

Tertiary Prevention: Taking a Trauma-Informed Approach to Treating Those who have Sexually Offended

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Introduction of Presenters



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Warning

- ▶ We are aware this presentation may be difficult or triggering to some audience members, so please feel free to use self-care, or to leave, if necessary.

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Objectives

1. Understand how Adverse Childhood Experiences (ACES) may have contributed to sexually abusive behavior.
2. Understand how shame leads to unhelpful thoughts and how to address this phenomenon.
3. Identify strategies for approaching risk factors from a trauma-informed approach

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What are Adverse Childhood Experiences (ACES)?

- ▶ Definition:
 - ▶ Challenging experiences or events which take place in childhood.
- ▶ Examples may include, but are not limited to:
 - ▶ Having parent(s) who are incarcerated or deceased
 - ▶ Residing in a home with domestic violence
 - ▶ Experiencing abuse or neglect
 - ▶ Having parent(s) who abused drugs/alcohol.

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How ACES Can Lead to Maladaptive Coping Strategies



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ACES and Sex-Offenses are NOT Causational, but Parallels do Exist

- ▶ Many of those who offend have had Adverse Childhood Experiences (ACES). However, most people with ACES will NOT offend.
- ▶ For people who have committed sexual offenses, some of the maladaptive coping strategies they've learned may be described as Dynamic Risk Factors.

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What are “Dynamic” Risk Factors?

- ▶ Definition:
 - ▶ CHANGEABLE features of individuals and their environments which predict a higher likelihood of offending or reoffending



WHAT ARE
THEY?



WHAT DO THEY
LOOK LIKE?

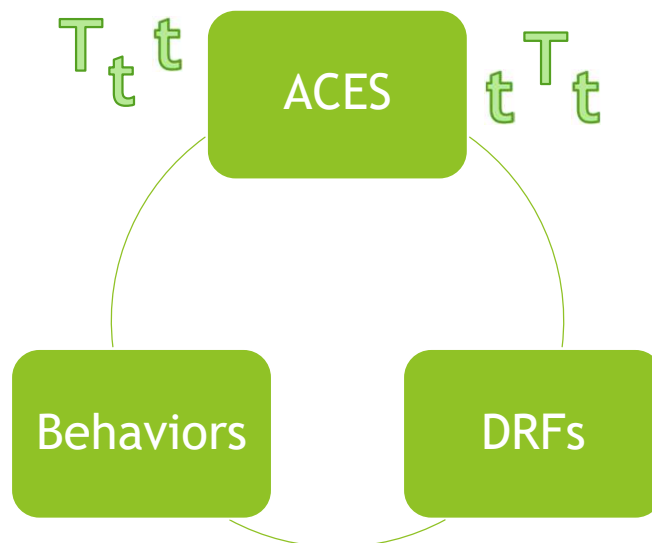
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Examples of Risk Factors and What They Look Like?

- ▶ Significant Social Influences
 - ▶ Capacity for Relationship Stability
 - ▶ Emotional Identification with Children
 - ▶ Hostility Towards Women
 - ▶ General Social Rejection & Loneliness
 - ▶ Lack of Concern for Others
 - ▶ Impulsive Acts
 - ▶ Poor Problem-Solving
 - ▶ Negative Emotionality
 - ▶ Sexual Coping
 - ▶ Sexual Preoccupation
 - ▶ Deviant Sexual Interests
 - ▶ Cooperation with Supervision/ Authority
 - ▶ *Attitudes Supportive of Sexual Assault
- Relationship Domains
- General Self-Regulation
- Sexual Self-Regulation

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How do ACES and Risk Factors Affect Each Other?



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What's next?

Now that we know how these ACEs, risk factors and behaviors can interact, what's next?

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Tertiary Prevention

- ▶ Definition: Taking into account a maladaptive behavior has already occurred and working to prevent recurrence.

Trauma-Informed Care

- ▶ Definition: Taking into account past trauma and the resulting coping mechanisms when attempting to conceptualize behaviors and treat the client.

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The Six Pillars of Trauma-Informed Care

Safety



Trustworthiness and
Transparency



Collaboration &
Mutuality



Empowerment,
Voice, & Choice



Peer Support



Cultural, Historical, &
Gender Relevance



SAMHSA, 2014

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Why address
shame in
trauma-informed
care?



