klassisk tilbehør / Traditional Norwegian cod	

- 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



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



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



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)



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



PRIMARY GOODS: DEFINITIONS

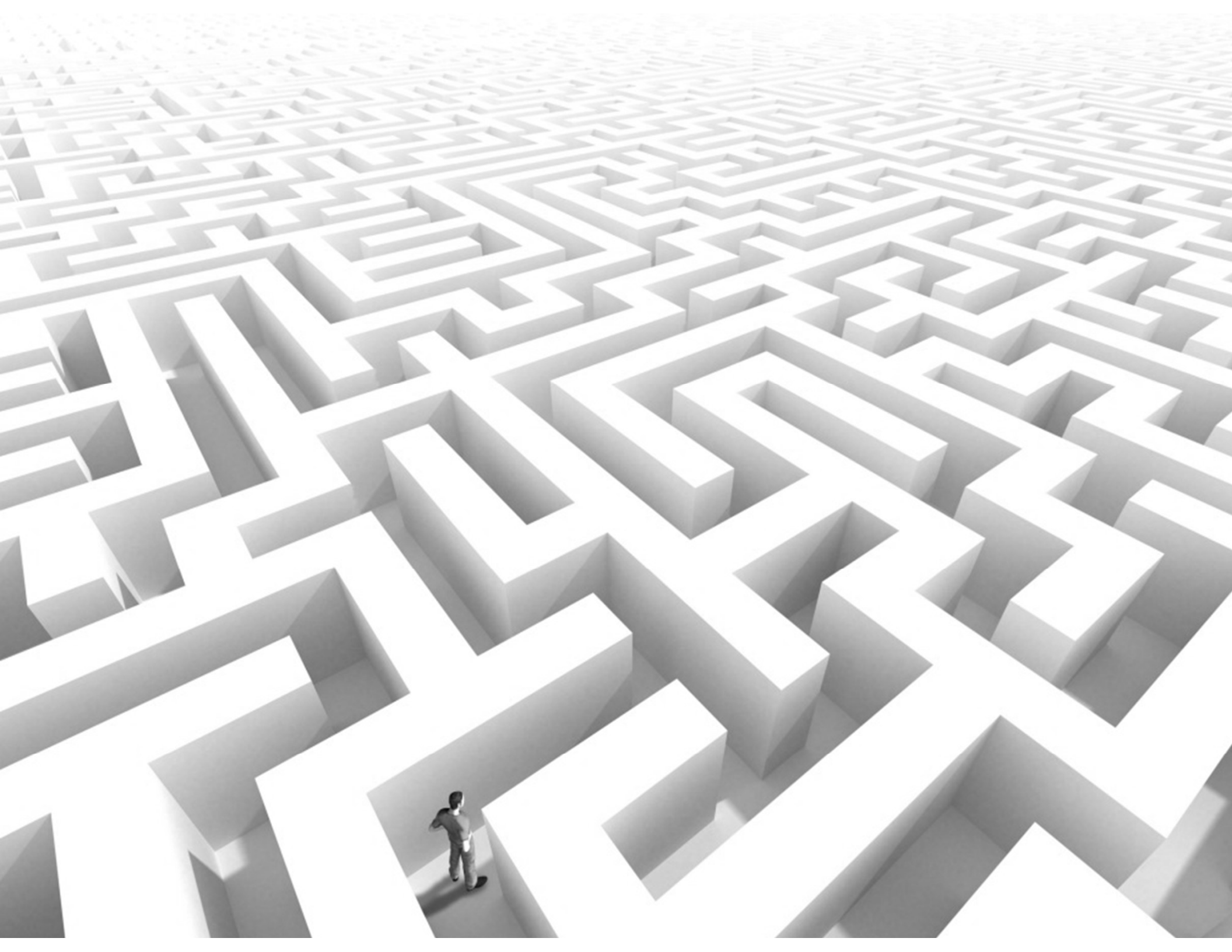
- Creativity
 - Desire for novelty or innovation
- Instrumental
(secondary) goods:
 - Engages in new/novel experiences that has not attempted previously
 - Engages in artistic, creative activities
 - Desire/need for novel sexual practices



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)





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)

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 ("challenged to a fight")

