Association for the Treatment of Sexual Abusers
39th Annual Research and Treatment Conference


#ATSA2020

Conference at a Glance

All times are Pacific Daylight Time (GMT-07)

Wednesday, October 21, 2020

8:15 a.m. –  8:30 a.m.   Opening Ceremony
8:30 a.m. –  8:45 a.m.   Awards
9:00 a.m. – 11:00 a.m.   Pre-Conference Seminars – AM
11:15 a.m. – 1:15 p.m.   Pre-Conference Seminars – MID
1:45 p.m. –  3:45 p.m.   Pre-Conference Seminars – PM

Thursday, October 22, 2020

8:30 a.m. –  8:45 a.m.   Awards
9:00 a.m. – 10:00 a.m.   Plenary Session with Shannon Moroney
10:00 a.m. – 10:15 a.m.   Conversation with International Poster Authors
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12:45 p.m. –  2:15 p.m.   Concurrent Sessions – MID
2:30 p.m. –  4:00 p.m.   Concurrent Sessions – PM
4:15 p.m. –  5:00 p.m.   Poster Presentations

Friday, October 23, 2020

8:30 a.m. –  8:45 a.m.   Awards
9:00 a.m. – 10:00 a.m.   Plenary Session with Michael Seto
10:00 a.m. – 10:15 a.m.   Conversation with International Poster Authors
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**#ATSA2020**

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- **WED-AM-02**: Practical Strategies for Managing Problematic Sexual Interests, Fantasies and Urges, Part 1
- **WED-AM-03**: Prediction Statistics for Sexual Recidivism Risk Assessment, Part 1
- **WED-AM-04**: Thinking Outside the Workbook: Practical Approaches to Address Dynamic Risk/Needs in Treatment
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Thursday, October 22, 2020

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Thursday, October 22, 2020

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Preconference sessions
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WED-AM-01 & WED-MID-01

Introduction to the Assessment and Treatment of Adolescents Who Have Sexually Offended

James R. Worling, PhD, CPsych
Private Practice

This seminar will provide an introductory overview to the assessment and treatment of adolescents who have sexually offended, with an emphasis on how strengths and protective factors impact our goals and approaches. This seminar will focus on providing practical information and strategies for clinicians, probation officers, juvenile justice workers, program administrators, and other interested professionals new to the field. The seminar will include lecture, case studies, discussion, demonstration, and detailed resource materials. Major topic areas will include the following:

- Common, erroneous assumptions regarding adolescents who have sexually offended
- Diversity among adolescents who have sexually offended and the importance of the assessment
- Limitations of commonly used risk prediction tools and approaches
- Emerging research regarding the importance of protective factors
- Importance of therapist characteristics and self-care
- Detailed tips and strategies for talking with clients about difficult issues
- Brief overview of assessment/treatment tools (e.g., viewing time measures, PPG, psychological tests, polygraph)
- Common treatment targets (and intervention strategies) including enhancing healthy sexual arousal and sexual attitudes, increasing accountability, developing sexual offense-prevention plans, and enhancing awareness of the impact of sexual offending behavior
- Brief overview of treatment outcome research

This seminar is rated: Youth | Preliminary

Learning Goals:
- Upon completion of this educational activity, learners should be better able to appreciate the considerable diversity among adolescents who sexually offend and the need for comprehensive assessment.
- Upon completion of this educational activity, learners should be better able to understand the limitations of the popular risk prediction tools and see the importance of considering protective factors.
- Upon completion of this educational activity, learners should be better able to feel comfortable talking with adolescents about sensitive topics.
- Upon completion of this educational activity, learners should be better able to describe the pros and cons regarding various tools (e.g., viewing time, ppg, psychological tests).
- Upon completion of this educational activity, learners should be better able to apply approaches and techniques for addressing common treatment goals, such as
enhancing healthy sexual interests and attitudes, developing offense-prevention plans, and enhancing awareness of the impact of sexual offending behavior.

- Upon completion of this educational activity, learners should be better able to understand the research focused on treatment outcome for youth who have sexually offended.

James R. Worling, PhD, CPsych is a clinical and forensic psychologist in full-time private practice who has worked extensively with adolescents who have sexually offended, and their families, since 1988. He has also worked with children and adolescents who have been sexually abused and with children under 12 who have engaged in harming sexual behaviours. Dr. Worling has presented many workshops locally and internationally, and he has written a number of professional articles and book chapters regarding the etiology, assessment, and treatment of adolescent sexual aggression. Dr. Worling is a fellow of the Association for the Treatment of Sexual Abusers, and he serves on the editorial board for their journal, *Sexual Abuse*.
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WED-AM-02 & WED-MID-02

Practical Strategies for Managing Problematic Sexual Interests, Fantasies and Urges

Robert J. McGrath, MA
McGrath Psychological Services, P.C.

Deviant sexual interests and poor sexual self-regulation have been linked to increased risk of sexual re-offending among individuals convicted of sexual crimes (Hanson, 2019). Evidence indicates that programs for reducing sexual re-offending that directly target these problems are more effective than those that do not (Gannon, Olver, Mallion, & James, 2019). Workshop participants will learn several practical strategies and protocols to help individuals use environmental, cognitive, behavioral, and pharmacological interventions to better manage problematic sexual interests, fantasies and urges. The research basis, indications, and limitations of interventions will be described. Teaching methods will include lecture, case studies, discussion, demonstration and resource materials.

This seminar is rated: Adult | Intermediate

Learning Goals:

- Upon completion of this education activity, learners should be better able to describe the research basis for targeting deviant sexual interests and sexual self-regulation deficits.
- Upon completion of this education activity, learners should be better able to describe methods for assessing deviant sexual interests and sexual self-regulation deficits.
- Upon completion of this education activity, learners should be better able to describe two case conceptualization models to enhance treatment and case planning for helping individuals manage problematic sexual interests, fantasies and urges.
- Upon completion of this education activity, learners should be better able to describe and critique self-monitoring strategies for helping individuals identify and manage problematic sexual interests, fantasies and urges.
- Upon completion of this education activity, learners should be better able to describe and use three cognitive and three behavioral strategies for helping individuals manage problematic sexual interests, fantasies and urges.
- Upon completion of this education activity, learners should be better able to describe referral for pharmacological treatment criteria and options for helping individuals manage problematic sexual interests, fantasies and urges.
Robert McGrath, M.A. is in private practice and is the former Clinical Director of the Vermont Department of Corrections statewide network of prison and community sex offender treatment programs. He was co-chair of the professional standards committee that authored the ATSA 2014 Practice Guidelines for the Assessment, Treatment, and Management of Male Adult Sexual Abusers. He is a co-author of the SOTIPS, VASOR-2, and ROSAC risk assessment instruments. He currently serves or has served on the treatment advisory boards of several treatment programs for sexual offending in the United States and the national sex offender treatment programs in Canada, the United Kingdom, and Hong Kong.
Prediction Statistics for Sexual Recidivism Risk Assessment

R. Karl Hanson, PhD, CPsych
Psychology Department
Carleton University

This workshop trains evaluators on the statistics used to evaluate and communicate the results of actuarial risk prediction tools. It is intended for individuals who use, or are considering using, actuarial risk assessment tools, such as Static-99R, VRS-SO, and Risk Matrix-2000. Participants will first learn the basic concepts, such as the distinction between diagnosis and prognosis, and between discrimination and calibration. Most of the workshop will then be hands-on exercises demonstrating specific statistics, such as percentile ranks, odds ratios, survival analysis, and logistic regression. Only basic knowledge of statistics is presumed (e.g., means, SD). Bring a calculator.

This seminar is rated: Adult & Youth | Advanced

Learning Goals:

- Upon completion of this educational activity, learners should be better able to understand the difference between statistics used to evaluated diagnoses and statistics used to evaluate prognosis.
- Upon completion of this educational activity, learners should be better able to identify the quantitative information provided by the actuarial risk tools commonly used to assess the recidivism risk of individuals with a history of sexual offending.
- Upon completion of this educational activity, learners should be better able to understand the two major indices for evaluating risk prediction tools (discrimination and calibration).
- Upon completion of this educational activity, learners should be better able to calculate and interpret a selection of discrimination statistics for risk prediction tools.
- Upon completion of this educational activity, learners should be better able to calculate and interpret a selection of calibration statistics for fixed follow-up studies.
- Upon completion of this educational activity, learners should be better able to interpret test score results using quantitative indicators of relative and absolute risk.

R. Karl Hanson, PhD, CPsych, is one of the leading researchers in the field of risk assessment and treatment for individuals with a history of sexual offending. Originally trained as a clinical psychologist, he has published more than 175 articles, including several highly influential reviews. He is lead author of the most widely used measures for assessing the risk and needs of individuals with a history of sexual offending (Static-99R; Static-2002R; STABLE-2007). He has received career contribution awards from the Association for the Treatment of Sexual Abusers, Public Safety Canada, the International Association for the Treatment of Sexual Offenders, and the Criminal Justice Section of the Canadian Psychological Association. Based in Ottawa, Canada, he worked for Public Safety Canada between 1991 and 2017, and is now adjunct faculty in the psychology departments of Carleton University (Ottawa) and Ryerson University (Toronto).
Thornton’s Theory of Dynamic Risk (TDR; 2016) seeks to explain the relationship between Dynamic Risk Factors and harmful sexual behavior and can also be a useful model for understanding risk-relevant therapeutic change. Following an introduction to the TDR, treatment planning will be discussed using the dynamic risk factors of the Violence Risk Scale: Sexual Offender Version (VRS-SO; Wong, et al., 2003-2017) as examples of treatment targets. Practical treatment examples will demonstrate how non-specific therapeutic factors and commonly used sex offense-specific treatment methods can be relevant in treating specific dynamic risk factors. Finally, examples will be provided of how therapeutic interventions empirically supported to improve affect regulation skills and alleviate trauma related symptoms can be integrated into or used to supplement sex offense-specific treatment to specifically target dynamic risk factors.

This seminar is rated: Adult | Intermediate

Learning Goals:

- Upon completion of this educational activity, learners should be better able to describe the Theory of Dynamic Risk (TDR; Thornton, 2016).
- Upon completion of this educational activity, learners should be better able understand the process of therapeutic change as described in the TDR.
- Upon completion of this educational activity, learners should be better able to use information from a dynamic risk assessment to inform treatment planning.

Bud Ballinger earned a Ph.D. in clinical psychology from Texas Tech University in 2000. He has worked in diverse civil and forensic settings including inpatient and outpatient psychiatric treatment, correctional facilities, a maximum-security psychiatric prison hospital, and a juvenile detention facility. He served for eight years as the coordinator of forensic services for Madison County, New York providing and supervising evaluations and treatment for sexual offenders and other mandated clients. Dr. Ballinger worked in full-time private practice from 2008 to 2013 providing consultation, forensic evaluations, and courtroom testimony. In 2013, he was hired by the New York State Office of Mental Health to develop an intensive prison-based sex offender treatment program for high-risk sexual offenders who are likely candidates for civil confinement. He is currently the Director of Treatment Services for the NYS OMH Bureau of Institutional Sex Offender Treatment, providing clinical guidance to the NYS civil confinement programs and other OMH programs providing services to individuals with histories of perpetrating sexually abusive
behaviors. He has served on the Board of Directors for NYS ATSA since 2011, is the current president of NYS ATSA, and was named an ATSA Fellow in 2017.
Ethical dilemmas often reflect expected concerns – alleviating distress, protecting confidentiality, and maintaining integrity in one’s work. But forensic fringe elicits what seemingly only exists in suspense thrillers.

- What if you (quite literally) know where the bodies are buried?
- What if a high-ranking politician publicly declares your client dangerous (and they're not)?
- What if your research contributes to bad legislation?

Here, enter an escape room of ethical reasoning. Contemplate interesting and intricate dilemmas involving unique client considerations, competing legal and political interests, questions of personal morality, values, and public safety, and the role of science in ethical research and clinical practice.

This seminar is rated: Adult & Youth | Intermediate

**Learning Goals:**

- Upon completion of this educational activity, learners should be better able to differentiate standard clinical/research ethical paradigms from forensic ethical paradigms.
- Upon completion of this educational activity, learners should be better able to identify major areas of ethical concern related to forensic research and practice.
- Upon completion of this educational activity, learners should be better able to describe an empirical process of ethical reasoning in relation to specific ethical challenges.

**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.
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WED-AM-01 & WED-MID-01

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WED-AM-03 & WED-MID-03

Prediction Statistics for Sexual Recidivism Risk Assessment

R. Karl Hanson, PhD, CPsych
Psychology Department
Carleton University

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- Upon completion of this educational activity, learners should be better able to calculate and interpret a selection of calibration statistics for fixed follow-up studies.
- Upon completion of this educational activity, learners should be better able to interpret test score results using quantitative indicators of relative and absolute risk.

R. Karl Hanson, PhD, CPsych, is one of the leading researchers in the field of risk assessment and treatment for individuals with a history of sexual offending. Originally trained as a clinical psychologist, he has published more than 175 articles, including several highly influential reviews. He is lead author of the most widely used measures for assessing the risk and needs of individuals with a history of sexual offending (Static-99R; Static-2002R; STABLE-2007). He has received career contribution awards from the Association for the Treatment of Sexual Abusers, Public Safety Canada, the International Association for the Treatment of Sexual Offenders, and the Criminal Justice Section of the Canadian Psychological Association. Based in Ottawa, Canada, he worked for Public Safety Canada between 1991 and 2017, and is now adjunct faculty in the psychology departments of Carleton University (Ottawa) and Ryerson University (Toronto).
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WED-MID-04 & WED-PM-04

Assessment and Treatment Considerations for Offenders Who Access Child Sexual Exploitation Materials

Lyne Piché, PhD
Private Practice
Anton Schweighofer, PhD
Private Practice

There is a significant increase of child sexual exploitation material offenders accessing treatment as a result of their involvement in the criminal justice system. As these offenders are coming into the criminal justice system, innovative treatment plans are expected from treatment providers. Given the unique features of such offenders, how do we assess and treat these offenders and what are their treatment needs? This workshop will examine assessment and treatment approaches for child sexual exploitation material offenders in contrast to contact offenders and/or mixed offenders. We will review assessment concerns and assessment tools currently available to clinicians for child sexual exploitation offenders and discuss associated ethical issues. We will examine empirically based treatment programs. In addition, we will examine treatment needs based on an understanding of both static and dynamic risk factors. Additional and unique treatment elements will include offence specific cognitions, Internet health, sexual fantasy, elements related to aging, as well as the use of Internet resources for treatment purposes. We will strive to address multiple client types and treatment contexts. Discussion and debate is encouraged.

This seminar is rated: Adult | Intermediate

Learning Goals:

• Upon completion of this educational activity, learners should be better able to identify the unique characteristics of CSEM offenders.
• Upon completion of this educational activity, learners should be better able to identify distinctions between “fantasy driven” and “contact driven” CSEM offenders.
• Upon completion of this educational activity, learners should be better able to identify the strengths and weaknesses of current assessment approaches with CSEM offenders.