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The Evolution of Shame: Transitioning from ACES to Risk Factors

Survival Strategies

Detaching/
stealing
food and
lying to
self/other's

Core Beliefs

Unlovable,
inadequate,
life is unfair

Unhelpful Thoughts

"I'm not good
enough," "I'm
different" and
"people won't
understand me."

Maladaptive Coping/Risk Factors

Lack of connection,
Unhealthy
relationships,
stealing, lying and
secret keeping

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Shame and Guilt

► Shame

- I am a "monster"
- Ashamed of the thought and offense
- Increased risk-related behavior
- Denial / Secret keeping
- Despair
- Negative self-talk

► Guilt

- "I" did a bad thing
- Encouraged they can change thoughts
- Decreased risk-related behavior
- Openness and accountability
- Sorrow
- Motivation and belief change can happen

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Shame and Guilt

Shame is “highly, highly correlated with addiction, depression, violence, aggression, bullying, suicide, eating disorders...”

Guilt: “inversely correlated with those things. The ability to hold something we have done, or failed to, do up against who we want to be is incredibly adaptive. It’s uncomfortable but it’s adaptive.”

(Brene Brown, 2012)

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How to Transition Shame to Guilt

Set boundaries with compassion

“Empathy is the antidote to shame”

Brown, 2012

Seeing your dynamic risk factors as friends

Know them well	understand them with compassion	Learn to manage them	Learn triggers; know when to intervene	How they see their relationship(s) with their risk factors
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Introduction of Case Study: John



▶ ACES:

- ▶ Fetal Alcohol Effect (FAE), exposed to addiction behaviors, witnessed domestic violence, parental abandonment, parental incarceration, homelessness, physical and emotional abuse, and neglect.

▶ Survival Strategies:

- ▶ Lying, stealing, secret keeping, pleasing others at his expense to avoid consequences.

▶ Core Beliefs and Unhelpful Thoughts:

- ▶ "I am not loveable." "The world is dangerous." "I am alone"

▶ Maladaptive coping strategies that continued into adulthood:

- ▶ Lying, secret keeping, cheating, pornography use, inability to be influenced by pro-social adults. Lack skills to build real connections with adult men and women.

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What are John's Dynamic Risk Factors?

Significant social influences

- ▶ Wants/needs acceptance at any cost. Lacks skills to set boundaries.

Capacity for Relationship Stability

- ▶ No opportunity to establish or maintain romantic relationship

Impulsivity

- ▶ Acts before thinking. Lacks emotional control/self regulation

Poor Problem-Solving

- ▶ Doesn't recognize problems; doesn't consider consequences

Sex as Coping

- ▶ Meets immediate need of feeling connected. Used as a survival resource.

Social Rejection and Loneliness

- ▶ Feels alone, no real connection with those around him.

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How Shame Manifested in Treatment

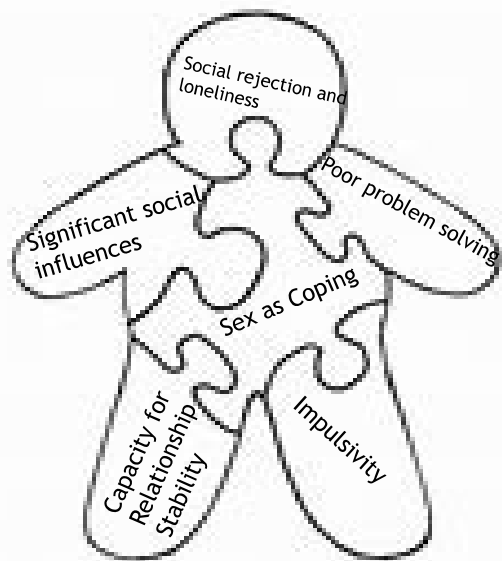
Unhelpful Thoughts

- ▶ Victim blaming (powerless)
- ▶ Grandiose Fantasy
- ▶ No one wants or likes me
- ▶ I am inept, incapable, helpless and unable to meet my own needs

Maladaptive Coping Strategies


- ▶ The chameleon in group
- ▶ People pleasing
- ▶ Responding only when confident
- ▶ Quiet, wary, reading group members

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Treatment for John


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Closing Remarks



Q & A



Thank you!

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References

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