HARMFUL/PROBLEMATIC MEANS



NARROW SCOPE



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



LACK OF CAPACITY: INTERNAL



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

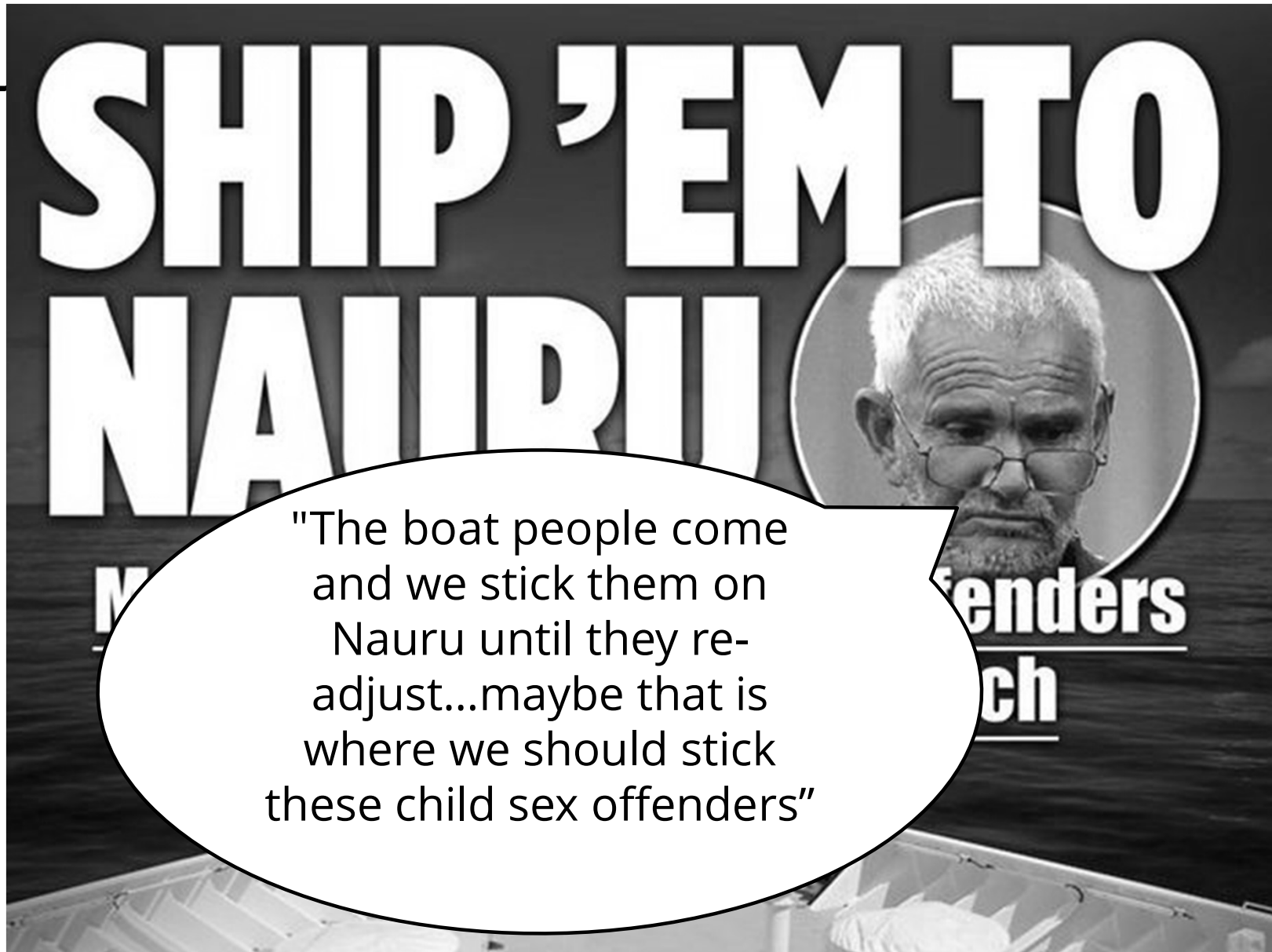
ACE items:	SOTx (<i>n</i> = 679)	CDC males (<i>n</i> = 7,970)
Verbal abuse	53.3%	7.6%
Physical abuse	42.2%	29.9%
Child sexual abuse	38%	16%
Emotional neglect	37.6%	12.4%
Physical neglect	15.9%	10.7%
Parents not married	54.3%	21.8%
DV in home	24%	11.5%
Substance abuse in home	46.7%	23.8%
Mental illness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

LACK OF CAPACITY: INTERNAL



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

LACK OF CAPACITY: EXTERNAL



IDENTIFYING OBSTACLES

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

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.

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



TREATMENT PROGRESS

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

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

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

VRIES ROBBE ET AL. (2015)

Best Outcomes:

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

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?

A black and white photograph of a large flock of birds, possibly terns, flying against a dark sky. The birds are scattered across the frame, with some appearing as bright white specks and others as more detailed silhouettes. A solid white horizontal band runs across the middle of the image, containing the title text.

COMMUNITY SUPERVISION

MISSION CRITICAL

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

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!

MOST IMPORTANTLY

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

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.

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.

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

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

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.