Dr. Lyne Piché is a Registered Psychologist practicing in Abbotsford, British Columbia. She has worked many years in the field of Forensic Psychology, including work in both federal and provincial correctional settings. Dr. Piché completed her graduate studies in Psychology at the Université du Québec à Montréal. Her expertise includes working with people struggling with paraphilias, sexual offenders, violent offenders as well as individuals experiencing sexual dysfunctions. She offers psychological services to government agencies as well as within her own private practice. She welcomes couples and individuals who wish to work at improving their relationships, ensure their sexual health by striving for sexual balance, increase sexual satisfaction and increase their level of intimacy with others. Currently Dr. Piché is focusing on trauma based interventions and is
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incorporating EMDR services into her clinical practice. For more information on Dr. Piché, please visit her website at www.drlynepiche.com

Dr. Anton Schweighofer received his doctorate in clinical psychology from Simon Fraser University in 1998. His primary areas of interest have included forensic psychology and addictions. In addition to completing a Master's practicum through the Forensic Services Commission of British Columbia he also completed a doctoral level clinical internship at Foothills Hospital in Calgary, Alberta with a specialization in addictions. He accepted a position with the Correctional Service of Canada (Pacific Region) in 1997 and provided treatment and assessments for violent and sexual offenders. In 2004 he became the Senior Psychologist for Sex Offender Programming and before leaving the Correctional Service of Canada in 2009 also acted as the Chief of Psychology. He has also worked as a psychologist at the Drug Treatment Court of Vancouver and the Burnaby Centre for Mental Health and Addictions. Anton has maintained a private practice that has included forensic risk assessment and treatment since 2000. He has provided sex offender treatment services for the Forensic Services Commission since 2009 and has given presentations on sex offender issues and risk assessment at national and international conferences. He is a national trainer for the Static-99R which is the most widely used actuarial measure for predicting risk of sexual recidivism. He has also provided expert testimony to the courts with regard to sex offender issues and is on the list of those designated to provide Dangerous Offender assessments as an amicus curiae. Finally, He is also a member of the Association for the Treatment of Sexual Abusers (ATSA) and served as the co-chair person at the 2011 ATSA conference.
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WED-MID-05

Cultural Humility in Sex Offense Assessment and Treatment

Apryl Alexander, PsyD
Clinical Assistant Professor
Graduate School of Professional Psychology
University of Denver

Sociocultural factors in the assessment and treatment of individuals who sexually offend are important to examine. Awareness of implicit biases and the cultural competence of the therapist are essential to ethical treatment. Cultural humility is the ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are more important to the client. Participants will become informed of cultural considerations in the assessment and treatment of individuals who sexually offend. This workshop will assist participants in identifying cultural factors (i.e., racial/ethnicity, language, religion, gender/gender identity, sexual orientation, and disability) during assessment to better inform treatment and risk management recommendations.

This seminar is rated: Adult & Youth | Preliminary

Learning Goals:

- Upon completion of this educational activity, learners should be better able to explore therapist implicit biases and gain knowledge on how to become a culturally-humble clinician.
- Upon completion of this educational activity, learners should be better able to identify broad sociocultural (i.e., racial/ethnic, language, religion, gender/gender identity, sexual orientation, education, and disability) factors that influence individuals who have committed sexual offenses.
- Upon completion of this educational activity, learners should be better able to explore how cultural differences in attitudes and beliefs about sexually inappropriate behavior.

Apryl Alexander received a B.S. in Psychology from Virginia Tech and M.S. from Radford University. She also received her M.S. and Psy.D. in Clinical Psychology from the Florida Institute of Technology with concentrations in forensic psychology and child and family therapy. Dr. Alexander completed her pre-doctoral internship at Patton State Hospital, the largest forensic psychiatric hospital in the country. She also completed her post-doctoral fellowship in forensic psychology at Minnesota State Operated Forensic Services (MSOFS) conducting competency to stand trial, competency to proceed, and criminal responsibility evaluations, as well as violence and sexual violence risk assessments. Currently, Dr. Alexander is a Clinical Assistant Professor at the University of Denver’s Graduate School of Professional Psychology and the Denver Forensic Institute for Research, Service, and Training (Denver FIRST). Her research interests are focused in the areas of violence, victimization, and forensic assessment.
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WED-PM-01

Let’s Talk! Addressing Sibling Sexual Abuse Within the Sibling Relationship

Linda Valenta, MSW
SAIFF

This skills based workshop will explore a framework for intervening in sibling sexual abuse that focuses on promoting accountability, communication, and reparation through a joint therapy process, introduced early in treatment which involves both the sibling who abused and the sibling victim.

We will explore three stages of therapeutic contact: (1) Naming the problem (acknowledgements), (2) Learning about the problem (clarification), and (3) Being healthy and safe (consolidation). Linda will use the images, words and stories of the children and families that she has worked with to introduce participants to a range of therapeutic interventions and to provide an opportunity to explore the issues that can emerge.

This seminar is rated: Youth | Advanced

Learning Goals:

• Upon completion of this educational activity, learners should be better able to describe a rationale for addressing sexual abuse within the sibling relationship.
• Upon completion of this educational activity, learners should be better able to assess readiness for the commencement of conjoint sibling intervention.
• Upon completion of this educational activity, learners should be better able to prepare for the commencement of therapeutic contact and plan an initial session.

Linda Valenta is a Social Worker (Masters in Couple and Family Therapy) has worked for two and half decades with children and families to help stop problematic and abusive sexual behaviour, help children create relationships that are supportive, safe and abuse-free, and minimize the harm to children and families that results from these behaviours. As one of the longest standing professionals in the field in Australia, Linda has worked in a variety of settings including community and residential juvenile justice systems, community based (non secure) residential treatment, and currently as the Principal of SAIFF – Support, Assessment & Intervention For Families, a community based, private assessment and treatment service. SAIFF provides contracted assessment, treatment and consultative services to Government and Non-Government Agencies across Australia, and provides consultation and training on sexual abuse prevention and intervention to Agencies and professionals from within the Child Protection, Education, Sexual Assault, Juvenile Justice, Out of Home Care and Mental Health Sectors.
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WED-PM-02

Primary Prevention of Child Sexual Abuse: Current Approaches and New Directions

Ryan Shields, PhD
School of Criminology & Justice Studies
University of Massachusetts Lowell

Amanda Ruzicka, MA
Bloomberg School of Public Health
Johns Hopkins University

In the United States, 17% of girls and 5% of boys experience CSA, and the impact of this trauma can be substantial. In response, a host of criminal justice and therapeutic interventions were developed, but these approaches largely ignored the primary prevention of CSA. Although recent advances in primary prevention suggest a shift in perspective is underway, researchers and practitioners may be unacquainted with this approach. The goal of this seminar is to address this gap by examining what is known about primary prevention of CSA. To that end, key issues in prevention science will be investigated, and evidence-based and promising programs will be reviewed.

This seminar is rated: Youth | General

Learning Goals:

• Upon completion of this educational activity, learners should be better able to identify three usual categories of responses to CSA.
• Upon completion of this educational activity, learners should be better able to describe three types of prevention efforts.
• Upon completion of this educational activity, learners should be better able to distinguish between different types of prevention targets.

Ryan T. Shields, PhD is an assistant professor in the School of Criminology and Justice Studies at the University of Massachusetts Lowell. He is the former Associate Director of the Moore Center for the Prevention of Child Sexual Abuse at the Johns Hopkins Bloomberg School of Public Health. His scholarship centers on the intersection of criminology, criminal justice, and public health. His recent work has examined policies aimed at youth who have sexually offended, such as juvenile transfer to adult court and sex offender registration and notification policies. He is also currently leading a project to develop an online prevention intervention for adolescents with a sexual interest in children.
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Amanda E. Ruzicka, MA, is a research associate at the Moore Center for the Prevention of Child Sexual Abuse in the Department of Mental Health at Johns Hopkins Bloomberg School of Public Health. Amanda has a background in clinical psychology. Her work centers around the development and testing of CSA prevention interventions targeted at youth and young adults. Amanda has research experience designing, implementing, and managing research projects at non-profit and academic institutions and completed a clinical internship at a residential treatment facility for youth with problem sexual behaviors. At the Moore Center, she focuses on research project and intervention development and manages the Center’s research studies, events, and administrative functions.
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WED-PM-03

Preparing the Next Generation: A Professional Development Workshop

Carissa Toop, PhD Candidate
University of Saskatchewan
Farron Wielinga, BA (Hons)
University of Saskatchewan
Carisa Collins, MA
University of Ontario Institute of Technology

This workshop is an annual (FREE!) workshop designed for students attending the ATSA conference. This year’s topics will include (1) applying for graduate studies and funding, (2) dealing with rejection, and (3) establishing sustainable self-care. The workshop is designed to be an interactive learning experience. Students at all levels of their academic training are highly encouraged to attend, as we believe that this will maximize group learning!

This seminar is rated: Adult & Youth | Preliminary

Learning Goals:
- Attendees will be provided with an overview of the opportunities available to students at the ATSA conference and with ATSA more generally.
- Attendees will learn skills for establishing collaboration opportunities with researchers and clinicians at ATSA and in the field more generally.
- Attendees will learn tips for successful academic applications.

Carissa Toop is a PhD Candidate in Clinical Psychology at the University of Saskatchewan, currently completing her doctoral residency at the Centre for Addiction and Mental Health (CAMH) in Toronto, Canada. Prior to her graduate training, she earned a bachelor’s degree (honours) in psychology from MacEwan University. Broadly speaking, Carissa’s research and clinical interests lie in the assessment and treatment of sexual and non-sexual violence. She has published and presented on the topics of risk assessment, intimate partner violence, and sexual offending, and presently serves on ATSA’s Board of Directors as the Student Representative. Carissa is currently completing her doctoral degree under the supervision of Dr. Mark Olver. Her dissertation research will focus on the application of the Violence Risk Scale (VRS), a multi-purpose risk assessment tool, to intimate partner violence.

Farron Wielinga, BA (Hons) is a PhD student in Clinical Psychology at the University of Saskatchewan. Her dissertation will examine the use of dynamic risk instruments and protective factors to evaluate risk and treatment change in men convicted of sexual offences who are engaged in high-intensity, community-based treatment. Her other research interests include intimate partner violence and Indigenous issues within the justice system. Farron serves as a member of the
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ATSA Student Committee and is also a Clinical volunteer at the Student Wellness Initiative Towards Community Health (SWITCH), an inner-city, student-led clinic in Saskatoon, Saskatchewan.

Carisa Collins is completing her 4th year of a PhD in Forensic Psychology at the University of Ontario Institute of Technology, under the supervision of Dr. Leigh Harkins. She holds a Bachelor of Science, majoring in Psychology, from Memorial University of Newfoundland and Labrador, and a Master of Arts in Forensic Psychology from the John Jay College of Criminal Justice.

Her research experience has been varied, having published manuscripts in two different fields, but her current research interests include sexual offenders and paraphilias. Her dissertation research is largely focused on non-offending pedophiles and the challenges and issues they may face. Her work is adding to a new and growing body of literature supporting the understanding that the terms pedophile and child molester are not synonymous. Carisa has additional research experience volunteering at the Ontario Shores Centre for Mental Health Sciences where she has partaken in research projects examining protective factors for mentally-ill offenders and the influence of the subjective experience of restrictiveness on treatment outcomes.
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WED-MID-04 & WED-PM-04

Assessment and Treatment Considerations for Offenders Who Access Child Sexual Exploitation Materials

Lyne Piché, PhD
Private Practice
Anton Schweighofer, PhD
Private Practice

There is a significant increase of child sexual exploitation material offenders accessing treatment as a result of their involvement in the criminal justice system. As these offenders are coming into the criminal justice system, innovative treatment plans are expected from treatment providers. Given the unique features of such offenders, how do we assess and treat these offenders and what are their treatment needs? This workshop will examine assessment and treatment approaches for child sexual exploitation material offenders in contrast to contact offenders and/or mixed offenders. We will review assessment concerns and assessment tools currently available to clinicians for child sexual exploitation offenders and discuss associated ethical issues. We will examine empirically based treatment programs. In addition, we will examine treatment needs based on an understanding of both static and dynamic risk factors. Additional and unique treatment elements will include offence specific cognitions, Internet health, sexual fantasy, elements related to aging, as well as the use of Internet resources for treatment purposes. We will strive to address multiple client types and treatment contexts. Discussion and debate is encouraged.

This seminar is rated: Adult | Intermediate

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- Upon completion of this educational activity, learners should be better able to identify the unique characteristics of CSEM offenders.
- Upon completion of this educational activity, learners should be better able to identify distinctions between “fantasy driven” and “contact driven” CSEM offenders.
- Upon completion of this educational activity, learners should be better able to identify the strengths and weaknesses of current assessment approaches with CSEM offenders.

Dr. Lyne Piché is a Registered Psychologist practicing in Abbotsford, British Columbia. She has worked many years in the field of Forensic Psychology, including work in both federal and provincial correctional settings. Dr. Piché completed her graduate studies in Psychology at the Université du Québec à Montréal. Her expertise includes working with people struggling with paraphilias, sexual offenders, violent offenders as well as individuals experiencing sexual dysfunctions. She offers psychological services to government agencies as well as within her own private practice. She welcomes couples and individuals who wish to work at improving their relationships, ensure their sexual health by striving for sexual balance, increase sexual satisfaction and increase their level of intimacy with others. Currently Dr. Piché is focusing on trauma based interventions and is
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incorporating EMDR services into her clinical practice. For more information on Dr. Piché, please visit her website at www.drlynepiche.com

Dr. Anton Schweighofer received his doctorate in clinical psychology from Simon Fraser University in 1998. His primary areas of interest have included forensic psychology and addictions. In addition to completing a Master's practicum through the Forensic Services Commission of British Columbia he also completed a doctoral level clinical internship at Foothills Hospital in Calgary, Alberta with a specialization in addictions. He accepted a position with the Correctional Service of Canada (Pacific Region) in 1997 and provided treatment and assessments for violent and sexual offenders. In 2004 he became the Senior Psychologist for Sex Offender Programming and before leaving the Correctional Service of Canada in 2009 also acted as the Chief of Psychology. He has also worked as a psychologist at the Drug Treatment Court of Vancouver and the Burnaby Centre for Mental Health and Addictions. Anton has maintained a private practice that has included forensic risk assessment and treatment since 2000. He has provided sex offender treatment services for the Forensic Services Commission since 2009 and has given presentations on sex offender issues and risk assessment at national and international conferences. He is a national trainer for the Static-99R which is the most widely used actuarial measure for predicting risk of sexual recidivism. He has also provided expert testimony to the courts with regard to sex offender issues and is on the list of those designated to provide Dangerous Offender assessments as an amicus curiae. Finally, He is also a member of the Association for the Treatment of Sexual Abusers (ATSA) and served as the co-chair person at the 2011 ATSA conference.
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WED-PM-05

Unified Approaches:
Interdisciplinary Collaboration in Treatment and Community Supervision

Tom Leversee, MSW, LCSW
Independent Contractor
Adjunct Professor, University of Denver Graduate School of Social Work

Angel Weant, B.S.
Probation Analyst
Division of Probation Services
State of Colorado

This workshop will focus on the collaboration between treatment providers and supervising officers in treatment and community supervision of adolescents and young adults who have sexually offended. The challenges inherent in this relationship include different roles, lenses, and statutory mandates. Community supervision will be presented as the holistic, integrated collaboration between families, communities, the justice system, and the larger society. Case examples will discuss treatment and supervision plans that address dynamic risk factors and include individualized special terms and conditions of supervision. Supervision strategies will include responses to non-compliance and violation behaviors, utilizing rewards, incentives, and sanctions, and safety planning.

