

## ***SHAPING THE FUTURE***

2019 ATSA Conference | Friday November 8 | 1:30 PM – 3:00 PM

**F-28**

### **Shaping the Future by Understanding the Past: The Impact of Adverse Childhood Experiences in Three Different Populations**

Symposium Chair: Jill S. Levenson, PhD, LCSW  
Barry University School of Social Work

This symposium explores the emerging research on adverse childhood experiences in a range of populations. We argue that the best chance we have of effectively *Shaping the Future* of sexual abuse prevention is by thoroughly understanding the pasts of those who have perpetrated it. To that end, we draw on the short and long term consequences of Adverse Childhood Experiences in three different samples. The first presentation describes the nature and extent of adverse childhood experiences in the histories of a sample of Australian adolescents convicted of sexual offenses. This presentation illustrates the cumulative consequences of traumatic experiences in childhood, compares those adolescents with high levels of cumulative trauma with those who have no or very low ACE scores, and presents a novel graphic technique to visualize the temporal ordering of adverse childhood experiences over time.

The second presentation presents data from a New Zealand sample of adult males who have sexually offended, and explores relationships between ACE scores, actuarial risk assessment scores and treatment completion. Implications for enhancing responsivity through trauma-informed care are discussed.

The third presentation presents the results from a study examining the types, frequencies, and relationships between ACEs among Minor-Attracted Persons. In addition, odds ratios for each ACE were conducted comparing MAP rates to individuals convicted of sexual offenses and the general U.S. population.

This symposium lays the foundation for further research into our understanding of Adverse Childhood Experiences and how and in what ways they might contribute to development of sexually abusive and criminal behaviour later in life. We also intend to shed light on the understudied pathway to sexual aggression that is followed by those who do not report experiencing traumatic childhoods. Lessons learned and lingering questions from each study will be presented during the discussion, led by session chair, Jill Levenson.

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### **Longitudinal and Cumulative Adverse Childhood Experiences in a Sample of Australian Juveniles Convicted of Sexual Offenses**

Danielle Arlanda Harris, PhD  
Griffith University

This study replicates recent work by Levenson et al., (2017) and Hall et al., (2018) to provide a cultural comparison of self-reported Adverse Childhood Experiences (ACEs) in a sample of Australian adolescents adjudicated for sexual offenses. Our results indicate an extraordinary prevalence of physical and emotional abuse and neglect, chaotic family life, and parental mental health challenges when compared to similar samples internationally. The Griffith Youth Forensic Service explicitly prioritizes those cases who are identified to be high risk, high need, remote, and indigenous. Although these results are somewhat unsurprising, the sheer magnitude and frequency of these ACE scores is cause for concern. Unlike previous examinations of ACEs, we also explore the differential impact of experiencing trauma in multiple categories and situations and describe the implications of cumulative trauma for our sample, and for the community more broadly. Finally, we explore the nature and extent of ACEs over time by examining the temporal ordering of these experiences at an individual level. This longitudinal perspective allows for a particularly rich understanding of a person's childhood development than traditional cross-sectional level data can.

#### **Learning Goals:**

- To understand the nature and extent of ACEs in juvenile sex offending samples
- To compare the pathways of individuals with high ACEs and low ACEs who both end up with convictions for sexual offenses
- To discover a new method to illustrate the sequencing of ACEs over time

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### **Rethinking Risk: Examining Risk for Sexual Recidivism and Treatment Responsivity Through the Lens of Early Trauma**

Gwenda M Willis, PhD, PGDipClinPsyc  
University of Auckland

Adverse childhood experiences (ACE) are common in the histories of individuals who have sexually offended, and many risk factors for sexual recidivism resemble symptoms of early trauma. Despite theoretical links between early trauma and an increased risk for reoffending, empirical data are lacking. Using the Adverse Childhood Experiences (ACE) scale, the current study aimed to (i) examine differences in ACE scores across men assessed in different actuarial risk categories and (ii) examine whether ACE scores differed between treatment completers versus treatment non-completers. ACE scores were retrospectively coded from files of adult male clients receiving community based assessment and/or treatment for sexual offending in New Zealand ( $N = 629$ ). Men assessed in higher risk categories had higher ACE scores compared to men assessed in lower risk categories, and ACE scores were higher for treatment non-completers versus completers. Implications for enhancing treatment responsivity through trauma-informed care are discussed.

