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2019 ATSA Conference | Thursday November 7 | 3:30 PM – 5:00 PM

T-42

ACEs in Forensic Mental Health

Sex Offenders in Forensic Mental Health: Adverse Childhood Experiences & Forensic Issues

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There is a growing body of evidence showing a link between adverse childhood experiences (ACEs), such as physical and psychological abuse, and poorer physical and psychological health in adulthood (CDCP, 2013a; 2013b). Recent research has shown higher rates of self-reported ACEs in sex offenders than in community non-offending males (Levenson, 2014). However, little is known about the relationship between experiencing childhood abuse and sex offending in men found not criminally responsible due to a mental disorder (NCR).

In this study we examined the relationship between ACEs, physical health, medication compliance, and onset of mental illness versus onset of criminality, in sexual offenders declared not criminally responsible due to a mental disorder. All data ($N = 145$) has been collected and is currently being analyzed. Early results show significant differences in the rates of ACEs ($p < .05$) and physical health problems ($p < .05$) between sex offenders and non-sex offenders in a forensic mental health setting. Further analyses are being conducted on issues known to be relevant for forensic mental health patients that may also influence the treatment and management of these sex offenders, such as diagnoses, onset of criminality versus onset of mental health problems, medication compliance and capacity to consent to medical treatment. The results of these analyses will be discussed in terms of their implications for research, treatment, and management.

Learning Goals:

- Participants will gain an understanding of the role early adverse experiences play in the etiology of sexual offenders
- Attendees will learn the unique issues relevant for NCR sex offenders.
- Participants will learn how to translate the knowledge gained from this study into treatment programs and management for NCR sexual offenders.

SHAPING THE FUTURE

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Liam E. Marshall, Ph.D. - Waypoint Centre for Mental Health Care & Rockwood Psychological Services. Liam has been treating and conducting research on sex offenders for more than two decades and was named an ATSA Fellow in 2016. He has been a therapist for and designed a variety of offender and mental health treatment programs. Liam has many publications including four books and has made numerous international conference presentations on offender, violence, aging, and problem gambling issues. He has delivered trainings for therapists who work with sexual and violent offenders in more than twenty countries.

Early Childhood Adversity, Sex Offender Status, and Other Related Predictors of Suicidality in a Forensic Mental Health Sample

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Individuals in the forensic mental health system who have experienced adverse childhood experiences (ACEs) are more likely to display suicidal ideation and engage in suicidal or non-suicidal self-injurious behavior. Additionally, prior research suggests that sex offender status may be disproportionately associated with increased suicidality. The current study explores risk correlates in those at heightened risk of suicidality and self-harm due to involvement with the criminal justice system, the presence of serious mental illness, and exposure to ACEs.

Initial ACEs research explored the impact of self-reported physical, sexual, and emotional abuse, emotional and physical neglect, and household dysfunction on long term adult mental and physical health outcomes. While the ACE survey is a strong determinant of possible later adulthood adversity in samples with a range of exposure to adversity, it may be less helpful in criminal justice and forensic populations who experience disproportionate exposure to ACEs. Other risk correlates above and beyond those identified in the ACE survey may influence suicidality and self-harm and are yet to be explored. Here, outcomes included history of suicide attempts, age at first suicide attempt, and if 1st psychiatric hospitalization resulted from attempting suicide. Predictors included gender, total ACE score, out of home placements, status as a violent or sexual offender, mental health diagnoses, multiple sexual perpetrators against female participants, and cause of parental incarceration.