This seminar is rated: Adult & Youth | Preliminary

Learning Goals:

• Upon completion of this educational activity, learners should be better able to define a holistic framework for treatment providers and community supervision officers to collaborate in the context of a multidisciplinary team.
• Upon completion of this educational activity, learners should be better able to differentiate the roles, philosophical perspectives, and statutory mandates of treatment providers and supervising officers and the associated challenges and opportunities.
• Upon completion of this educational activity, learners should be better able to increase ability to articulate and apply the principles of risk, need, and responsivity in our daily work.

Tom Leversee, LCSW, worked for 34 years in clinical and administrative positions in the Colorado Division of Youth Corrections (DYC). He currently has a private practice focused on consultation, training, and clinical services. Tom is also an adjunct professor at the University of Denver Graduate School of Social Work. His numerous publications include co-editing/authoring Juvenile Sexual Offending: Causes, Consequences, and Corrections, 3rd edition, with Gail Ryan and Sandy Lane. Tom is a former member of the board of the Association for the Treatment of Sexual Abusers (ATSA) and is
also an ATSA Fellow. He is co-chair of the National Adolescent Perpetration Network and also a member of the Colorado Sex Offender Management Board. Tom was presented with the National Adolescent Perpetration Network’s “Pioneer Award” in 2005 for his “21 years of unique contributions to prevent perpetration of sexual abuse” and the 2010 Gary Burgin Leadership Award by the Colorado Sex Offender Management Board.

Angel Weant has been working in the criminal justice system for twenty-five years, starting as a probation officer in Colorado’s 1st Judicial District in 1998 and transferring to the Colorado State Court Administrator’s Office Division of Probation Services in 2007. Throughout her career, Angel has cultivated expertise around advancing practice for the successful treatment and supervision of sex offender and economic crime populations. She has managed many multi-year projects, including a statewide court improvement project for the Colorado Courts and a research project relating to systemic responses to technical violations that resulted in improved trainings for probation officers. In her current position as a Probation Analyst, which she has held since 2010, Angel facilitates program oversight for sex offender and economic crime probationers, assists in policy development and implementation of specialized programming, provides legislative testimony and technical assistance to stakeholders, and also serves as the Judicial Representative to the Colorado Sex Offender Management Board (SOMB). Additionally, Angel has developed and delivered numerous trainings related to sex offender management including: risk assessment, Evidenced Based and Best Practice supervision methods, fostering a non-fear based team approach to supervision and safety planning. She has presented at numerous esteemed conferences and continues to conduct extensive local and national trainings related to sex offender management and supervision. Angel holds a Bachelor’s Degree in Criminal Justice Administration and Management.
Thursday
October 22, 2020
Concurrent Sessions
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2020 ATSA Conference | Thursday October 22 | Plenary 1

Through the Glass: One Woman’s Pursuit of Justice, Healing and Forgiveness

Shannon Moroney, BA, BEd, MA, RSW

Shannon Moroney was a high school teacher and counsellor in 2005 when violence tore her life apart. Her husband was in custody after confessing to the sexual assault and kidnapping of two women. Shannon tells the story of her husband’s arrest, trial, sentencing, and the insights she gained about justice, healing and the relationship between the two as she struggled to triumph over tragedy. Openly sharing her experiences, reading selected pieces from her book and using photos and artwork to illustrate her journey, Shannon leads you through an unforgettable ordeal and inspire hope even in the most desperate moments of the human condition, and offers practical personal and professional strategies for building resilience.


Shannon is also an internationally recognized advocate of restorative justice, a powerful speaker, one of the “world's 50 most resilient people” (Global Resilience Project), a New York Times “Woman in the World” recommended writer, and is featured by the International Forgiveness Project. She travels extensively to lead transformative forgiveness and healing retreats for people and communities overcoming trauma, and to keynote justice and mental health conferences. She is a registered social worker and trauma therapist specialized in treating survivors of sexual assault and trafficking, as well as family members of sex offenders. Shannon has provided expert testimony in court, consultation on crime bills, and she supports attorneys to provide trauma-informed advocacy to victims of sex crimes. She lives in Toronto, Canada.
Etiology, Structure, and Covariates of Sexual Coercion and Harassment

Symposium Chair: Judith Sims-Knight, PhD
University of Massachusetts Dartmouth

Although sexual harassment has been considered one of the most prevalent forms of sexual aggression (Pina, Gannon, & Saunders, 2009; Spitzberg, 1999), and extreme forms of such harassment have sometimes been considered equivalent to rape (Timmerman & Bajema, 1998), little research has directly addressed the issue of the nature of the relation between sexual harassment and sexual coercion.

Moreover, because of the prevalence of sexual harassment in the workplace and the military, studies of harassment have focused more on sociological causes (e.g., organization climate, power differentials, institutional relationships), rather than on perpetrator characteristics (e.g., Lucero, Allen, & Middleton, 2006; Pina & Gannon, 2012; Quick & McFadyen, 2017), whereas sexual coercion, which is more often prosecuted as a criminal violation, has frequently been examined from an individual difference perspective (e.g., Knight & Sims-Knight, 2011). Consequently, less is known about the perpetrator characteristics that covary with sexual harassment than is known about those that covary with sexual assault.

The studies that have been done on individual differences among sexual harassers have, however, indicated that males high in likelihood to sexually harass are also likely to (a) be high on rape proclivity, (b) endorse rape myths, (c) hold adversarial sexual attitudes, (d) be more authoritarian, and e) be more aggressive in general (Begany & Millburn, 2002; Lucero et al., 2006; Malamuth, 1981; Reilly, Lott, Caldwell, & DeLuca, 1992). These results suggest substantial similarities among those identified as harassers and those identified as coercive. Both sexual harassment and sexually coercive behavior are statistically related to high sexualization, hostile sexuality, and general hostility toward women (Bendixen & Kennair, 2017; Diehl, Rees, & Bohner, 2018). Sims-Knight and Knight (2018) proffered an initial foray into the consideration of the structure and relation of these two constructs and documented the significant overlap in their structure and their developmental antecedents.

It is the purpose of this symposium to explore the relation between these two constructs in an expanded sample of university students (n > 700). The expanded dataset allows for more powerful analyses like bi-factor analysis, and comparisons of males and females. The first presentation uses factor analysis, Item Response Theory, taxometrics, and bifactor analyses to examine the structural relation between harassment and coercion and explores in depth the parallels of these to the Agonistic Continuum, a construct that captures the full range of coercive motivation in those who have sexually offended (Knight, Sims-Knight, & Guay, 2013). The second presentation examines the etiological data generated for harassment and coercion in the context of a review of the major etiological models of sexual aggression against age-appropriate peers.
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The Structure, Etiology, and Covariates of Sexual Harassment and Coercion.

Raymond A. Knight, PhD
Brandeis University
Nicholas Longpré, PhD
Brandeis University
Judith E. Sims-Knight, PhD
University of Massachusetts Dartmouth

This talk will explore whether sexual harassment should best be considered as the lower end of a continuum that ranges from verbal sexual comments through exhibitionism to attempted and completed sexual coercion, or whether it should be considered qualitatively different in kind from coercion. Three statistical techniques will be applied to the expanded sample of college students who took the MIDSA and answered extensive questions about their harassing and coercive sexual behavior and also responded to items on the Agonistic Continuum. Factor analysis will identify whether the harassment and coercion can be described as a single factor or are better conceptualized as separate factors. Taxometric analyses will be calculated to explore whether there is any evidence that harassment and coercion are different in kind and represent non-arbitrary, different categories rather than being distributed along a continuum. Item Response Theory will be used to determine the ordering of behaviors along the dimension or dimensions that evolve from the first two sets of analyses and will determine whether the resultant dimension or dimensions can be described as probabilistic Guttman scales. We will then explore using bi-factor analysis the degree to which harassment, coercion, and the Agonistic Continuum share the same variance and whether unshared variance can be found and identified. The developmental correlates of each construct will be explored.

Learning Goals

• Upon completion of this educational activity, learners should be better able to define sexual harassment and sexual coercion and to delineate the reasons why they should be conceptualized as part of the same continuum rather than as differing in kind.
• Upon completion of this educational activity, learners should be able to describe the ordering in severity of the two constructs (harassment and coercion) along a single continuum.
• Upon completion of this educational activity, learners should be better able describe the Agonistic Continuum and to describe its relation to harassment.
What Do the Sexual Harassment/Coercion Data Mean for Models of the Etiology of Sexual Aggression?

Judith E. Sims-Knight, PhD
University of Massachusetts Dartmouth
Raymond A. Knight, PhD
Brandeis University

This talk addresses the theoretic issue of the shared and unshared variance of sexual harassment, sexual coercion, and agonistic motivation and the meaning of these data for etiological models. In light of the present etiological results on these constructs, the talk explores the relevance of these data to proposed etiological models of sexual aggression and assesses the validity and generalizability of these models. The clinical relevance of these results will be discussed as well.

Learning Goals

- Upon completion of this educational activity, learners should be better able to understand that variables related to sexual coercion in incarcerated sex offenders also predict scores on sexual harassment.
- Upon completion of this educational activity, learners should be better able to understand that both men and women may exhibit sexual harassment.
- Upon completion of this educational activity, learners should be better able to understand that men who score high on sexual harassment tend to be low on romantic intimacy, but for women there is no relation.

Judith Sims-Knight, PhD is Chancellor Professor of Psychology Emeritus at the University of Massachusetts, Dartmouth. She is a developmental psychologist who has studied the development of higher-order thinking and expertise for forty years. In the last fifteen years she has added a second line of research, exploring aggression, particularly sexual aggression, and bullying. She is the co-creator of the Multidimensional Inventory of Development, Sex, and Aggression (MIDSA), which is the inventory that was used to generate the data for the proposed symposium. Her primary interests in this domain are the etiology and differentiation of various components of aggression and bullying, and in gender differences in aggression and sexual aggression.

Raymond Knight, PhD has been researching sexual violence for more than four decades. Dr. Knight has published extensively on sexual aggression, psychopathy, and antisocial behavior. He is the co-creator of the Multidimensional Inventory of Development, Sex, and Aggression (MIDSA). Dr. Knight’s research interests involve the classification, etiology, and prognosis of psychopathology; risk assessment of sexually coercive males; and the efficacy of bullying interventions in the public-school system.
References


Assessing Intervention Needs and Progress in Adolescents and Young Adults:  
The Youth Needs and Progress Scale

Sue Righthand, PhD
University of Maine
Melissa Jankowski, MA
University of Maine
Tamara Hart, MA
Department of Juvenile Justice, Kentucky

Effective interventions when youth have been sexually abusive require high quality assessments. Initial and repeated risk and needs assessment are necessary for identifying appropriate treatment targets, intervention intensity, and service delivery and resolving treatment needs.

This workshop will review the development and implementation of a new evidence-informed Youth Needs and Progress Scale (YNPS) (formerly the Treatment Needs and Progress Scale). We will discuss the rationale and evidence-base for the dynamic risk, protective, and treatment responsivity factors included in the YNPS, item ratings how findings may guide clinical decision-making, case planning, and treatment interventions, as well as implementation challenges and successful strategies.

This workshop is rated: Youth | General | Clinical

Learning Goals

- Upon completion of this educational activity, learners should be better able to increase awareness of the importance of developmentally appropriate assessment measures for identifying relevant intervention targets, creating and delivering appropriate case plans, and evaluating client progress, or the lack thereof.
- Upon completion of this educational activity, learners should be better able to increase knowledge of risk, protective, and intervention "responsivity" factors associated with effective interventions for youth who have been sexually abusive.
- Upon completion of this educational activity, learners should be better able to appreciate some of the challenges involved in developing, implementing, and evaluating a new needs and progress assessment scale, and possible ways to address and overcome obstacles.

Dr. Sue Righthand is a psychologist with a Master's degree in Criminal Justice and a Ph.D. in Clinical Psychology. She has extensive experience working with children with problematic sexual behavior, adolescents and adults who have sexually offended, as well as individuals who have experienced or perpetrated child maltreatment and other forms of violence. She is affiliated with the University of Maine where she is an Associate Research Professor. Currently, Dr. Righthand is the Co-PI for the Office of Sex Offender Monitoring, Apprehending, Registering, and Tracking
(SMART) Office’s FY 16 Assessing, Treating, and Managing Juveniles with Illegal Sexual Behavior: The Juvenile Treatment Progress Scale Development and Implementation Project. She is a consultant to the National Center for Sexual Behavior in Youth and the Maine Department of Human Services. Dr. Righthand provides training, consultation, and program evaluation throughout the country. She co-authored the Juvenile Sex Offender Assessment Protocol II and related research. Her recent collaborations include Effective Intervention with Adolescents Who Have Offended Sexually: Translating Research into Practice and The Safer Society Handbook of Assessment and Treatment of Adolescents who have Sexually Offended.

Melissa Jankowski is a 6th year graduate student in the Clinical Psychology Doctoral Program at the University of Maine. She has conducted many evaluations with youth who have demonstrated problematic sexual behavior and has completed court ordered evaluations of adults who have offended sexually. Her research, which is funded by a National Science Foundation Graduate Research Fellowship, focuses on risk in resilience factors for psychopathology, problematic behavior, and health-risk behaviors in youth. Her dissertation work focuses on how self-criticism impacts the benefits and barriers to self-harm in adolescents and she has published on the effects of social-cognitive risk factors for suicide in older adolescents. In addition to her work with Dr. Righthand on the Youth Needs and Progress Scale, Melissa recently co-authored a chapter on the assessment of social skills in children and adolescents in the book Social skills across the lifespan: Theory, assessment, and intervention.