#### **Learning Goals:**

- To understand the prevalence of ACE in men who have sexually abused
- To conceptualise how ACE might contribute to the development of psychologically meaningful risk factors for sexual recidivism
- To define trauma-informed care

### **Adverse Childhood Experiences in Minor-Attracted Persons**

Melissa Grady, PhD, MSW, LICSW  
Catholic University of America

Sexual abuse prevention efforts must take multiple forms, including identifying at risk individuals. One population that is garnering more attention is minor-attracted persons (MAPs). MAPs self-identify as being attracted to children, but in many cases commit to not acting on these attractions as they are aware of the negative impact child sexual abuse can have on the children (Mitchell & Galupo, 2016). Researchers and practitioners are only beginning to learn about this population, as MAPs have often avoided seeking help from professionals (Levenson & Grady, 2018) due to fears of judgement, experiencing stigma,

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and other negative consequences (Grady, Levenson, Mesias, & Kavanaugh, 2018; Jahnke, Philipp, & Hoyer, 2015).

Although there is some emerging information about this population, little is known about their childhood experiences and histories, and how these backgrounds compare to other groups, such as those who have committed sexual offenses (ISOs) and the general population (GP). As practitioners understand MAPs more thoroughly, they will be more equipped to provide services that address the multitude of social, psychological, and interpersonal needs, including their minor attraction. This study's aim was to explore the specific adverse childhood experiences (ACEs) that MAPs report and to compare their rates of ACEs to the GP, as well as to ISOs.

The participants were a non-random, purposive sample of MAPs (n = 293; 154 completed all questions) who participated in an on-line anonymous survey. Of the 154 total sample, only the males were included for this study in order to compare their rates of ACEs to other male-only studies. The final total included in the study was 141 adult males who responded to invitations to participate via websites from three national and international organizations focused on providing education, on-line support, resources, and interactions with individuals who are concerned about their attractions to minors. Included in the study survey was the ACE scale (CDC, 2013), a 10-item dichotomous (yes/no) scale in which participants endorse certain experiences prior to 18 years of age: abuse (emotional, physical, and sexual), neglect (emotional and physical), and household dysfunction (domestic violence, unmarried parents, and the presence of a substance-abusing, mentally ill, or incarcerated member of the household). In addition, three other questions were included asking about an illness of a family member, a death of a family member, and whether the family was impoverished.

MAPs were much more likely to have experienced family dysfunction compared to the GP and in most areas compared to the ISOs. They were also more likely to have experienced verbal/emotional and physical abuse, as well as emotional and physical neglect, but not sexual abuse compared to the ISOs. In addition, correlations were conducted to identify the relationships between the various ACEs. These analyses demonstrated that many of the traumatic experiences co-occur, indicating that these men experienced multiple forms of trauma over the course of their lifetimes, with 65.47% reporting 4 or more ACEs.

### **Learning Goals:**

- To identify the ACE histories of MAPs
- To articulate at least two potential explanations for how MAPs' histories may influence risk and protective factors in relation to sexual offending behaviors
- To identify at least two implications for practice that practitioners should consider when working with MAPs.

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**Jill Levenson, PhD** is a professor of social work where she teaches clinical practice and research. She is also a licensed clinical social worker with 25 years experience with individuals who have committed sexual crimes, as well as those who have survived them and their families in Fort Lauderdale, FL. Her research investigates the effectiveness and impact of social policies designed to reduce sexual violence, and she also studies clinical interventions aimed at reducing sexual abuse. She is an ATSA fellow and an active member of the ATSA community.

**Gwenda Willis, PhD** is Associate Professor of clinical psychology at the University of Auckland, New Zealand, and a registered clinical psychologist in private practice. Her research and clinical interests focus on understanding and preventing sexual offending and strengths-based approaches to working with clients at risk to abuse. Dr Willis provides training and consultation to clinicians and correctional services internationally, including in the application of the contemporary Good Live Model of rehabilitation and trauma-informed care. She has authored/co-authored more than 50 peer-reviewed publications and her research has been widely cited. Dr Willis has received numerous grants and accolades for her research including a Fulbright Senior Scholar award (2011) and a Rutherford Discovery Fellowship (2015).

**Danielle Arlanda Harris** is the Deputy Director-Research of the Griffith Youth Forensic Service and a Lecturer in the School of Criminology and Criminal Justice at Griffith University. She has published more than 25 articles and book chapters and has given over 50 presentations at international conferences. Her research examines sexual aggression through a life course perspective, examining onset, specialization/versatility, desistance, and related public policy. Her study of civilly committed sex offenders in Massachusetts was funded by the Guggenheim Foundation and she recently received a grant from the California Sex Offender Management Board for a state-wide survey of community supervision practices. Her first book—which draws on the narratives of 74 men convicted of sexual offenses and released from custody—was released in December.

**Melissa D. Grady, PhD** is Associate Professor of Social Work at the National Catholic School of Social Service at Catholic University in Washington DC where she teaches clinical practice and theory, research, and human development. She has clinical experience working with adolescents who have been convicted of sexual crimes and their families. In addition, she conducts research on sexual violence prevention, specifically on sexual offenders and on evidence-based practice. She has numerous peer review publications and has presented at international, national, and local conferences on sexual offending. She is a research member of ATSA. In addition, she maintains a psychotherapy private practice in Washington DC.