Participants were 182 forensic inpatients in a maximum and intermediate security state hospital. The majority were male (81%; $n = 147$), with ethnicity nearly evenly distributed between Caucasian (56%; $n = 101$) and African-American (40%; $n = 73$), with

SHAPING THE FUTURE

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few of Hispanic (2%; $n = 4$) or mixed ethnic (2%; $n = 4$) origins. Participants were, on average, 32.5 years of age ($SD = 11.6$, range 10-61). Most presented with a psychotic disorder (59.90%, $n = 109$), while other most frequent diagnoses included intellectual disability/cognitive developmental disorders (57.70%, $n = 105$), a mood disorder (45.60%, $n = 83$), and impulse control disorders (22.5%, $n = 41$). Thirty-seven participants reported an ACE score of 0 (20.6%), 36 an ACE score of 1 (20. %), 32 an ACE score of 2 (17.8%), and 17 an ACE score of 3 (9.4%). Fifty-eight patients presented with an ACE score of 4+ (33%). Mean gender differences were significant ($\chi^2 = 25.9$, $df = 8$, $p < .001$), with the modal ACE score among female participants at 7, at a rate of nearly 23%. Of note, 29 (15.9%) had previous arrests for sexual offenses, and 79 (42.7%) were arrested for non-sexual violent offenses. Those remaining had engaged in these behaviors but were not arrested.

In order to evaluate the impact of our predictor variables on the relationship between ACE score and likelihood of an individual making a suicide attempt, a single predictor logistic model will be fitted to the data. History of suicide attempts included 96 participants (52.7%) having made an attempt. Because it is likely that ACE score alone will not explain the relationship between suicide attempts in a sample with such elevated ACE scores, additional predictors will be included in a multiple predictor logistic model, including status as a sexual offender. Similar analyses will examine the impact of ACEs, sex offender status, and other related variables on the likelihood that first psychiatric hospitalization resulted from suicidality. A one-way between subjects ANOVA will be conducted to compare the effect of an ACE score of four or more on the age at first suicide attempt. We will additionally examine the impact of sex offender vs. violent vs. other-offense status on age at first suicide attempt.

Learning Goals:

- The predominant goal of this research is to explore risk correlates in those at heightened risk of suicidality and self-harm due to involvement with the criminal justice system, the presence of serious mental illness, and exposure to ACEs.
- Disseminate research highlighting the multifaceted and complex nature of suicide, and to especially identify specific risk factors related to sex offenders.
- Due to the especially vulnerable nature of the population studied, the Adverse Childhood Experiences (ACE) measure may not be as effective in understanding risk factors related to suicide. We hope to explore unidentified risk correlates above and beyond those identified in the ACE survey which may influence suicidality and self-harm.

Rachel K. Carpenter, MS is a Clinical Psychology graduate student at East Tennessee State University. Her research interests include severe mental health impairment, suicide in highly vulnerable populations, and interpersonal/domestic violence. Prior to being admitted to ETSU's doctoral program, Rachel completed a master's degree in Psychological Science with an emphasis on research and methodology at the University of North Florida (2018). She holds a bachelor's degree in psychology from her hometown of Colorado Springs from the University of Colorado (2015).

SHAPING THE FUTURE

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Alyssa P. Gretak, MA, is a graduate student in East Tennessee State University's Clinical Psychology doctoral program. She has particular research and clinical interests in ex-offender reintegration. Prior to enrolling at ETSU, Mrs. Gretak spent a year working in collaboration with the St. Vincent DePaul Homeless Shelters and the Montgomery County office of Ex-Offender Reentry through the University of Dayton in Dayton, Ohio. She holds a master's degree in clinical psychology from the University of Dayton (2015) and a bachelor's degree in psychology and sociology from Southern Illinois University – Edwardsville (2013).

Jill D. Stinson, PhD, is a licensed psychologist and an Associate Professor and Director of Clinical Training at East Tennessee State University. She received her dual doctorate in Clinical Psychology and Psychology, Policy, and Law from the University of Arizona prior to serving as the Director of Sex Offender Treatment at Fulton State Hospital with the Missouri Department of Mental Health. Her research focuses on sex offenders with serious mental illness, personality disorders, self-regulatory problems, and histories of early childhood maltreatment, as well as issues related to sex offender community re-entry, stigma, and suicidality. Dr. Stinson has authored three books related to sex offender etiology, treatment, and motivation to engage in therapy. She serves as an Associate Editor for ATSA's official journal, *Sexual Abuse*, and has been on the Professional Issues Committee, Public Policy Committee, Membership Committee, and several Conference Planning Committees for ATSA, with an appointment of Co-Chair for the 2020 ATSA Conference in San Antonio, Texas.