Tamara Hart, MA has over 23 years’ experience working with the Kentucky Department of Juvenile Justice (KYDJJ) where she is currently an Executive Advisor for Treatment and Programming. She provides coordination of evidence based services and fidelity monitoring for the agency. Since 2010, Ms. Hart has conducted annual treatment provider certification training to KYDJJ and partnering agency clinicians who work with adolescents who have committed sexual offenses. During her tenure with DJJ, Ms. Hart has served as treatment director at the KYDJJ Reception and Assessment Center and a residential treatment center for youth with sexual behavior problems. She also worked for nine years with the KYDJJ community mental health branch conducting court ordered forensic psychosexual assessments and providing sexual offense-specific treatment to adolescents. Her formal background is in clinical psychology. Ms. Hart worked with Drs. Sue Righthand, Robert Prentky and Tamara Kang in the piloting of and data collection for the Treatment Needs and Progress Scale, the precursor to the Youth Needs and Progress Scale.
"Don't Forget About Us!" It Takes a Village: RSO Family Member Support Groups

Shelley Kavanaugh, LCSW
Jill S. Levenson, PhD, LCSW
Oakbrook Counseling Center

Family members of RSOs are invisible and collateral “victims” of sex crimes. The psychological, financial, and social devastation to family members is profound, and is called disenfranchised grief – a term that applies to personal losses that go unrecognized by others and for which there are no socially acceptable “rituals” (Bailey, 2017). The collateral consequences of SORN and SORR policies complicate the picture, and families are often faced with conflicted loyalties, PTSD, and a sense of hopelessness that permeates all aspects of their lives (Levenson & Tewksbury, 2009).

Family members of people required to register experience their own set of emotional responses and social challenges due to the realities of living with the registry. Many feel enormous stigma, isolation, and powerlessness in the face of complex restrictions and public disclosure. This workshop will briefly describe several models that have been developed for family member support groups, and then we will share our experience with trial and error, challenges, and successes.

This workshop engages ATSA members in providing a much-needed service to these families by way of support meetings that focus on healing and resilience. Several strategies for facilitating these types of groups will be described, with suggested topics, formats, and recommended group leadership skills. A question and answer period will allow discussion and brainstorming to help participants design support groups that attend to the unique needs of RSO family members in their own community.

This symposium is rated: Adult | General | Clinical

Learning Goals

- Upon completion of this educational activity, learners should be better able to identify and understand the disenfranchised grief of family members and loved ones of registered citizens.
- Upon completion of this educational activity, learners should be better able to design and create a support group that is specific to their own community’s needs and demographics.
- Upon completion of this educational activity, learners should be better able to identify the suggested leadership skills and qualities necessary for effective group management and facilitation.
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Shelley Kavanagh is Licensed Clinical Social Worker and a Doctoral student at Florida Atlantic University in Boca Raton, Florida. She is completing her Doctorate in Social Work (DSW) and is currently studying the effects of SORN & SORR on family members of registered citizens. She provides both individualized and group treatment with clients who have sexually offended and family members of registered citizens in Fort Lauderdale, FL.

Dr. Jill Levenson, PhD, LCSW, Professor of Social Work at Barry University in Miami, treats survivors, perpetrators, and family members impacted by sexual offenses. She has published over 100 articles about policies and clinical interventions designed to prevent sexual abuse, including projects funded by the National Institutes of Justice and the National Sexual Violence Resource Center. In 2019 Jill Levenson was the recipient of ATSA's Lifetime Achievement Award!

References

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This workshop covers issues related to successfully transitioning from prison treatment to release into the community including; preparation for release, moving to more open conditions, release itself and management/support within the community. Successful treatment to reduce future sexual offending is reliant on successful transition into the community to assist in the maintenance and application of treatment gains. While treatment providers are not responsible for supporting individuals beyond the remit of individual treatment provision, poor reintegration into the community presents a significant moderating variable on the effectiveness of treatment. We argue that treatment providers should prepare the individual for transition to such community services and ensure a consistent, easy transition which facilitates successful community integration. This workshop will present current information on how the problems in transition may be exacerbated by common misconceptions and clinical mistakes. We will examine what possible moderating factors should be considered to improve the accuracy of individual risk management and to act as moderating / mitigating factors when evaluating programme effectiveness. Workshop participants will be asked to consider what specific factors and issues impact on successful transition to the community including issues related to; 1) accurate and realistic expectations about release, 2) functional release plans, 3) clear objectives about community integration, 4) social / community support that is available / facilitated, 5) risk and protective factors functionally related to community integration.

This workshop is rated: Adult & Youth | Intermediate | Clinical & Research

**Learning Goals:**

- To better understand the range of empirical studies related to successful transition into the community.
- To understand how treatment success may be impacted on by poor transition, integration and community support.
- To identify those factors which should be considered more closely to improve individual transition to the community while acting as potential moderating / mitigating factors to future improve program evaluations.

**Todd E. Hogue** is a Registered Forensic and Clinical Psychologist and Professor of Forensic Psychology at the University of Lincoln. He has worked as a Forensic Psychologist in prison, community and secure mental health settings developing forensic clinical services for individuals who are hard to engage and have high risk sexual and violent offending histories. His research interests focus mainly on individuals who have committed sexual offences, the impact of attitudes towards individuals convicted of sexual offences on professional judgements and decision making, hard to engage populations, the use of new technologies.
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such as eye-tracking to assess inappropriate sexual interest and the evaluation of interventions to impact on prisoner engagement, wellbeing and successful reintegration into the community.
Hypersexuality is defined as a stronger than usual urge to have sexual activity. Researchers and clinicians remain largely divided on whether hypersexuality is a central feature of a distinct diagnostic disorder or whether it simply reflects normative, albeit high, sexual drive. The proposed disorder underscores a number of features, such as non-paraphilic hypersexuality, loss of control over sexual behavior, the use of sex in response to dysphoric mood, and the continuation of sexual behavior despite adverse consequences. Although Hypersexual Disorder was rejected for inclusion in DSM-5, Compulsive Sexual Behavior Disorder was incorporated as an impulse-control disorder in ICD-11. This has important clinical implications as ICD is the most widely used classification system of mental disorders in the world and the diagnostic codes are mandated for use in many countries.

Despite the continued controversy, non-paraphilic hypersexual behavior continues to be an important clinical construct. Indeed, hypersexuality in some form has been embedded in etiological models of sexually aggressive behavior (Knight & Sims-Knight, 2003, 2004, 2011) and it has also been found to covary with recidivism among those who have committed sexual offenses (Hanson & Morton-Bourgon, 2004; Kingston & Bradford, 2013; Briken, 2012; Thornton, 2016). Consequently, it has become an important target for assessment and treatment for individuals convicted of sexual aggression (Marshall & Marshall, 2006).

In this presentation, we discuss the overarching construct of hypersexuality and Compulsive Sexual Behavior Disorder, its place in current nosology, as well as specified problems, ranging from global issues about its core theoretical conceptualization to specific issues about the content and structure of the scales used to measure it. New research from two distinct data sets totalling 1,857 respondents will be presented that underscore these aforementioned issues particularly around assessment and measurement. Specifically, latent factor domains of self-report hypersexuality measures were replicated through exploratory and confirmatory factor analyses on these two samples. Hypersexuality total and factor scores as well as total sexual outlet (TSO) predicted indicators of risky sexual behavior (e.g., affairs, paying for sex), proxies or direct indicators of hypersexuality (e.g., cyber sex, phone sex, strip clubs), and consequences of hypersexuality (e.g., STIs, arrests). Implications pertaining to the treatment of individuals presenting with hypersexuality will be discussed which includes the identification of specified treatment targets as well as other pertinent issues related to effective intervention.
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This paper is rated: Adult | Advanced | Clinical & Research

**Learning Goals**
- Upon completion of this educational activity, learners should be better able to understand the current operational definition of compulsive sexual behavior disorder
- Upon completion of this educational activity, learners should be better able to identify the current assessment methods and measures appropriate for this construct
- Upon completion of this educational activity, learners should be better able to identify key treatment concepts and existing best practices to address compulsive sexual behavior disorder

**Drew A. Kingston, PhD** received his doctorate in clinical psychology at the University of Ottawa and completed his residency at the Royal Ottawa Health Care Group. He is a licensed psychologist in the State of California and is currently the Senior Clinical Director of the HOPE program and is a research scientist at the Institute of Mental Health Research in Ottawa, Ontario, Canada. Dr. Kingston is on the editorial boards of the *Archives of Sexual Behavior* and *Sexual Abuse: A Journal of Research and Treatment* and serves as an ad-hoc reviewer for several journals. He has published a number of articles and book chapters in the areas of hypersexuality, exhibitionism, pedophilia, and sexual sadism, the impact of pornography on sexual aggression, and the sexual offence cycle.

**Mark E. Olver PhD** is Professor and Registered Doctoral Psychologist (Saskatchewan) at the University of Saskatchewan, where he is involved in program administration, graduate and undergraduate teaching, research, and clinical training. Prior to his academic appointment, Mark worked as a clinical psychologist in various capacities, including providing assessment, treatment, and consultation services to young offenders in the Saskatoon Health Region and with adult federal offenders in the Correctional Service of Canada. Mark’s research interests include offender risk assessment and treatment, young offenders, psychopathy, and the evaluation of therapeutic change. He is the co-developer of the Violence Risk Scale-Sexual Offense version (VRS-SO) and he provides training and consultation services internationally in the assessment and treatment of sexual, violent, and psychopathic persons.
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Adverse Childhood Experiences and Deviance Among Diverse Sex Offenders

Alejandro Leguizamo, PhD
Samantha Sutton, BA
Roger Williams University

Sexual deviance, along with antisocial orientation, has been found to be the strongest predictor of sex offense recidivism (e.g., Hanson & Morton-Bourgon, 2005). In addition, adverse childhood events, such as the experience of different types of abuse, also impacts the development of deviant sexual behaviors (Davis & Knight, 2019). However, to date, no studies have explored ethnic differences in sexual deviance among adult sex offenders. Responses from comprehensive intake reports of incarcerated adult male sexual offenders were coded to compare White ($n = 407$), African American ($n = 110$), and Latino ($n = 139$) offenders in terms of adverse childhood experiences (e.g., report of sexual abuse) and correlates of sexual deviance (e.g., reported history of exhibitionism, frotteurism, collected into an additive scale). White subjects reported significantly higher rates of sexual abuse than African Americans and Latinos, but there were no significant differences in the report rates of physical abuse, neglect, or exposure to domestic violence among these groups. While we found that Whites had significantly higher scores in our scale of correlates of sexual deviance than both African Americans and Latinos, this difference disappeared when controlling for a history of sexual abuse, though there was a trend. Lastly, using an intercept analysis using grouping variables, we found that report of sexual abuse and neglect significantly increased mean deviance scores for Whites, but only sexual abuse did so for African Americans and Latinos. Results support previous findings implicating adverse childhood experiences with the development of sexual deviance as well as the importance of exploring ethnic differences with respect to the potential impact unique cultural variables may have in this phenomenon. Implications and suggestions for future research were discussed.

This paper is rated: Adult | General | Research

Learning Goals

- Upon completion of this educational activity, participants should be able to describe how adverse childhood experiences can contribute to the development of pathological sexual behavior.
- Upon completion of this educational activity, participants should be able to describe rates of paraphilic behaviors based on ethnicity and how they compared with population rates as reported in the DSM-V.
- Upon completion of this educational activity, participants should be able to describe differences in adverse childhood experience and extent of pathological sexuality based on ethnicity.

Alejandro Leguizamo has been active in the sex offender field for more than two decades as a researcher, clinician, and evaluator. He is a former Clinical Director of the Sex Offender Treatment Program at the Massachusetts Treatment Center, where he also provided treatment to Spanish-speaking inmates and civilly committed men. He is currently an Associate Professor at Roger...
Williams University in Rhode Island. In addition to his academic work, he conducts evaluations and specialized treatment for the Massachusetts Department of Youth Services. His current research focuses on multicultural factors in sex offending and on predictors of psychological well-being in diverse community samples. Dr. Leguizamo regularly presents at regional and national conferences.

Samantha Sutton is currently a master's student in Forensic and Legal Psychology at Roger Williams University. She holds a BA in Psychology from Clark University. Ms. Sutton in particular is interested in online sexual predators who target potential victims through online gaming.
The Integrated Risk Assessment and Treatment System (IRATS) Model: An Empirically Validated Model of Treatment Change

Symposium Chair: Kristina Shatokhina, BA, MSc Candidate
Ontario Tech University

Dispositional characteristics and adverse life experiences likely combine to drive sexually violent behaviour and explanatory models, such as the Integrated Risk Assessment and Treatment System (IRATS; Abracen & Looman, 2016), can help improve the understanding of how these factors can influence offending behaviour and guide treatment. The IRATS consists of three components that lead individuals to turn to sexual offending. One component is sexual deviance, which refers to an individual’s failure to self-regulate sexual urges and demonstration of deviant phallometric preferences or paraphilias. A second component is psychological vulnerability, which involves a history of abuse and rejection, attachment issues, and chronic issues with negative emotions such as anger, depression, and loneliness. The last component is criminality, which includes the persistence and range of offending, psychosocial problems, offense-supportive cognitions, and antisocial personality patterns. Together, these components can elucidate what drives the occurrence and maintenance of criminal behaviour, as well as one’s response to intervention.

The aim of this symposium is to discuss the way in which the IRATS Model of Sexual Offending can provide an explanatory framework for understanding people who have committed sexual offenses. The first presentation will discuss the theoretical underpinnings of the model and the way in which it can facilitate the management of sexual offenders in the community. The second presentation will discuss the degree to which the three components of the IRATS collectively predict criminal recidivism and treatment dropout. The third presentation will discuss the application of the IRATS to the treatment of substance abuse.

This symposium is rated: Adult | Preliminary | Clinical & Research
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Community Management of Sexual Offenders Presenting with Mental Illness

Jeffrey Abracen, PhD, CPsych
Central District (Ontario) Parole
Jan Looman, PhD, CPsych
Forensic Behaviour Services
Janice Picheca, PhD, CPsych
Correctional Service Canada

The present paper will focus on the assessment and treatment of sexual offenders in community settings. Outcome research related to success with community and institutionally based treatment using Cognitive Behavioural Strategies (CBT) will be discussed. The available research suggests that treatment provided by registered mental health professionals appears most successful. As well, treatment programs that address issues with deviant arousal directly also appear to be more effective. Further, programs that employ polygraphy appear to be less successful. These findings were recently published in a comprehensive meta-analysis produced by Gannon, Olver, Mallion & James (2019) and will be discussed in some detail.

We will then present the Integrated Risk Assessment and Treatment System (IRATS) Model, developed by the first two authors. We believe that this model helps contextualize the findings produced by Gannon et al. (2019) and also suggests why some recent data related to large scale programs delivered without much involvement by mental health professionals have produced disappointing results (e.g., Mews, Bella & Purver, 2017).

Last, we will present some recent data by our team comparing a group of treated sexual offenders in the community to a comparison group of untreated sexual offenders. The approach that we have adopted is based on the IRATS Model. Our outcome data demonstrate extremely low rates of sexual offence recidivism with community based interventions geared towards sexual offenders treated using the IRATS Model. This model addresses issues associated with so called criminogenic needs (e.g., Andrews & Bonta, 1998, 2010) as well as directly addressing issues associated with serious mental illness and deviant arousal. The model is designed to be used by qualified mental health professionals or staff under the direct supervision of qualified mental health professionals and who have relevant training and educational backgrounds.

