

## Trauma-Informed Treatment with Sexual Offenders

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Trauma-informed care (TIC) incorporates evidence about the prevalence and impact of early trauma on behavior across the lifespan. TIC is a person-centered response that focuses on improving client functioning by viewing and responding to maladaptive behavior in the context of traumatic experiences. TIC is grounded in the Adverse Childhood Experiences (ACE) study, a collaborative research project between the Centers for Disease Control and Prevention and Kaiser Permanente (Centers for Disease Control and Prevention, 2013a). The ACE study began in 1997 to collect information (n=17,337) via a 10-item survey about adverse childhood experiences related to *abuse* (emotional, physical, and sexual), *neglect* (emotional and physical), and *household dysfunction* (domestic violence, divorce, death of a parent, or the presence of a substance-abusing, mentally ill, or incarcerated member in the household). The ACE score reflects the total number of adverse experiences endorsed by that individual.

Dozens of publications analyzing ACE data have revealed staggering evidence of the pervasive and enduring nature of early trauma. Findings are clear and consistent, demonstrating that as the number of early adverse experiences increases, the risk for myriad health, mental health, and behavioral problems in adulthood also increases in a robust and cumulative fashion (Centers for Disease Control and Prevention, 2013b). For example, as ACE scores increase, so does the likelihood of alcohol and drug abuse, smoking, chronic obstructive pulmonary disease, depression, suicide attempts, fetal death, obesity, heart disease, liver disease, intimate partner violence, early initiation of sexual activity, multiple sexual partners, sexually transmitted diseases, and unintended pregnancies. Furthermore, childhood adversity is associated with adult criminality, including sexual offending; sex offenders report significantly higher ACE scores than the general population (Reavis, Looman, Franco, & Rojas, 2013). Reavis et al. (2013) opined that it is therefore unsurprising that offense-specific models of sex offender treatment have produced mixed results in terms of effectiveness, and suggested that treatment programs should more strongly emphasize the role of early trauma on self-regulation and attachment.

This 90-minute workshop will first provide an overview of the principles of trauma informed care. Participants will learn about the various ways that early trauma lays the groundwork for a range of interpersonal problems and maladaptive coping skills stemming from longstanding relational deficits and distorted cognitive schema about oneself and others. Then, workshop participants will learn to incorporate an interpersonal process approach to sex offender treatment, which combines elements of developmental, family systems, and cognitive models to conceptualize adult client behavior in the context of childhood trauma (Teyber & McClure, 2011). Participants will learn how to establish a non-threatening sex offender treatment environment that facilitates trust, emotional safety, and intimacy. Participants will learn to utilize immediacy interventions to create corrective experiences; when clinicians respond effectively to relational themes and patterns as they present themselves in individual and group therapy, client skills can be enhanced, practiced, and reinforced.

This workshop will reflect the conference theme of "Shouldering Responsibility: Making Society Safer" by introducing an innovative model and framework for promoting change. TIC recognizes the role of traumatic events in the development of high-risk behavior and values the subjectivity of trauma as a central function in the healing process. By exploring and understanding maladaptive and abusive behavior through the lens of early trauma, clinicians can help sex offender clients learn and generalize new skills, enhance their interpersonal relationships, and improve their general well-being (Teyber & McClure, 2011). This type of personal growth would be expected to mitigate future potential to re-offend as the client incorporates more healthy and successful strategies for relating to others and meeting emotional needs.

## References

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