THE SAFEST SEX OFFENDER

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

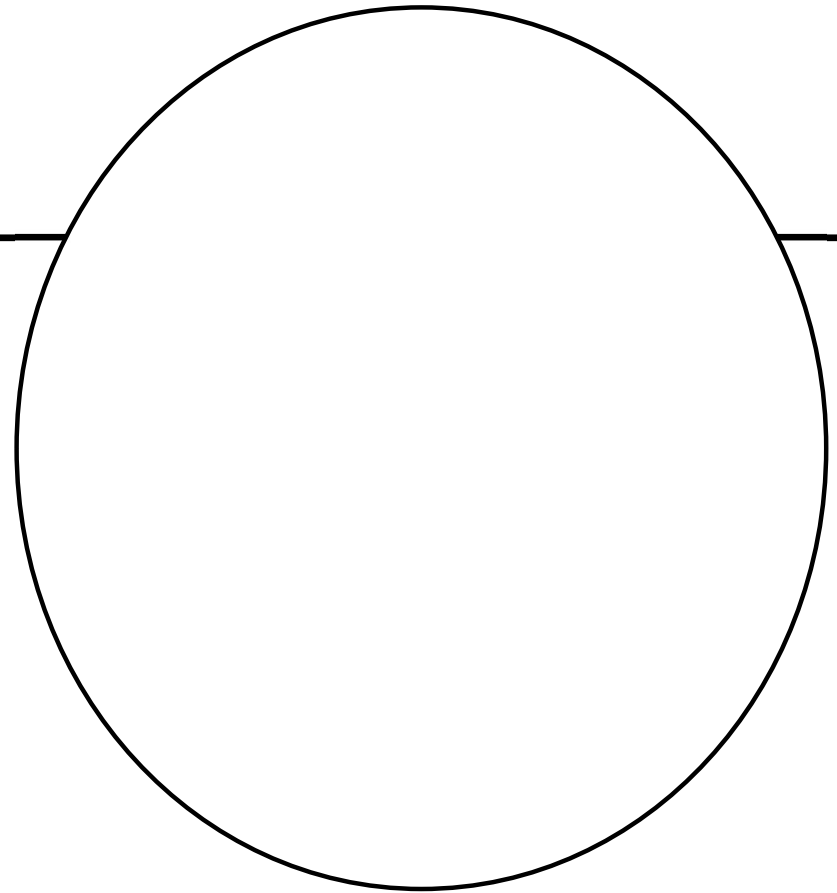


TRAUMA-INFORMED CARE



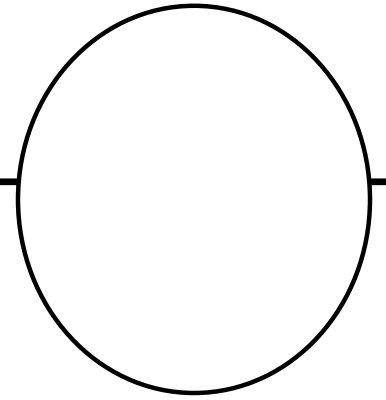
WHAT IS TRAUMA?

- PTSD
- Complex PTSD
- DEPNOS
- Complex trauma
- Developmental Trauma Disorder





WHAT IS TRAUMA?

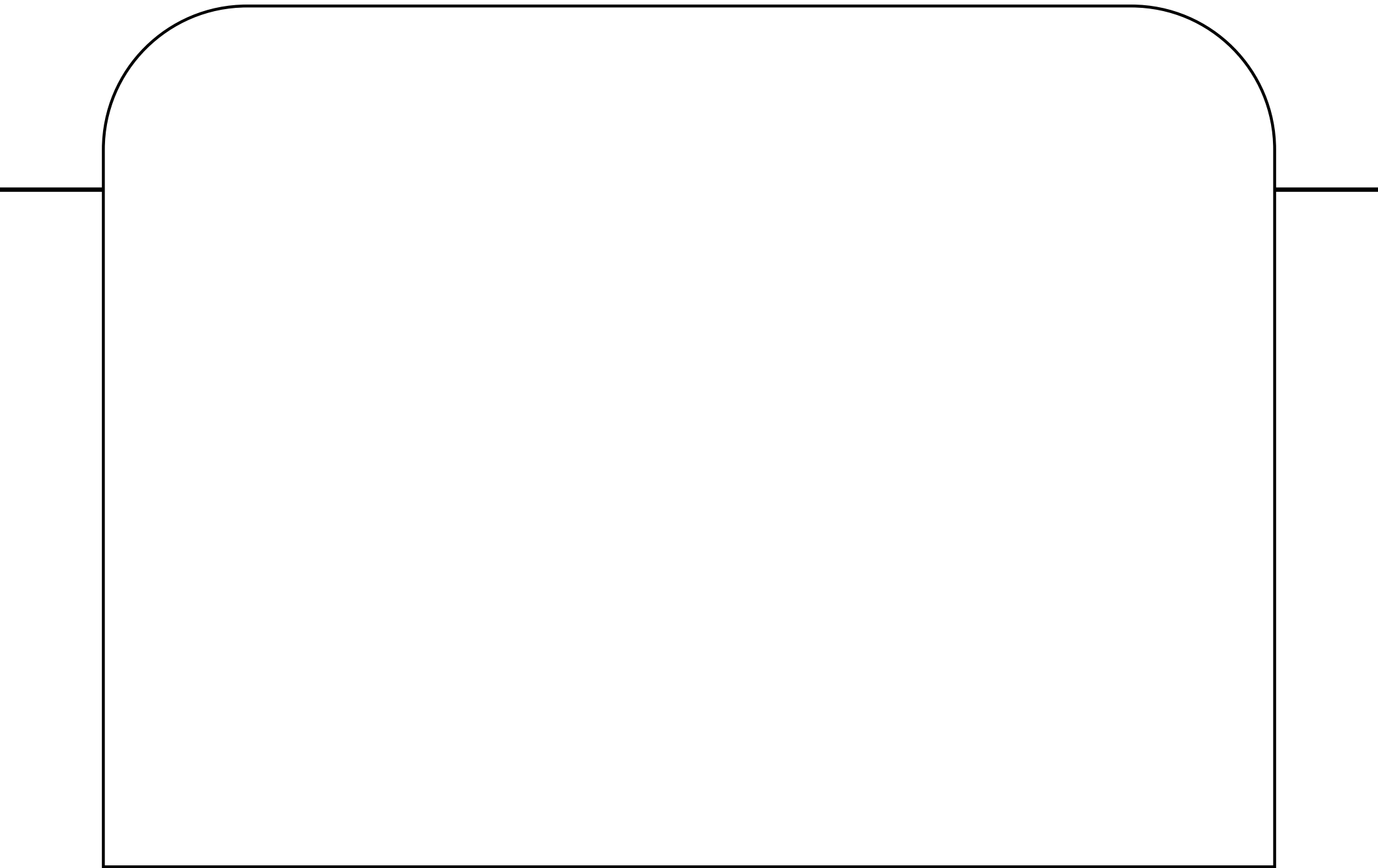


- Trauma is the desperate hope that the past was somehow different.