Learning Goals
- Upon completion of this educational activity, learners should be able to understand the relevant research on community treatment of sexual offenders.
- Upon completion of this educational activity, learners should be able to understand the elements of the community based program offered for moderate to high-risk sex offenders in the Greater Toronto Area (GTA) offered by the authors. This program is based on the Integrated Risk Assessment and Treatment System (IRATS) Model developed by the authors and has been employed in both institutional and community settings.
- Upon completion of this educational activity, learners should be able to understand the long-term outcome data that was collected by our team comparing clients attending our community program with a comparison group of untreated sexual offenders from the same region as the treated subjects. Data will be presented that, with appropriate
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treatment, community based approaches can result in near zero rates of sexual offence recidivism, even when clients are followed for long periods of time.

The Integrated Risk Assessment and Treatment System (IRATS) Model and its Application to Recidivism and Treatment Engagement among Sexual Offenders

Kristina Shatokhina, BA, MSc Candidate
Ontario Tech University
Leigh Harkins, PhD
Ontario Tech University
Jeffrey Abracen, PhD, CPsych
Central District (Ontario) Parole

The aim of this project was to investigate whether the IRATS Model of Sexual Offending – sexual deviance, attachment difficulties, and criminality – can be applied to the prediction of recidivism and treatment dropout. Study 1 investigated whether the IRATS components predict the likelihood that an incarcerated sample of offenders will engage in sexual, violent, or general recidivism. This sample consisted of convicted sexual offenders who were assessed at the Regional Treatment Centre High Intensity Sex Offender Treatment Program (RTCSOTP), provided by the Correctional Service of Canada (CSC). Preliminary results of Study 1 indicated that the three components, together, significantly predicted recidivism. Study 2 investigated whether the IRATS components predict the likelihood that a community sample of offenders will terminate their treatment prematurely. This sample consisted of sexual offenders who were treated at the Sexual Behaviours Clinic at the Centre for Addiction and Mental Health (CAMH). Preliminary results of Study 2 indicated that the three components, together, significantly predicted voluntary treatment engagement.

Learning Goals

• Upon completion of this educational activity, learners should be better able to discuss the utility of the IRATS Model of Sexual Offending in predicting criminal recidivism (general, violent, sexual).
• Upon completion of this educational activity, learners should be better able to discuss the utility of the IRATS Model of Sexual Offending in predicting dropout from psychotherapy
• Upon completion of this educational activity, learners should be better able to distinguish between the way in which the IRATS Model of Sexual Offending can be applied to correctional and forensic populations.
The presentation will discuss both research and practical matters related to the assessment and treatment of substance abuse in sexual offenders. We will first describe a number of studies completed by our team that have demonstrated differential patterns of substance abuse in sexual and non-sexual violent offenders. In a series of studies comparing sexual offenders treated at the Regional Treatment Centre (Ontario) to differing groups of violent non-sexual offenders we have shown that sexual offenders have significantly more difficulties with lifetime history of alcohol abuse as measured by the Michigan Alcohol Screening Test (MAST). With reference to drug abuse, however, we have shown that violent non-sexual offenders present either with more difficulties in this regard as measured by the Drug Abuse Screening Test (DAST) or that there are no differences between groups. These findings are discussed in terms of the Integrated Risk Assessment and Treatment System (IRATS) Model. In particular, the extensive literature linking negative emotionality and alcohol abuse is presented.

We will then discuss why, in our view, these differing patterns are important from a treatment perspective. We will argue that comprehensive treatment programs that address both traditional sex offender treatment targets (e.g., cognitive distortions related to sexual offending) as well as other relevant domains (e.g., substance abuse) should be provided to clients. Issues associated with therapist training and background will be discussed in this regard. Last, we will offer some practical suggestions regarding how to incorporate substance abuse treatment into integrated sex offender treatment programs.

Learning Goals

- Upon completion of this educational activity, learners should be better able to understand and articulate the relationship between substance abuse and sexual offending.
- Upon completion of this educational activity, learners should be better able to differentiate the role of alcohol abuse from other drug abuse in sexual offending.
- Upon completion of this educational activity, learners should be better able to understand the importance of alcohol use disorder in risk assessment for sexual offenders.
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**Kristina Shatokhina** received her B.A. in Psychology (Specialized Honours) from York University in 2015 and is currently completing her M.Sc. in Forensic Psychology at Ontario Tech University, supervised by Dr. Leigh Harkins and Dr. Jeffrey Abracen. Over the last eight years, Kristina has conducted research in a variety of settings, including the Correctional Service of Canada (CSC) and the Centre for Addiction and Mental Health (CAMH) – Forensics Division. She also currently collaborates with licensed clinical psychologists to provide supervised psychotherapeutic services to correctional populations at CSC and is employed by The Salvation Army – Correctional and Justice Services.

**Dr. Jeffrey Abracen** graduated with his Ph.D. in counselling psychology from McGill University on 1995. He has worked for Correctional Service of Canada (CSC) since 1995. Dr. Abracen has held a number of roles within CSC including having worked at the High Intensity Sex Offender Treatment Program at the Regional Treatment Centre (Ontario) and having been the Program Director of community based sex offender treatment programs in Central District (Ontario). Dr. Abracen’s current role is as the Chief Psychologist for CSC in Central District (Ontario) Parole. Dr. Abracen has published extensively in the area of sex offender assessment and treatment.

**Dr. Jan Looman** completed his PhD in Clinical/Forensic psychology at Queen’s University in Kingston Ontario in 2000. He has been involved in the assessment and treatment of sexual offenders since 1987. Dr. Looman was the Program Director of the High intensity Sexual Offender Treatment Program at the Regional Treatment Centre (Ontario), and was responsible for that program’s accreditation in 2002. Dr. Looman has also been employed as the Clinical Manager for the Regional Treatment Centre (Ontario), a hospital operated by Correctional Service of Canada. Dr. Looman currently works in private practice.
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TH-MID-02

Neuroscience and Adolescent Sexual Behavior Problems: Developmental and Treatment Issues

KevinCreeden, MA, LMHC
The Whitney Academy

Neurobiological research continues to expand our understanding of how childhood experiences shape brain development and ultimately influence our perceptions, interactions, and decision-making. Studies that focus on the social neurobiology of attachment relationships, adolescent self-regulation, and behavioral decision-making can be seen as especially relevant to our understanding of adolescents who engage in sexually harmful behavior. In addition, specific research that has examined the impact of early child maltreatment and adverse childhood experiences on neurodevelopment, learning, and behavior speaks to important issues that need to be recognized and addressed when considering effective assessment and treatment protocols.

This workshop examines some of the important aspects of current neurobiological research that can broaden our understanding of adolescents with sexual behavior problems. We will then discuss ways that this research can be incorporated into our assessment and treatment of these youth.

This workshop is rated: Youth | Intermediate | Clinical

Learning Goals:
• Upon completion of this educational activity, learners should be better able to discuss important aspects of current neurological research that seem especially pertinent to adolescent sexual behavior problems.
• Upon completion of this educational activity, learners should be better able to explore how this research may expand or challenge our understanding of youth engaging in sexually harmful behavior.
• Upon completion of this educational activity, learners should be better able to learn about the ways to utilize the current research to guide assessments and develop specific treatment interventions.

Kevin Creeden, MA, LMHC is the Director of Assessment and Research at the Whitney Academy in East Freetown, MA. He has over 30 years of clinical experience treating children, adolescents, and their families working extensively with sexually and physically aggressive youth. Over the past 20 years, his primary focus has been on issues of trauma and attachment difficulties, especially with regard to the neurological impact of trauma on behavior. He has authored articles and book chapters on the neuro-developmental impact of trauma on sexual behavior problems and sexual offending behavior. In the past, Mr. Creeden has been a Teaching Fellow at Boston College, and an Instructor in Psychology in the Department of Psychiatry, Harvard Medical School at Cambridge
Hospital. Presently, he is a guest faculty at the Simmons School of Social Work's advanced training program for trauma informed care. Mr. Creeden trains and consults nationally and internationally to youth service, community, mental health, and forensic service programs.
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TH-MID-03

7th Annual Clinical Case and Data Blitz

Coordinator: Laleh Dadgardoust, PhD Candidate
University of Toronto Institute of Technology

Students will be presenting their research and clinical work in 5 minutes or less during the ATSA Clinical Case and Data Blitz. This year we have 11 presentations examining important issues related to the prevention, assessment, management, and treatment of people who have committed sexual offences.

This panel is rated: Adult & Youth | General | Clinical & Research

Student Clinical Case and Data Blitz

Examined the Rate of Psychotropic Medication for Juvenile Sexual Offenders
Ashley Anderson, BA, Auburn University

Case Study About Family’s Belief System and Probation Conditions
Emma Sower, BS, University of Denver

Race Was Related to Denial of Sexual Offense
Molly Sheppard, MS, Palo Alto University

Hostile Attribution Bias and Self-Reported Aggression Among Juvenile Offenders
Samantha Guajardo, Auburn University

Examined the Correlation Between Psychopathy and Risk of Sexual Offending Among Juvenile Sexual Offenders
Tiana Bond, Auburn University

Compared Juvenile Offenders Convicted of General Delinquent Behavior With Those Convicted of Illegal Sexual Behavior on Externalizing and Internalizing Symptoms
Mekenzie Violette, Auburn University

Compared Symptoms of Trauma Among Juvenile Offenders Convicted of General Delinquent Behavior, and Those Convicted of Illegal Sexual Behavior
Emily Kucera, Auburn University

Qualitative Study Examining How Members of a Treatment Team Described the Influence of Team Development on Team Resilience
Sara Mulholland, MEd, Grand Canyon University
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Will Examine the Use of Psychoeducation Groups to Provide Healthy Sexuality Training for Juvenile Sexual Offenders
Hanna Evans, Auburn University

Compared the Parenting Style Received by Juvenile General Offenders and Juvenile Sex Offenders
Meredith Moderi, Auburn University

Examines the Family Functioning and Reports of Anxiety and Depression Among Juvenile Sexual Offenders
Kylie Seaton, Auburn University

Learning Goals:

- Participants will discuss ATSA student members' clinical and research contributions to the field.
- Participants will critique ATSA student members' approaches and identify areas for future research and practice.
- Participants will describe the relevance of presentations to the future directions of the next generation of ATSA.

Laleh Dadgardoust is a PhD Candidate in the Department of Forensic Psychology at the University of Ontario Institute for Technology. The main focus of her research is improving understanding of the rape proclivity measure and examining its predictive validity. Her other research interests include risk assessment and treatment management of individuals convicted of sexual offences. She has participated in several research projects related to her field of interest and presented her research findings in local and international psychology conferences.
Helping Youth: Adjusting For Factors That Impact Their Response To Treatment

Jacqueline Page, PsyD
University of Tennessee Health Science Center-Department of Psychiatry

What we know about adolescents who have engaged in sexually abusive behavior has grown significantly and provides information about some evidence informed practices and approaches. The Risk-Need-Responsivity principles are viewed as guiding principles for our work. All three of the principles are important; however, we may find ourselves focusing more on the risk and need principles given their impact on decisions about supervision and placement and intensity of and type of services. Yet, the responsivity principle has a significant and direct impact on our work with youth. While this principle embraces our use of cognitive behavioral therapy and the social learning model and emphasizes the importance of skills building and family involvement, it also directs our focus to factors impacting the youth. These factors can impact if the youth engages in treatment and how they respond to and progress in treatment. We need to focus on these factors and adjust our approaches and interventions as needed to help support the youth’s involvement, engagement and progress in treatment.

Given that adolescents who sexually abuse are a diverse and heterogeneous group you are likely to encounter a variety of responsivity factors that can impact how a youth and his/her family response to treatment. While we may be aware of, and recognize these factors, it can be challenging to ensure that we are taking them into consideration on an ongoing basis in our work. Sometimes we get caught up in the tasks and goals to be accomplished and temporarily can lose sight of the factors that may be holding a youth back, interfering with them engaging or hindering their progress. We need to be flexible and adjust our approaches and interventions when needed due to responsivity factors that are present while also building on strengths and protective factors. Sometimes the needed adjustment is fairly simple to identify and do while at other times we find ourselves struggling to figure out how address the factor in an effective manner. There are times we need to think outside the box, step back and re-assess the situation, look at it from a different perspective or reach out to others for ideas and input.

Factors that can impact the youth’s response to treatment can include, but are not limited to: motivation and readiness, learning problems, learning style, ethnic/cultural considerations, gender, age, religious considerations, trauma and/or adverse childhood experiences, personality characteristics, anxiety, self-esteem, cognitive abilities and emotional/psychological considerations. As you can see, there is a lot to consider. This workshop is intended to present a framework for how we stop and think about factors impacting the youth, provide ideas and examples for adjusting for some specific factors and devise strategies to ensure that we take these type of factors into consideration throughout the treatment process.
This workshop is rated: Youth | Intermediate | Clinical

Learning Goals:

- Upon completion of this educational activity, learners should have an increased understanding of the responsivity principle and its importance to their work.
- Upon completion of this educational activity, learners should increase their understanding about how a history of trauma and adverse childhood experiences can impact a youth’s response to treatment.
- Upon completion of this educational activity, learners will recognize the importance of recognizing and understanding cultural considerations for youth and their families.

Jacqueline Page, PsyD is an Associate Professor in the Department of Psychiatry at the University of Tennessee Health Science Center and serves as a consultant to the Tennessee Department of Children’s Services. She has over 30 years of experience and specializes in victims of sexual abuse, children with sexual behavior problems, adolescents who have engaged in sexually abusive behavior and juvenile justice issues. Dr. Page served as the co-chair for the Association for the Treatment of Sexual Abusers (ATSA) Adolescent Practice Guidelines Committee and served on ATSA’s board for two terms. She has published in the field and presents on a regular basis nationally and internationally.
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TH-MID-05

Considerations for Addressing Sexual Assault and Communities of Color

Condencia Brade
National Organization of Sisters of Color Ending Sexual Assault

In this interactive session, we will focus on key considerations for treatment providers as it relates to the occurrence of sexual assault within Communities of Color. We will discuss the impact of sexual assault on survivors from Communities of Color, knowledge gaps and explore the context of culture and the implications for the occurrence, accountability and intervention of sex offending behavior.

Learning Goals:

• After participation in this session, attendees should be able to describe the impact of sexual assault on Communities of Color (primarily Women and Girls of Color).
• After participation in this session, attendees should be better able to differentiate between the use of culture as a pardon versus strategy for intervention.
• After participation in this session, attendees should be better able to analyze their role in addressing sexual assault in Communities of Color.

This workshop is rated: Adult & Youth | General | Clinical

Condencia Brade has spent over 20 years working to address sexual assault, particularly as it impacts Women and Girls of Color. Condencia is the co-founder and former Executive Director of the National Organization of Sisters of Color Ending Sexual Assault (SCESA). SCESA is an advocacy organization of Women of Color whose core work is to give voice and engage in action strategies that incorporate and address the experiences and realities of Women of Color and Communities of Color while ensuring culturally specific support for survivors of sexual assault. Condencia is also a consultant for Ujima: The National Center on Violence in the Lives of Black Women supporting initiatives both nationally and internationally addressing the intersection of sexual assault and other public health issues within the Black community.

Prior to founding SCESA, Condencia worked at a statewide anti-sexual assault coalition where she was instrumental in the creation and implementation of a statewide Spanish Hotline, a Campus Consortium and a Youth Advisory Council on sexual assault; as well as coordinating statewide initiatives with law enforcement and healthcare providers. She began her career working in public health and then on to higher education, where she first began doing direct services work addressing violence against women. Condencia has provided training and technical assistance focused on Women of Color leadership, youth/girls of color, immigration, economics, healthcare, housing and culturally relevant responses addressing sexual assault to governmental agencies, corporations, foundations, and international, national, state, territorial and community based organizations.
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TH-PM-01

Preserving Healthy Sexuality Options for Persons With Intellectual Disabilities and Problematic Sexual Behaviors

Symposium Chair: Robin J. Wilson, Ph.D., ABPP
McMaster University & Wilson Psychology Services LLC

We firmly believe that all human beings are entitled to healthy sexual expression. However, many individuals who experience sexual behavior difficulties have a hard time replacing inappropriate fantasies, urges, and behaviors with ones that achieve sexual satisfaction in a healthier and less harmful manner. This is often particularly true for persons with intellectual disabilities and other cognitive limitations whose experience of sexuality can be markedly different from their non-disabled peers. In this symposium, we aim to raise awareness of the challenges experienced by special needs clients, in addition to offering suggestions for treatment interventions and creative practical solutions to nagging issues. We will employ case study examples demonstrating both successful and unsuccessful attempts to redirect inappropriate fantasies and behaviors, with post-intervention evaluation insights. Participation by attendees will be strongly encouraged, in furtherance of a goal of blending voices while we strengthen lives.

This symposium is rated: Adult | Intermediate | Clinical

Use of Media and Other Modalities in Redirecting Sexual Fantasy for Persons With Intellectual Disabilities

Christa Salmon, MSW, RSW
PATHS – Center for Behaviour Health Sciences Mackenzie Health
Angie Nethercott, MA, RP
Hands TheFamilyHelpNetwork.ca
Tiffany Charbonneau, BA
PATHS – Center for Behaviour Health Sciences Mackenzie Health

The sexual experiences of many persons with an intellectual disability are often limited and frequently perceived as negative. Historically, such individuals may have been taught that all sex is "bad" and some have been punished for engaging in any form of sexual expression. This has resulted in much fear and confusion for some of our clients. Further, access to consenting sexual partners is often minimal. For many, the only sexual experiences they have had were abusive in nature, potentially leaving clients with only their own abuse or the abusive behaviors they have engaged in with others as source material for sexual fantasy. Others experience sexuality virtually (i.e., online or in other media), which may ultimately be problematic because of diminished ability to critically consider what they are viewing – sometimes misperceiving sexually explicit media as
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In general, persons who engage in sexually concerning behaviors are frequently noted as having poor sexual fantasy conception. This is evidenced in fewer, less elaborate sexual fantasies; frequently with less variety. These issues are compounded further when you add an intellectual disability to the mix. By their very nature, cognitive limitations interfere with a person’s capacities in abstract thinking and working memory. Indeed, the ability to sit alone in a room with no stimuli and create a sexual fantasy is a high-level cognitive skill with which many of the people we support have significant trouble.

Clinicians at the Program for the Assessment and Treatment for Healthy Sexuality at the Center for Behaviour Health Sciences and Hands TheFamilyHelpNetwork.ca have focused on promoting healthy sexual fantasies for their clients in treatment using a variety of modalities, including auditory, visual, and tactile elements. This presentation will provide attendees with practical examples of these approaches, in addition to sharing the protocols and procedures developed for their usage. Case examples will be used to illustrate the various modalities, highlighting both successes and failures.

Learning Goals

- Upon completion of this educational activity, learners should be better able to detail the various psychosocial variables that impact the fantasy life of persons with ID.
- Upon completion of this educational activity, learners should be better able to provide information and demonstrations of the different modalities used to increase the healthy sexual fantasies of persons with ID.
- Upon completion of this educational activity, learners should be better able to discuss the protocols and procedures used in conjunction with the approaches to increase healthy sexual fantasies in persons with ID.

Getting Creative: The Lengths We’ve Gone to in Ensuring Healthy Sexual Expression

Robin J. Wilson, PhD, ABPP
McMaster University & Wilson Psychology Services LLC

In a career spanning more than 35 years in sexual violence prevention, I can honestly say that I’ve never had a boring day at work. However, many of those days have been quite upsetting; not just because of the often dangerous and harmful behaviors in which my clients have engaged, but also because of the frequently dysfunctional ways in which they have experienced sexuality over their lifespans. Nowhere has this been more apparent than in my work with persons with intellectual disabilities and other cognitive limitations (i.e., special needs clients). As a tragic consequence of their disability status, many such clients have been sexually abused (more than their non-special needs compatriots) and their options for healthy sexual expression have been seriously curtailed by both capacity and circumstance. The latter has often been the bigger problem, in which agency policy and practitioner prejudices have impacted responsive care, to the extent that client sexuality has been diverted, forgotten, or outright banned. In this presentation, I will highlight challenges the agencies with which I have worked experience in thinking creatively to support clients’ rights to lead productive lives including healthy sexual expression. Examples will include:
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- How do you manage a disabled client’s compulsion for anal insertion; sometimes to the extent of causing serious bodily injury?
- What do you do when your disabled and lonely client requests a blow-up doll because he desperately wants to experience having “someone else” in bed with him at night?
- What options exist to redirect a disabled client’s urophilic or coprophilic tendencies?
- What if treatment group home housemates decide they want to begin an intimate relationship?

Learning Goals

- Upon completion of this educational activity, learners should be better able to assert the need to ensure options for healthy sexual expression in all clients in treatment, regardless of cognitive status.
- Upon completion of this educational activity, learners should be better able to explore creative solutions to longstanding sexuality issues resistant to change.
- Upon completion of this educational activity, learners should be better able to suggest a framework in which treatment providers and clients can work together to explore creative solutions in the furtherance of healthy and satisfying sexual expression.

Robin J. Wilson is a researcher, educator, and board certified clinical psychologist with more than 35 years of experience working with persons with sexual and other problematic behaviors in hospital, correctional, and private practice settings. He has published and presented widely on topics related to community health and sexual violence prevention and maintains an international practice in consulting and clinical psychology.

Christa Outhwaite-Salmon is a registered Social Worker and a member of the Ontario Association for Social Work. She currently holds the position of Clinical Programs Consultant with the Centre for Behaviour Health Sciences; Program for the Assessment and Treatment for Healthy Sexuality (PATHS). She specializes in socio sexual assessment, risk assessment and the treatment of persons with Intellectual Disabilities and Dual Diagnosis who engage in sexually abusive behaviours. Christa provides clinical consultation, training and workshops for fellow clinicians and community partners and has presented at a number of national and international conferences.

Angie Nethercott, MA, is a Registered Psychotherapist who has worked with the North Network Regional Clinical Services at Hands TheFamilyHelpNetwork.ca for the past eleven years specializing in the area of sexuality and persons with Intellectual Disabilities and Dual Diagnosis. Angie’s role is to provide clinical consultation to clinicians across Northern Ontario, socio-sexual and risk assessments, and treatment for adults who engage in sexually concerning and abusive behaviors. Prior to her current position, Angie worked for the Centre for Behaviour Health Sciences as a Behaviour Consultant and Coordinator of the Sexuality Clinic for seventeen years providing assessment and treatment of children and adults with Intellectual Disabilities and Dual Diagnosis who engage in sexually concerning and abusive behaviors.

Tiffany Charbonneau has been working with the Centre for Behaviour Health Sciences since 2006 and a part of the PATHS team since 2011. Her role includes supporting individuals with sexually concerning behaviours in the community through assessment, treatment and risk management. She currently has her bachelor’s degree in psychology.
**Development and Pilot Testing of Two New Instruments Measuring Emotional Attributions to Experiences of Childhood Sexual Abuse**

Rebecca Dillard, MSW, PhD
University of Nevada, Las Vegas School of Social Work

Though prior research has demonstrated that survivors of childhood sexual abuse may experience a range of negative emotions following the abuse (Feiring et al., 2007; Maschi, Bradley, & Morgen, 2008), studies have failed to consider the perspectives of youth, males, and the potential existence of positive emotions being attributed to the experiences (Barker-Collo, 2001; Daigneault, Hébert, & Tourigny, 2006; Leclerc, Proulx, McKibben, 2005; Seto, 2008). The objective of the current study was to develop and determine the psychometric properties of two new scales – The Negative Emotional Attributions to Childhood Sexual Abuse (NEA-CSA) and Positive Emotional Attributions to Childhood Sexual Abuse (PEA-CSA) – developed by the researcher to capture the range of negative and positive emotional attributions that youth may assign to their experiences of childhood sexual abuse victimization. This study addressed the following research questions: To what extent do the NEA-CSA and PEA-CSA scales demonstrate validity and reliability as measures of the emotional attributions that youth make with regard to their experiences of childhood sexual abuse?

The two measures were developed following the seven steps of scale development (Tay & Jebb, 2017), and guided by general strain theory (Agnew, 1992) and social learning theory (Bandura, 1986; Burton & Meezan, 2004). After completion of the development process, a sample of incarcerated youth (N = 136) were recruited and surveyed from community corrections and residential treatment centers in a Midwestern state to pilot the measures. Item Response Theory was used to test the performance of the measures and their individual items with the subsample of youth who reported a history of childhood sexual abuse (n = 40). Utilizing the information gained from item response theory, the measures were refined and re-tested using the principles of rating scale utility analysis (Linacre, 1999).

The NEA-CSA and PEA-CSA measures demonstrated high internal consistency reliability (α = .935 and α = .945, respectively) and construct validity, appropriately capturing the range of positive and negative emotions youth may experience following childhood sexual abuse. The final refined measures were the 25 item NEA-CSA and the 18 item PEA-CSA, both with 3-point Likert scale response options ranging from Disagree to Agree. The present study provides the first empirical evidence that youth who have experiences of childhood sexual abuse attribute both negative and positive emotions to the experience and the individual who committed the sexually abusive behaviors. High levels of emotional conflict were also observed, whereby youth were grappling with simultaneous positive and negative attributions, exhibited by the moderate strength, positive correlation between the total scores on each measure (r (37) = .557, p < .001). A pre-existing relationship with the perpetrator could explain why youth were likely to have high levels of both negative and positive emotions attributed to their experiences of childhood sexual abuse, as
the most common perpetrator is a parent or caregiver of the child (U.S. Department of Health & Human Services, 2018).

Future research will explore refinement of the NEA-CSA and PEA-CSA measures by eliminating irrelevant items, rewording items for clarity, and assessing item discrimination. The measures will then be validated with a larger sample of children who have experienced childhood sexual abuse. From a practice an assessment standpoint, it becomes a clinical imperative to assess for emotional attributions early in the treatment process to reduce stigma associated with positive emotions and to address cognitive dissonance associated with conflicting emotional attributions.

This paper is rated: Youth | Advanced | Research

**Learning Goals**

- Upon completion of this educational activity, learners should be better able to describe the current measurement of emotional attributions to childhood sexual abuse and articulate the areas that are insufficiently measured.
- Upon completion of this educational activity, learners should be better able to discuss which methods for scale development were chosen and what information was gained through the process of measurement creation.
- Upon completion of this educational activity, learners should be better able to identify ways that the study expands the current knowledge base around emotional recovery from childhood sexual abuse, the role of perpetrator relationship in emotional attributions, and the importance of measurement to destigmatize cognitive dissonance associated with childhood sexual abuse.

**References**


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Rebecca Dillard, MSW, PhD is an assistant professor at the University of Nevada, Las Vegas in the School of Social Work. In her undergraduate career, Rebecca worked as a research assistant at a program providing collaborative community sexual offender treatment services for court referred juveniles, and her responsibilities involved assessment of incoming clients and their families, and evaluation of program service delivery. Rebecca’s current research interests include intervention and prevention services for adolescents who engage in sexually abusive behaviors, childhood experiences of trauma and maltreatment as they relate to subsequent juvenile justice involvement, and developmental antecedents of sexualized behavior problems in youth. Rebecca was the recipient of ATSA’s 2018 Pre-doctoral Research Grant, which has helped to fund her dissertation work titled *Maltreatment, Emotional Responses to Abuse, and Trauma Among Adolescents Engaging in Sexual or Non-Sexual Delinquency*. The research Rebecca is presenting at the 2020 conference is drawn from this funded dissertation study.

Relationships Between Early Life Victimization, Antisocial Traits, and Sexual Violence: Executive Functioning as a Mediator

Jamie Yoder, PhD
Colorado State University
Melissa D. Grady, PhD, LCSW
Catholic University

The relationship between victimization and executive functioning has been explored among youth in both the general population and the juvenile justice system (Augusti & Melinder, 2013; Davis, Moss, Nogin, & Webb, 2015; Nikulina & Spatz Widom, 2013). Research suggests that trauma incidents can adversely impact neurological zones responsible for higher order thinking or executive function (Perry, Pollard, Blakley, Baker, & Vigilante, 1995; Steinberg, 2008), which can contribute to a host of psychological and behavioral deficits (Jaffee & Maikovich-Fong, 2014). Yet, there are few research studies that explore how the relationship between trauma and executive functioning can influence sexual offending behaviors among adolescents. The current study tests an adapted theory of sexual violence that includes executive functioning (Knight and Sims-Knight, 2004) to propose three distinctive hypotheses: H1: There will be direct relationships between physical abuse, sexual abuse, and domestic traumatic events and executive function deficits. H2: There will be associations between early victimization and sexual violence, early victimization; and callousness, and executive function deficits and sexual violence. H3: Executive functioning deficits and callousness will mediate the relationship between early victimization and sexual violence.
This study uses data on residentially placed youth in a western state (N = 200). Youth were given validated measurement tools and asked to retrospectively report on their early victimization experiences, meta-cognition features of executive functioning, antisocial characteristics, type of criminal behavior, and caregivers’ attachment characteristics. The measures included the Childhood Trauma Questionnaire (Bernstein et al., 1994), Domestic Trauma Experiences (Burton et al., 2011), Behavior Rating Index of Executive Function (Guy et al., 2004), and the Inventory of Callous and Unemotional Traits (Kimonis et al., 2008). This study employed a multiple mediated structural equation model (SEM) by first determining model fit using a confirmatory factor analysis to solidify the latent factors’ structures, and then conducted a path analysis between the factors.

Results revealed good model fit in all models. The standardized path analyses revealed we could partially accept H1; there were statistically significant direct pathways between experiences of sexual abuse and features of executive function including difficulties with working memory (ϒ = .307 (.13), p < .05), task completion (ϒ = .318 (.15), p < .05), organization of materials (ϒ = .397 (.14), p < .01), and planning and organizing (ϒ = .341 (.14), p < .05). However, physical abuse and domestic trauma experiences were not significant. We could partially support H2: there were bivariate associations between variables of interest indicating potential mediation. This was verified in H3: for each domain of executive function, there were either 1) linear associations between sexual abuse, executive function, callousness, and sexual violence or 2) a multi-mediated effect of executive function, and callousness in the relation between sexual abuse and sexual violence.