• -- Jan Hindman

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.



ABSENCE OF CURIOSITY



KEY THEME

❖ Just notice

❖ See what happens next

- Not just mindful...
- Investigating each experience
- Practice Making Choices based on what you notice



The background of the slide is a high-contrast, black and white aerial photograph of a city. A dense grid of streets and buildings is visible. Overlaid on this grid is a large, dark, irregular shape that resembles a footprint or a shadow, extending from the top left towards the bottom right. The word "TRAUMA" is written in a bold, black, serif font in the upper left quadrant of the image.

TRAUMA

- Relational issues
- Somatic challenges

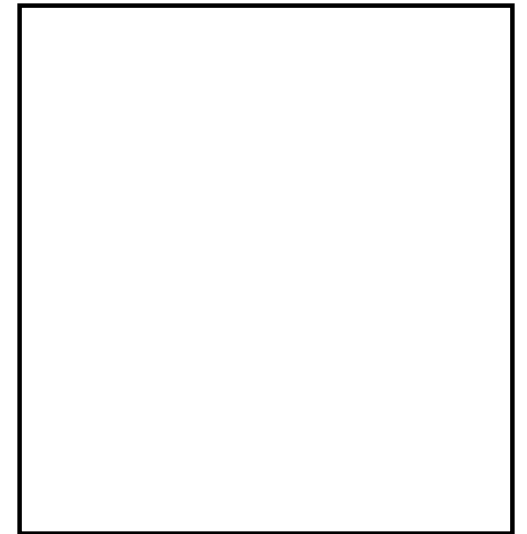
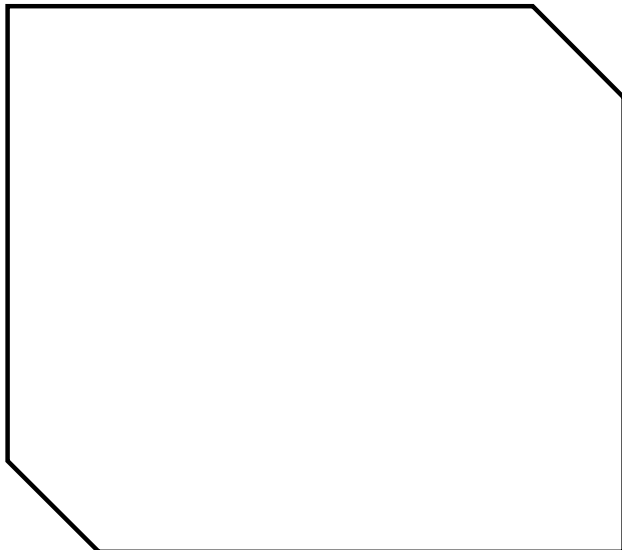
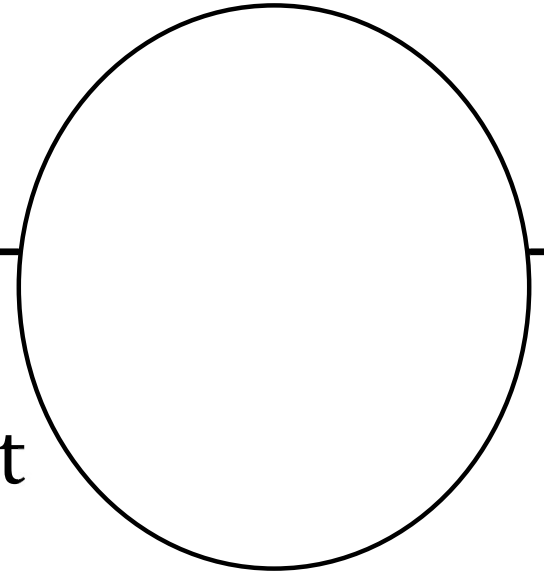
The goal of (trauma) treatment is to help people live in the present, without feeling or behaving according to irrelevant demands belonging to the past

~Bessel van der Kolk



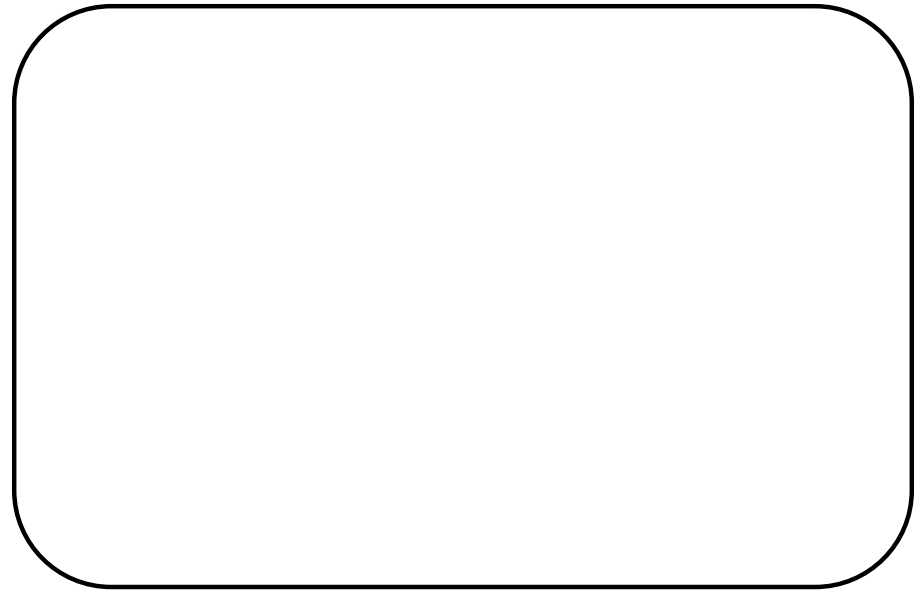
CASE EXAMPLE

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



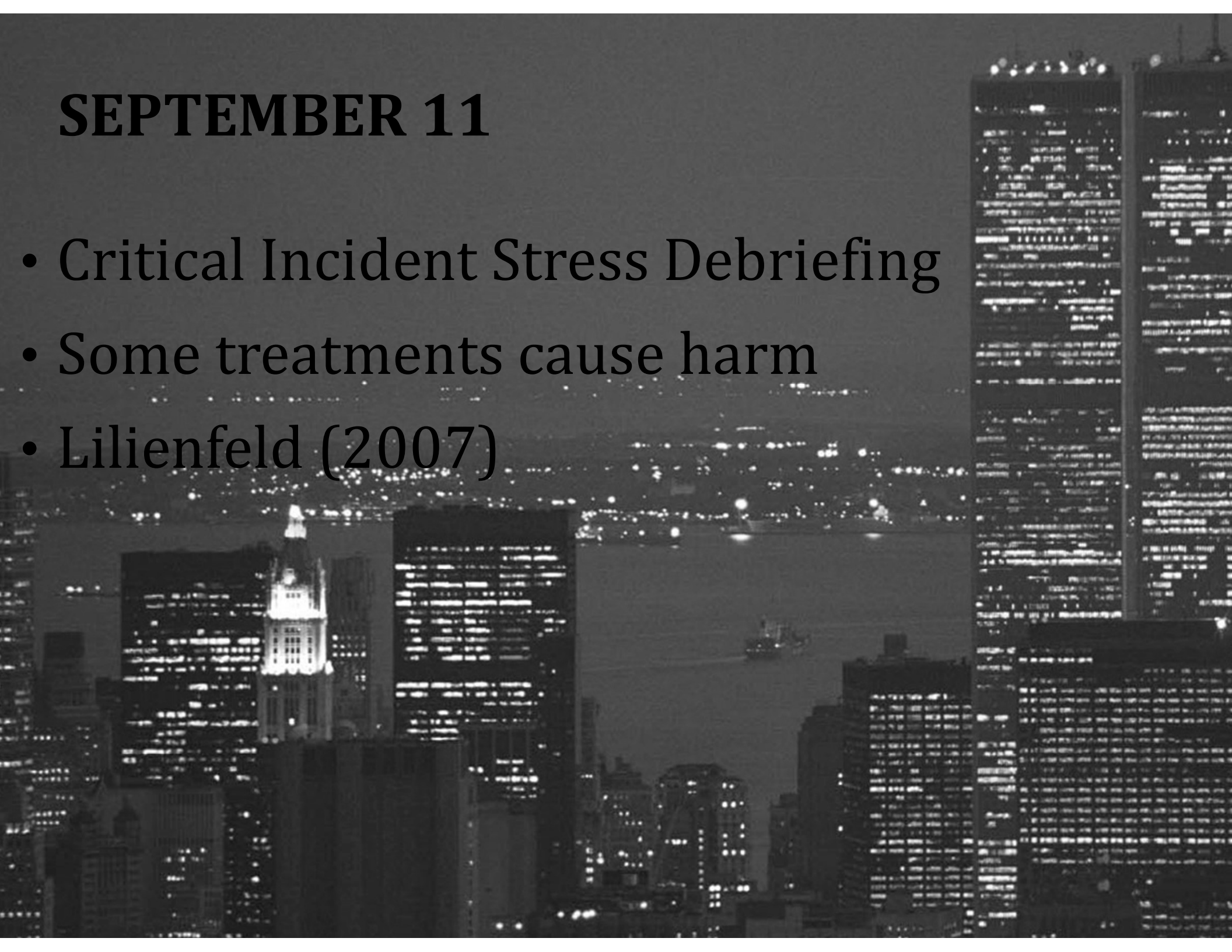
BENISH, IMEL, & WAMPOLD, 2008

- 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, M.D.