This study’s findings demonstrate that executive functioning was indicated as a significant mediator in the relationship between sexual abuse and sexual violence perpetration. For practitioners who work in prevention, these findings suggest that universal screenings are needed for differential forms of abuse and among youth who exhibit symptomatology mirroring features of executive functioning impairments. Further, Conventional treatment programs can be adapted to include a neurological trauma-based component that considers the developmental timing of events, neurological processing, and relative amenability to treatment. Such trauma-based offender approaches can be delivered within a restorative justice framework that also builds empathy and emotional relatedness within relationships.

This paper is rated: Youth | Intermediate | Research

Learning Goals

- Upon completion of this educational activity, learners should be better able to articulate the basic principles of Knight & Sims-Knight developmental etiological theory, including how developmental adversities including sexual and physical abuse are salient risks for development of antisocial traits.
- Upon completion of this educational activity, learners should be better able to draw upon critical emerging research that indicates clear linkages between trauma and executive functioning while developing a new model of executive functioning as the missing etiological link in the relation between trauma and sexual violence.
- Upon completion of this educational activity, learners should be better able to identify what victimization experiences stand out in the connection to executive functioning and how callous traits play a role in this model.
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References


Jamie Yoder, PhD is Associate Professor of Social Work at The School of Social Work, Colorado State University. Dr. Yoder has practice experience working with sexually abusive youth and victims of sexual crimes. Her research interests span etiology, prevention initiatives, and equitable and effective intervention strategies for sexually abusive youth with a particular focus on systemic strength-based services. Her scholarship record exemplifies her dedication to advancing theory, practice, and policy in the delinquency and sexual abuse fields. Dr. Yoder has been a lead author and has co-authored many peer-reviewed articles and has received extramural funding to study youth violence in various forms. Dr. Yoder is a research member of ATSA

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.
Sex Offender Registration and Notification: To Reform or Not Reform, That Is the Question

Christopher Lobanov-Rostovsky, LCSW
Colorado Division of Criminal Justice
Katherine "Katie" Gotch, MA, LPC, ATSAF
Integrated Clinical & Correctional Services
Seth Wescott, LMLP
Clinical Associates, PA

Sex offender registration and notification (SORN) laws have been in existence at the United States since 1947 with notable expansion of these laws in the past 25 years, both within the U.S. and internationally. However, the United States is the only country in the world which includes broad-based community notification as part of their SORN programs. Additionally, despite the wide use of SORN laws, the research related to these policies was only completed after these policies were already implemented and has brought into question some of the key components of SORN policies.1

Against this backdrop, organizations such as the Association for the Treatment of Sexual Abusers (ATSA) have been advocates for change in the ways in which SORN has been implemented in the U.S. This has included producing a series of resource documents to provide guidance to its members and others on how to address these policy issues which culminated in the recent development of comprehensive materials focused specifically on evidence-based reform. Several states have already undertaken reform efforts in various forms, and more are likely to follow. As research has highlighted the shortcomings of such broad-based policies, it is critical that those who undertake reform efforts include empirical data to support their efforts. This workshop will provide a comprehensive review of the relevant research related to SORN, highlighting the recent evidence-based reform materials developed by the ATSA Public Policy Committee, and provide recommendations for public policy advocacy related to adults and youth required to register.

Participants will be able to identify critical issues related to SORN in the U.S., learn more about registry models from other countries, and have specific resources and strategies for addressing SORN reform and/or elimination, depending on the population and goals of the jurisdiction.

This workshop is rated: Adult & Youth | Intermediate | Research

Learning Goals

- Upon educational activity, learners should be better able to understand the research related to sex offender registration and notification laws.
- Upon educational activity, learners should be better able to identify different models of sex offender registry being used in the United States and other countries.

1 See, for example, summary research information provided by the U.S. Department of Justice SMART Office Sex Offender Management and Assessment Initiative (https://smart.gov/SOMAPI/index.html).
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- Upon educational activity, learners should be better able to learn strategies to advocate for registry reform and what resources exist to assist with these efforts.

Christopher Lobanov-Rostovsky has worked for the Division of Criminal Justice within the Colorado Department of Public Safety as the Program Manager for the Colorado Sex Offender Management Board since 2006, where he is responsible for overseeing the development of standards for the treatment and management of sexual offenders, approving treatment providers, and providing legislative and policy input. Mr. Lobanov-Rostovsky holds a Master Degree in Social Work from the University of Michigan, and has been a Licensed Clinical Social Worker (LCSW) since 1990. Prior to his current position, Mr. Lobanov-Rostovsky worked as a clinician and evaluator of adult sex offenders and juveniles who commit sexual offenses. Mr. Lobanov-Rostovsky also works as a private consultant for a variety of federal, state, tribal, and private agencies in developing and enhancing sex offender management services, including providing training and technical assistance, program assessment, literature reviews, peer review of grant solicitations and reports, and legislative and policy development. More specifically, Mr. Lobanov-Rostovsky was also a co-project consultant lead for the National Criminal Justice Association (NCJA) on the Sex Offender Management Assessment and Planning Initiative (SOMAPI) to identify research supported sex offender management and treatment practices. Finally, Mr. Lobanov-Rostovsky has published a number of articles and chapters related to federal and state sex offender management public policy, and was awarded the 2015 National Adolescent Perpetration Network Advocacy Award for his work in promoting evidence-based polices and legislation.

Katherine “Katie” Gotch MA, LPC, ATSAF earned a bachelor’s degree in psychology from Boston University and a master’s degree in forensic psychology from the University of Denver. She has worked in the field of sexual abuse prevention since 2000 as a clinician, evaluator, trainer, educator, and in legislative/policy development. She currently maintains a private practice, Integrated Clinical & Correctional Services, which provides specialized clinical and consultation services related to adults with sexual behavior problems and other forms of abusive/violent behavior. She is a Clinical Member & Public Policy Executive Board Member – ATSA and Advisory Board Member – NPEIV. She frequently provides training to correctional agencies, treatment providers, policy makers, and other community partners on sexual offense specific management and treatment, static and dynamic risk, incorporation of the risk/need/responsivity principles into practice, public policy, public engagement, and related topics. She is a certified Static-99R/STABLE & ACUTE-2007 trainer.

Seth Wescott is a Licensed Master’s Level Psychologist. He has been working in the forensic mental health field since 2002. He has worked in maximum security prisons for adults and juveniles. In addition, he has worked with offenders in various community-based settings. Mr. Wescott has been employed at Clinical Associates as the Director of the Sex Offender Treatment Program since 2011. In 2016 the program began providing psychosexual evaluation and treatment services to youth adjudicated of sexual offenses. In private practice, Mr. Wescott conducts pre-disposition and pre-adjudication psychosexual evaluations of adults and juveniles. Mr. Wescott is a clinical member of ATSA. He serves as Co-chair of the ATSA Public Policy Committee, and is a member of the Kansas Advisory Committee on Sex Offenses and Registration for the Kansas Judicial Counsel. He is an Adjunct Professor of Psychology at Rockhurst University.
A focus on child sexual abuse as a preventable public health problem has been discussed by many authors in recent years (McPhail, Stephens, & Heasman, 2018; Van Horn et al., 2015; Kenny & Wurtele, 2012). Treatment of non-justice-involved individuals with a sexual interest in pre-pubescent or pubescent children is getting increased attention in the field as a necessary approach in the prevention of child sexual abuse. To date, much of the focus of treatment for individuals with pedophilic and/or hebephilic interest has occurred after one or more offences has been committed, and consequently after the experience of victimization. Often times, once a client is involved in the criminal justice system, relevant child protection reports have been made and associated interventions have been put in place. More recently, there has been a shift towards targeting prevention strategies by focusing on individuals with pedophilia and/or hebephilia living in the community (e.g., Assini-Meytin et al., 2019). Through these efforts, research has emerged highlighting differences between individuals with pedophilia and/or hebephilia who have and have not committed sexual offences (e.g., Jahnke et al., 2019; Shuler et al., 2019) as a strategy for further identifying risk factors related to child sexual abuse perpetration. Further, support for targeting non-justice involved individuals stems from recognizing that many sexual offences go undetected (e.g., Asahina, 2010), with the important caveat that many individuals with pedophilia and/or hebephilia do not commit sexual offences against children and do not report experiencing difficulty managing this interest (e.g., Bailey et al., 2016; Cacciatori, 2017; Goode, 2010; Grady et al., 2018; Houtepen et al., 2016). Despite this, some individuals have sought out mental health services (e.g., Beier et al., 2009; Lasher & Stinson, 2017) – whether for unaddressed mental health needs (e.g., Cantor & McPhail, 2016), stigma-related stress (Jahnke & Hoyer, 2013), or to refrain from childhood sexual abuse perpetration (Beier et al., 2009, 2015, 2016). With the increased attention and opportunities for non-justice-involved individuals to access therapy comes an increased likelihood for child protection concerns to be raised. This can leave the clinician facing legislative requirements that may require a child protection report, which can in turn produce ethical dilemmas.

This workshop will review the available literature on non-justice involved individuals with pedophilia and/or hebephilia, in terms of their treatment needs and barriers to accessing services, including stigma by clinicians. This will be discussed in light of known sexual risk factors for child sexual abuse and sexual recidivism as relevant treatment targets. Recent research examining strategies for engaging this population in treatment, as well as training opportunities, will also be addressed. Mandatory reporting legislation in Canada, the United States and various other countries will be reviewed and discussed. The Canadian Psychological Association Code of Ethics (Canadian Psychological Association, 2017) and the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2017) will be reviewed in the context of identifying and addressing ethical dilemmas that arise in a clinical setting when working with this population. The opportunities, challenges and risks to the client,
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the clinician, and the therapeutic relationship will be explored with respect to making (or not making) a mandatory report. This discussion will also include considerations regarding whether provision of treatment to this population is a moral duty (Levin, 2019).

Participants will have the opportunity to explore several case examples of non-justice involved people with pedophilia and/or hebephilia seeking therapy. We will explore the risk and protective factors identified in the vignettes and use the various codes of ethics and legislative requirements to engage in a discussion on decision-making with regards to reporting.

The workshop will conclude with practical recommendations for clinical work with this client population (in light of the possible ethical dilemmas) and how this intersects with the various legislative requirements and evidence-based considerations.

This workshop is rated: Adult | Intermediate | Clinical & Research

Learning Goals

- Upon completion of this educational activity, learners should be better able to summarize the ethical challenges associated with working with non-justice involved individuals with pedophilia and/or hebephilia.
- Upon completion of this educational activity, learners should be better able to evaluate the need for mandatory reporting based on case vignettes.
- Upon completion of this educational activity, learners should be able to identify ways to address the ethical, clinical and legal issues in working with non-justice involved individuals with pedophilia and/or hebephilia.

Dr. Ainslie Heasman, PhD, C.Psych is a Clinical and Forensic Psychologist who is currently employed at the Sexual Behaviours Clinic at the Centre for Addiction & Mental Health (CAMH) in Toronto, Ontario, as well as in private practice. Her graduate school training in the United States afforded her the opportunity to work in a civil commitment setting and a state forensic hospital. Dr. Heasman also previously worked in provincial corrections at the Ontario Correctional Institute. She currently engages in risk assessment for sexual violence as well as group and individual therapy for sexual offending and paraphilic interests for mandated and non-mandated clients. Her research and clinical interests involve non-justice involved individuals with a sexual interest in children. Dr. Heasman has presented nationally and internationally on these topics. She is currently the Treasurer on the Board of Directors of the Association for the Treatment of Sexual Abusers (ATSA) and an Associate Graduate Faculty member in the MSc and PhD Forensic Psychology programs at Ontario Tech University.

Sarah Moss, MSc, MSc is a graduate student in the Clinical Child and Adolescent Psychology Program at the University of Guelph. Her research interests include understanding sexual offending trajectories for individuals who are at-risk of becoming or remaining involved in the criminal justice system in order to prevent the onset and maintenance of sexual abuse. Sarah holds graduate degrees from Saint Mary’s University and the University of Sussex, which focused on forensic and clinical psychology, respectively, and was previously employed as a psychometrist with the Forensic Consultation and Assessment Team at the Centre for Addiction & Mental Health (CAMH) in Toronto, Ontario. She has presented her work at national and international conferences and has collaborated on research reports, book chapters, and peer-reviewed publications during her time as a Research Analyst at CAMH and as a graduate student.
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Poster Sessions
ACEs, Onset of Aggression, and Initiation of Out-Of-Home Placements in a Sample of Youth in Residential Treatment for Sexually Abusive Behavior

Teliyah Cobb, BS  
Jill D. Stinson, PhD  
East Tennessee State University

Adverse Childhood Experiences (ACEs) exhibit a strong influence on later functioning in adolescence and adulthood, including impacts on physical and mental health, as well as behavioral and risk-related outcomes. A dose-response effect is evident, in that as the number of ACEs increase, the likelihood of detrimental outcomes similarly rises. Important outcomes associated with increased ACEs include: physical health problems like cancer or heart disease, risky sexual behaviors, diagnosis of a trauma-related disorder, and criminality (Felitti et al., 1998; Espleta et al., 2018; Lew & Xian, 2019; Ramakrishnan et al. 2019; Van Niel et al., 2014). More recently, the exploration of the impact of ACEs has demonstrated differential accumulated risk in offender populations, with ACEs that are more prevalent and a more intensified dose-response relationship between ACEs and outcomes associated with sexual offending and other violent behaviors (Harlow, 1999; Levenson, Willis, & Prescott, 2014; Baglivio et al., 2014; Stinson, Quinn, & Levenson, 2016).

One such population evidencing increased risk are youth who have engaged in sexually abusive behaviors. These youth have experienced ACEs at higher rates than other typical youth in the community, or those involved in the justice system (Baglivio & Epps, 2016; Levenson, Willis, & Prescott, 2016), resulting in them being categorized as high-risk. Predictors like out-of-home placements have been linked to an earlier onset of aggression and sexually abusive behaviors (Hall, Stinson, & Moser, 2017). Conversely, ACEs and the youth’s own behavior are two important factors to consider when evaluating the timing and persistence of an out-of-home placement.

The current study evaluates the temporal relationship between two main factors (specific ACEs and the youth’s own behavior) and out-of-home placements. We also plan to examine the relationship between these two factors and the persistence of specific placements. Data for this study consisted of archival records that were collected from a nonprofit inpatient treatment facility for adolescents who had engaged in sexually abusive behavior.