- 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

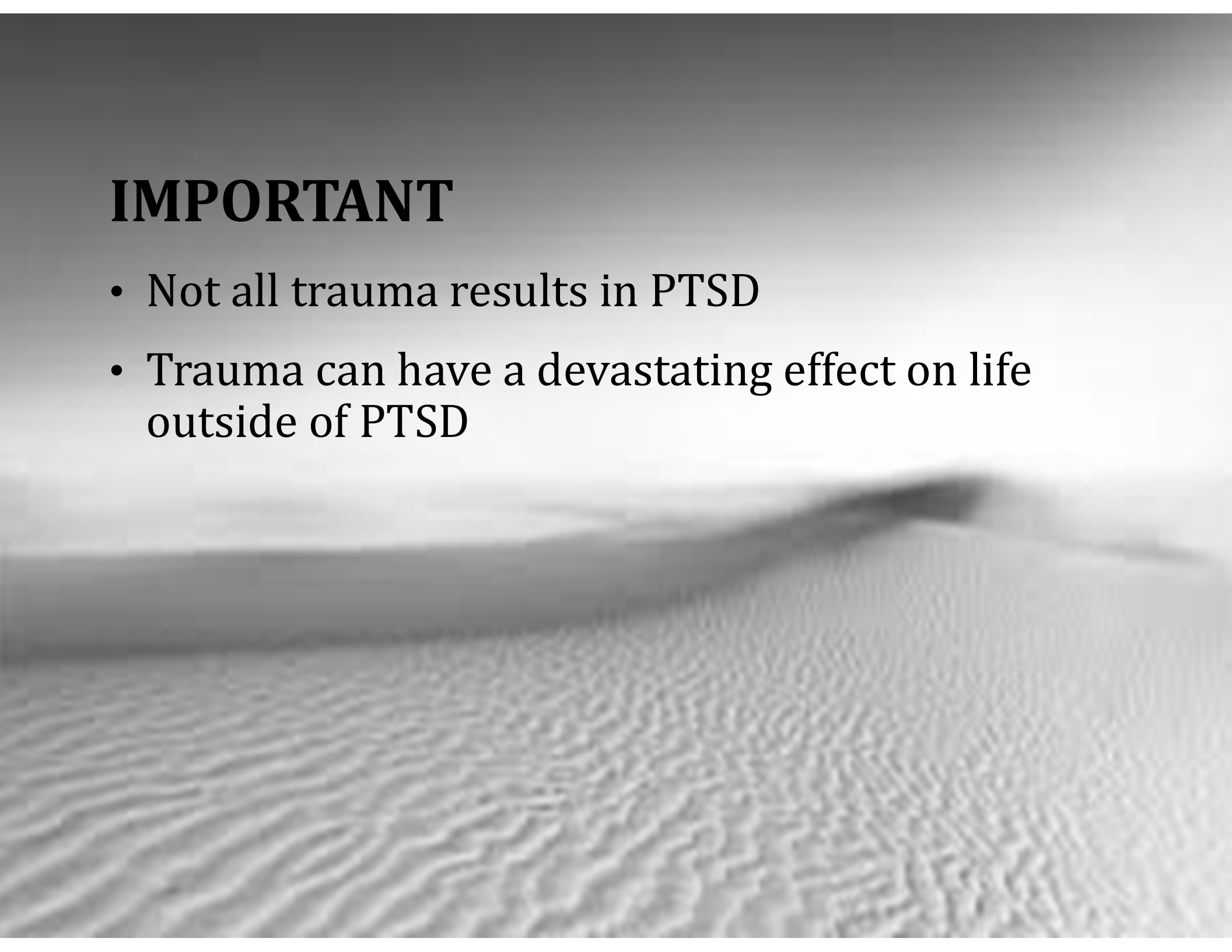
- Numbing of general responsiveness
 - Inability to recall important aspects of event
 - Diminished interest/participation in activities
 - Detachment/estrangement from others
 - Restricted range of emotions (e.g., love)
 - Sense of foreshortened future
- Arousal symptoms
 - Insomnia, anger, hypervigilance, 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

IMPORTANT

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



Adverse Childhood Experiences in the Lives of Male Sex Offenders: Implications for Trauma-Informed Care

Sexual Abuse: A Journal of
Research and Treatment
1–20
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SAGE

Jill S. Levenson¹, Gwenda M. Willis²,
and David S. Prescott³

Abstract

This study explored the prevalence of childhood trauma in a sample of male sexual offenders ($N = 679$) using the Adverse Childhood Experience (ACE) scale. Compared with males in the general population, sex offenders had more than 3 times the odds of child sexual abuse (CSA), nearly twice the odds of physical abuse, 13 times the odds of verbal abuse, and more than 4 times the odds of emotional neglect and coming from a broken home. Less than 16% endorsed four or more. Multiple maltreatments of household dysfunction, suggesting that many a disordered social environment. Higher ACE scores were associated with higher risk scores. By enhancing our understanding of early adverse experiences, we can better devise interventions that respond to the clinical needs of sex offender clients.

Adverse Childhood Experiences in the Lives of Female Sex Offenders

Jill S. Levenson¹, Gwenda M. Willis²,
and David S. Prescott³

Abstract

This study explored the prevalence of early trauma in a sample of U.S. female sexual offenders ($N = 47$) using the Adverse Childhood Experiences (ACE) scale. Compared with females in the general population, sex offenders had more than three times the odds of child sexual abuse, four times the odds of verbal abuse, and more than three times the odds of emotional neglect and having an incarcerated family member. Half of the female sex offenders had been sexually abused as a child. Only 20% endorsed zero adverse childhood experiences (compared with 35% of the general female population) and 41% endorsed four or more (compared with 15% of the general female population). Higher ACE scores were associated with having younger victims. Multiple maltreatments often co-occurred in households with other types of dysfunction, suggesting that many female sex offenders were raised within a disordered social environment by adults with problems of their own who were ill-equipped to protect their daughters from harm. By enhancing our understanding of the frequency and correlates of early adverse experiences, we can better devise trauma-informed interventions that respond to the clinical needs of female sex offender clients.

Trauma-Informed Care

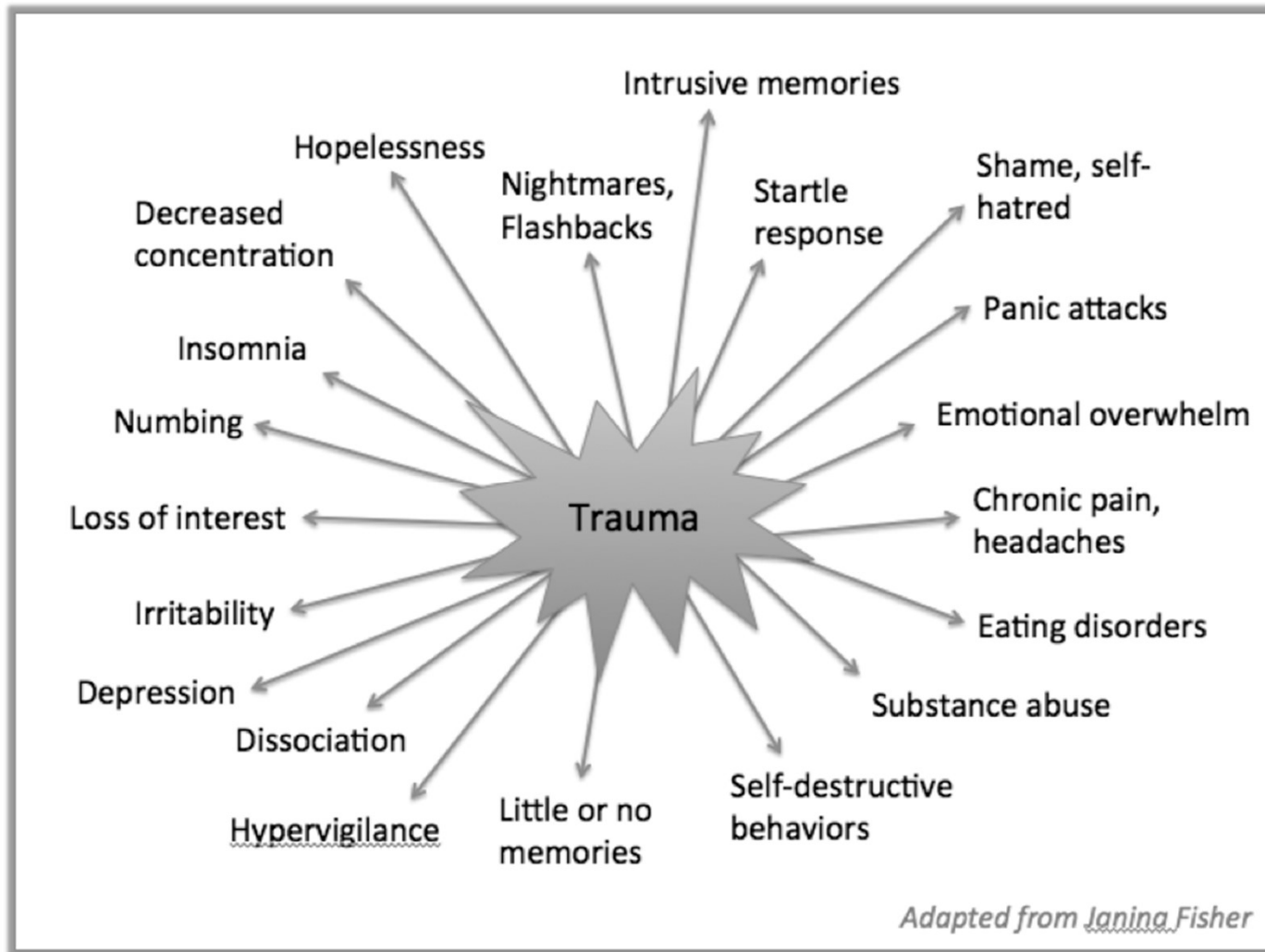
Transforming Treatment for People
Who Have Sexually Abused



Sexual Abuse: A Journal of
Research and Treatment
2015, Vol. 27(3) 258–283
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Jill Levenson
Gwenda Willis
David Prescott

COMMON TRAUMA RESPONSES



HERMAN, 1992

Type 1 Trauma:
Isolated, simple trauma

Usually a single incident or time-limited duration

Acute Stress Disorder/PTSD

Response and effects may vary with many factors

Type 2 Trauma:
Chronic & Complex

Prolonged, repeated trauma

Increased risk for long-term PTSD symptoms

Increased risk for related behavioral health syndromes

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

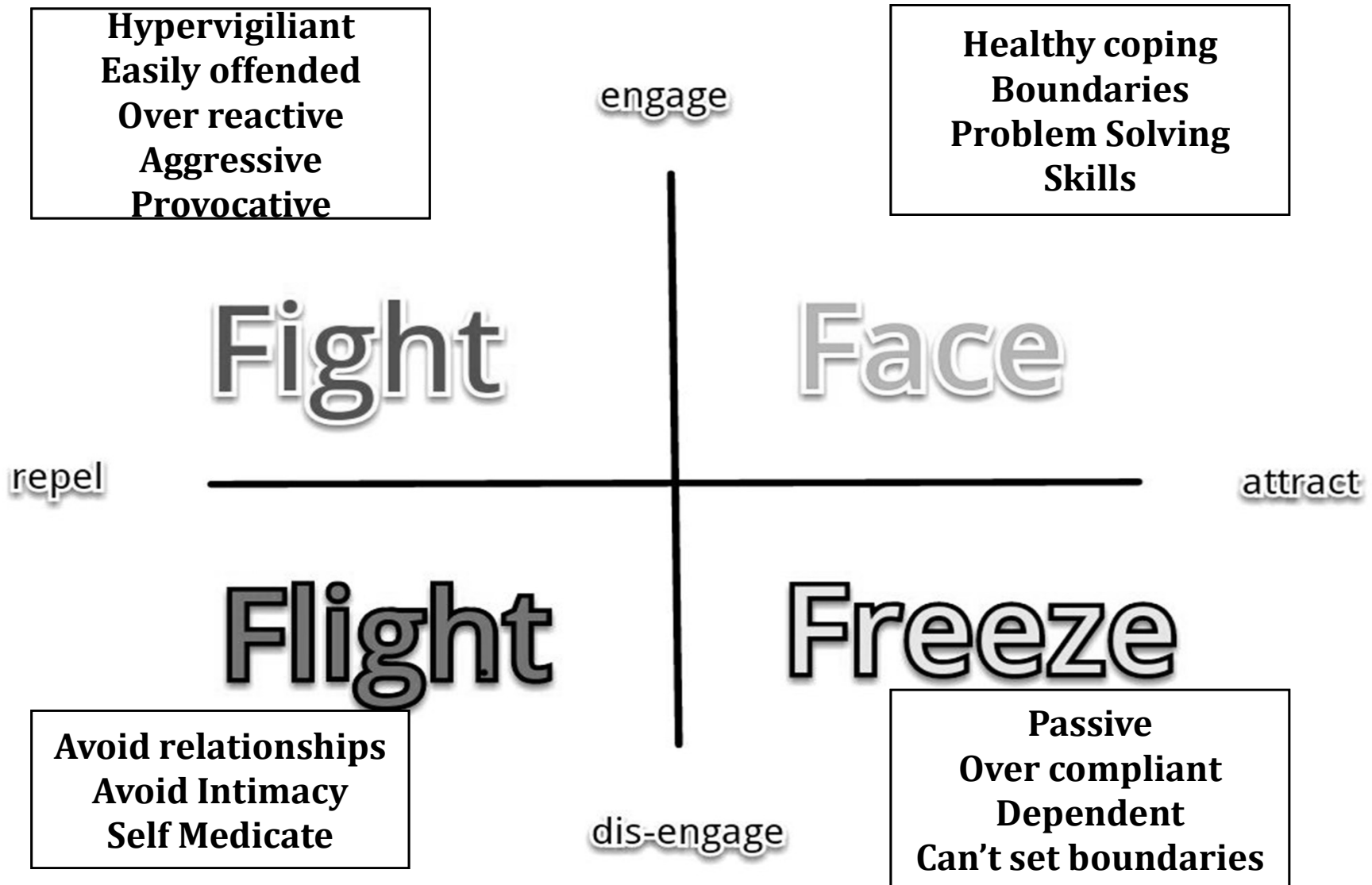
Self-regulation

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

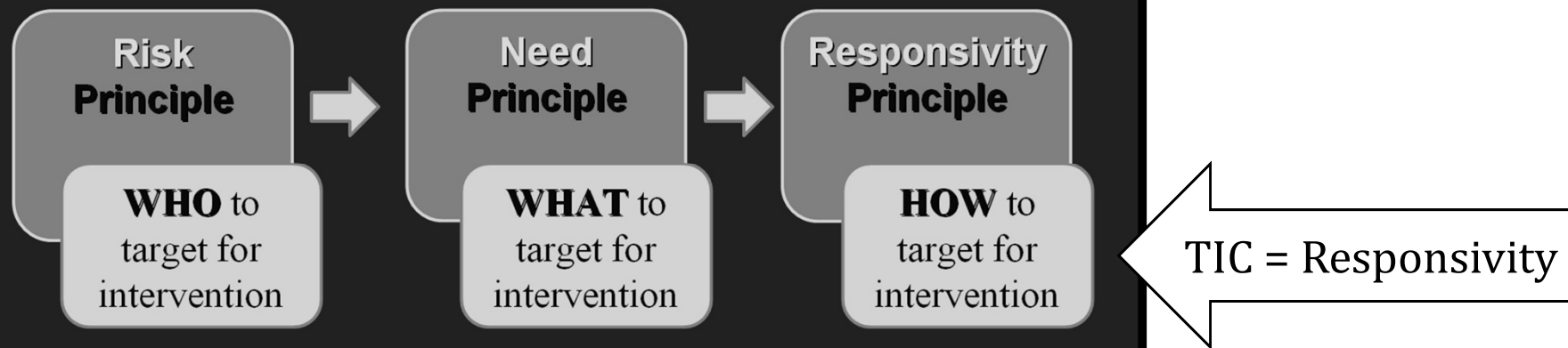
Cascade Effects

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

Ways trauma may impact relational dynamics



Principles of RNR Model



(Andrews & Bonta, 2010)

TRAUMA-INFORMED CARE IN SOTX

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www.becket.org

- *Healthy lives,*
- *Safe communities*



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.

ATTACHMENT



EMPATHIC ATTUNEMENT



EMPATHIC, ATTUNED INTERVENTIONS

❖ Unexpected

❖ Welcome

❖ Impactful



WHAT WE NEED ...

- ❖ Mindset
- ❖ Heartset
- ❖ Spirit
- ❖ Attitude
- ❖ Intention



COMPASSION



POLITICAL CLIMATE

- ❖ Coercion
- ❖ Shame
- ❖ Blame
- ❖ Threats
- ❖ Punishment



WE CAN LEAVE NO ONE BEHIND



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?



TO BE CONTINUED...

- **By you**

A black and white photograph featuring a rectangular sign with rounded corners. The sign is dark with a white border and is mounted on two wooden posts. The words "Thank You" are written on the sign in a large, white, sans-serif font. The background is a dramatic sky filled with numerous white, fluffy clouds against a darker sky. The sign is tilted slightly upwards and to the right.

Thank You