The sample was comprised of 290 males and 5 females between the ages of 10 and 17 years of age ($M = 14.8$, $SD = 1.56$). The mean age was 14.8 years at time of first admission ($SD = 1.56$; range: 10-17 years). The sample was minimally diverse with regard to ethnicity: 83.1% Caucasian, 9.5% African American, 0.7% Hispanic, 4.4% mixed race, and 2.4% unspecified. The majority of participants were referred by the state’s Division of Children’s Services (68%), while others were referred by court representatives (20%), parents/guardians (3%), mental health providers (4%), insurance representatives (0.7%), or others (0.3%). These referrals were often used as an alternative to formal legal sanctioning (i.e., court diversion). Prior to admission, the majority of participants were residing in either a family member’s home (40.3%), residential care (78.3%) and/or foster care (48.4%), though others came from group homes (37.3%), inpatient care (36.9%), and/or a friend’s home (4.4%). The majority had only one admission to the current facility (89.5%), while approximately 10% had two or more admissions.

It is expected that physical and sexual abuse will be the most significant predictors for placements like juvenile detention centers and residential treatment facilities. It is also expected that ACEs will prompt more immediate but also longer out-of-home placement decisions resulting from the youth’s own behavior. This study is for an honors thesis and has a completion deadline set
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for next month. For this reason, statistical analyses are still underway. Results and implications for this research will be discussed.

**Teliyah A. Cobb** is currently an Honors-in-Discipline psychology undergraduate and upcoming clinical psychology PhD student at East Tennessee State University. She is a student research assistant for the Study of Health and Risk Lab under the direction of Jill Stinson, PhD. Her research interests focus on Adverse Childhood Experiences (ACEs), treatment program availability for youth in rural areas, and issues surrounding juvenile recidivism rates. During her time at East Tennessee State University, she has won three psychology department awards: James S. Perry First Year Award, Johnia Hope Berry Scholarship, and Tiller Family Scholarship.

**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.
Developing a Campus Situational Prevention Approach to Enhance College Student Safety: National Project Findings

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Despite considerable efforts, rates of campus sexual assault remain high, with some estimates suggesting that as many as 25% of females and more than 40% of non-binary students have been adversely impacted. In response to this significant public health concern we completed a four-year federally funded project designed to develop a version of Kaufman’s Situational Prevention Approach tailored to campus needs, culture, and practices (The “Campus Situational Prevention Approach” [CSPA]). The intent was to create a sustainable prevention approach that could be used at very low cost by any college or university to identify and remediate safety risks when they are small and manageable to prevention student harm. Rooted in more than 60 years of evidence-based research on situational prevention, the CSPA was conducted on seven different college and university campuses, involving 42 departments (e.g., housing, athletics, Greek System, campus public safety) and more than 2500 students as well as 80 administrators and staff.

This poster describes the Campus Situational Prevention Approach (CSPA), the resulting CSPA Implementation Manual (for national dissemination), and summarizes final project findings.

Aliza Lipman, BA, is a graduate student in the Portland State University Applied Psychology Program Community Track. She is interested in researching childhood trauma prevention and her current research examines trauma in juvenile sexual offender populations. Previously, Aliza worked as a research assistant at The Consultation Center a part of the Yale School of Psychiatry.

Miranda Sitney, MS, is a 4th-year graduate researcher in the Applied Psychology program at Portland State University. Her work focuses on family factors associated with sexual offending in adolescence. Specifically, her dissertation examines the impact of fathers on the sexual offending behaviors of their sons. She also currently holds a grant coordinator position on the Research and Planning Team at the Multnomah County Department of Community Justice. In that role, she manages an Arnold Foundation grant aimed at providing real-time probation and parole data to all thirty-six counties in Oregon via the development of state-wide dashboards.
Keith Kaufman, PhD, is a Clinical Community Psychologist and a Professor of Psychology at Portland State University in Portland, Oregon. He is Past President of the Association for the Treatment of Sexual Abusers and recently received that organization’s Significant Lifetime Achievement Award. He provides regular trainings and consultation focused on prevention and enhancing safety in organizational settings, and has worked with Big Brothers Big Sisters of America, Boys & Girls Clubs of America, the U.S. Olympic Committee, Boy Scouts of America, Interpol, and the Committee for Children. Dr. Kaufman’s research has focused on organization prevention and safety, and etiological factors in sexual offending committed by adults and juveniles (e.g., modus operandi, sexual fantasy, sexual history). He is also a past recipient of the U.S. Office Of Juvenile Justice & Delinquency Prevention’s Gould-Wysinger award for research excellence. He has recently completed a federally funded national project to create the Campus Situational Prevention Approach for use on college and university campuses to improve student safety. He is currently working on a national project through the U.S. Center for SafeSport to develop the Sport Situational Prevention Approach for use with Olympic, Paralympic, and younger elite athletes’ teams. Dr. Kaufman has authored two books, a variety of book chapters, and numerous research articles addressing sexual violence etiology and prevention as well as strategies for strengthening organizational safety.

Erin McConnell, MS, works for the U.S. Center for SafeSport, and holds a Masters degree in Psychology from Portland State University. Her research has focused on sexual violence and abuse prevention within the contexts of higher education, sports organizations, and youth services. She has over 5 years of cumulative experience working directly with youth and young adults in a variety of environments, including outdoor/recreational settings, residential care, college and university campuses, and most recently, sports. Currently, her work involves the design, implementation, and evaluation of situational prevention-based programming to improve safety outcomes within athletic environments, with an equal emphasis on adaptive and traditional sports.

Judith Zatkin, MS, is a Ph.D. Candidate in the Applied Psychology Program at Portland State University in Portland, OR. She is also a visiting lecturer at University of Washington-Tacoma in the psychology department. Her research broadly centers upon the prevention of sexual violence perpetration, which focuses on perceptions of and myths surrounding sexual offenders and perpetration patterns of sexual offenders. She is interested in utilizing psychometric methodology and qualitative methodology to inform community-level social change.

Alyssa M. Glace, MS, is a Ph.D. Student at Portland State University in the Applied Psychology Program. Her research focuses on sexual and gender-based violence prevention. She researches conceptualizations of sexual consent as they are influenced by societal norms. She researches the stigma faced by survivors of sexual violence, and is interested in the ways that psychophysiological measurement can inform this area. She is also interested in the mental and physical health outcomes associated with unacknowledged sexual victimization, as well as experiences of discrimination and system-justifying beliefs.
Although dynamic risk factors are increasingly recognized as important to the assessment and treatment of adult male sex offenders, questions regarding their interrelatedness have received little research attention. By visualizing and analyzing the links between dynamic risk factors, the network analytic approach offers a promising window into the interrelationships among dynamic risk factors.

**Objective**
To compare networks of dynamic risk factors of adult men with a history of sexual offenses found in an earlier study (van den Berg et al., 2020) with those constructed in an independent sample, following the original methodology.

**Method**
Data were collected in adult men under community supervision for at least one sex offense, assessed using the STABLE-2007 between January 2001 and June 2013 as part of the Dynamic Supervision Project (DSP) or supervised by BC Corrections (BC). Networks were constructed and compared using R-Packages qgraph (1.6.1.), mgm (1.2-5), igraph (version 1.2.2), NetworkComparisonTest (2.2.1).

**Results**
We computed networks with and without sexual recidivism for both samples and calculated statistics of global strength and network structure based on permutations for randomly regrouped individuals. Global strength represents the overall connectivity across the network, calculated by summing the absolute values of all edges. Network structure is about the structure as a whole, defined by the maximum deviation between two edges in a network. Statistical comparisons using the Network Comparison Test revealed no significant differences between the networks containing sexual recidivism on network structure and global strength (resp. p=.44; p=.24). Networks without recidivism differed significantly in network structure (p=.04) but not in global strength (p=.18).

**Limitations**
The STABLE-2007 captures a limited number of dynamic risk factors. Also, the measurement of each dynamic risk factor was limited to a single item. The data were obtained from a mixed group of sex offenders. The data of one single STABLE-2007 assessment was used which only allows for generating undirected networks, reflecting associations among factors, but not the direction of these associations.
Conclusion
The Network Comparison Test showed that, except for networks without recidivism, there were no differences between the two independent data sets in network structure and global strength. Given the similarities in network structure and global strength, the constructed networks may help inform further development of theories on risk of sex offending. Building on existing theories, our findings can help generate new hypotheses on the causes of sexual (re)offending, including those relevant to psychobiological and social mechanisms that may underlie dynamic risk factors and their connections.

Reference

Acknowledgments
We would like to thank Karl Hanson and Leigh Greiner and their organizations (Public Safety Canada and BC Corrections, respectively) for sharing their data. We also owe thanks to Maaike Helmus for helping us with the preparation of both datasets.
Experiences of the Family Members of Individuals with Histories of Sexual Offences:  
A Content Analysis

Kathleen Cassidy, PhD Student  
Laura Kabbash, PhD Student  
University of New Brunswick

**Background:** Most research on sexual assault and sexual abuse concerns the impact of these crimes on victims, and to a lesser extent, perpetrators. However, recent research has suggested that the family members of individuals with histories of sexual offences are “secondary victims” of these crimes. These family members are left to manage psychological difficulties (e.g., guilt, shame), social stigma, isolation, and fear for safety, often with minimal supports (Bailey, 2018; Tewksbury et al., 2009). Due to the integral nature of family members in the re-integration of individuals who have committed sexual offences (Farkas et al., 2007; Hanson et al, 2004), further examination of the challenges they face is needed.

Online support groups are a commonly utilized resource for individuals who are experiencing stigma and isolation (Zhang et al., 2018), including those whose loved one has been convicted of a sexual crime (Bailey, 2017). The anonymity offered through online communication is an appealing avenue of support for disenfranchised groups (Gilbert et al., 2011). Using data collected from an online open-source support group, the current project identified key concerns and unmet needs of individuals whose family member has committed a sexual offence.

**Method:** Study material was collected from online forum discussions by family members of alleged sexual perpetrators (e.g., parents, children, romantic partners), resulting in 490 posts from 2018 and 2019. The NVivo encapture tool was utilized to code all posts and establish themes from a grounded theory approach (Tie et al., 2019).

**Results:** Four themes were identified using content analysis: (1) Dealing with practical issues resulting from the offence (e.g., legal restrictions, housing concerns, and problems with the registry); (2) Seeking support handling distressing feelings; (3) Supporting a loved one in the aftermath of the offence; and (4) Relational difficulties (e.g., managing the attitudes of others and resolving trust issues).

**Implications:** A further understanding of family members’ experiences will shed light on the consequences of attitudes and stigma surrounding sexual offences and will provide insight into unmet needs. Findings will help inform the design and implementation of services for highly stigmatized and understudied individuals. Results from this study will help increase well-being among family members and help prevent relapse among perpetrators by developing and maintaining positive supports.
Kathleen (Katie) Cassidy is in her first year of the Clinical Psychology Ph.D. program at the University of New Brunswick (UNB). Under the supervision of Dr. Scott Ronis, her current research focuses on the collateral consequences of sexual crimes. Specifically, Katie is interested in identifying positive and negative predictors of psychological adjustment among the non-offending romantic partners of individuals with histories of sexual crimes. Currently, she is working on her Master’s dissertation which focuses on psychological wellbeing and relationship satisfaction in non-offending partners.

Laura Kabbash is currently completing a doctorate degree in clinical psychology at the University of New Brunswick under the supervision of Dr. Scott Ronis. Her current research is focused on child sex trafficking and the content of online support groups for families of alleged sex offenders. Ms. Kabbash graduated with an Honours Bachelor’s degree in Psychology at University of British Columbia, Kelowna, while completing research on the mediating effects of personality factors on the association between child abuse experiences and adult outcomes.
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Fantasy Versus Contact-Driven Online Offenders: Are They Distinct Groups?

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Camilla Brulinski, BA
Georgia Winters, PhD
Sarah Schaa, MS
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Online solicitation of children is an ever-growing social and legal concern, with one international study suggesting that approximately 750,000 sexual predators are connected to the internet at any time (Maalla, 2009). Two distinct groups of offenders who solicit children in chatrooms have been identified: contact-offenders (i.e., solicitation with the goal of meeting the child), and fantasy-driven offenders (i.e., engaging solely in online sexual dialogue). One study found that fantasy-driven offenders are motivated by social isolation and dysphoric mood, while contact-driven offenders utilize internet chatrooms as a vehicle for sexually abusing children (Briggs, Simon, & Simonsen, 2011). A paucity of research has been conducted permitting a more informed distinction between these two groups. An empirically-informed distinction is critical at the point of evaluation when the question of risk is raised, and vital in treatment planning.

Methods

Participants. Forty-three fantasy-driven (i.e., engaged in chatroom conversations with minors, but never attempted a meeting) and thirty-six contact-driven (i.e., attempted a meeting) offenders who completed a self-report survey. All participants were previously convicted of an internet-based (n=33), child sexual abuse (n=38), or other (n=8) sex offense. They were from the community (n=39) and incarcerated (n=40) across eight states and Ontario. The average age was 38 years; the majority were Caucasian (n=68) and heterosexual (n=65).

Variables. Offenders responded to questions about demographics (i.e., education level, employment status), social history (i.e., history of physical and sexual abuse, marital status, close friends, residing with a romantic partner), sexual history (i.e., number of teenage and lifetime sexual partners; the use of non-deviant, deviant, and/or child pornography), psychiatric history (i.e., presence of general and social anxiety, depression, and anger), and antisocial behaviors.

Results. Results indicated there were no differences between fantasy- and contact-driven offenders in terms of history of education ($\chi^2[1]=1.866, p=.172$), employment ($\chi^2[1]=.059, p=.808$), marriage ($\chi^2[1]=2.905, p=.088$), living with a romantic partner ($\chi^2[1]=.768, p=.381$), or close friends ($\chi^2[1]=1.118, p=.290$). There were no differences in childhood victimization of physical abuse ($\chi^2[1]=.036, p=.849$) or sexual abuse ($\chi^2[1]=.126, p=.723$). Regarding sexual history, there were no differences in number of teenage ($t[60]=-1.241, p=.219$) or lifetime ($t[70]=.646, p=.296$) sexual partners. Moreover, there were no differences in consumption of non-deviant ($t[77]=1.019, p=.311$), deviant ($t[77]=.077, p=.939$), teenage ($t[77]=.264, p=.792$), or child pornography ($t[77]=.528, p=.600$). No differences were found for social anxiety ($t[77]=.994, p=.324$), depression ($t[77]=.689, p=.493$), or anger ($t[77]=.281, p=.780$); however, contact offenders reported significantly more symptoms of general anxiety ($t[77]=-2.208, p=.030$). The two groups did not differ in histories of antisocial behaviors ($t[77]=.951, p=.345$).

Discussion. Overall, with the exception of anxiety, we found support for the null hypothesis in all group comparisons. Contact- and fantasy-driven offenders did not differ on demographic, social, sexual, antisocial behavior, or psychiatric variables, suggesting that (1) the distinction is inherently
not a meaningful one, or (2) the operationalization of “fantasy” is misguided. Fantasy is an endogenous characteristic that may be present in varying degrees in both groups, and thus is not a pivotal group-distinguishing feature. What may be gleaned from these findings is that the assumption of fantasy as a driving factor may need to be explored irrespective of whether the individual met the victim in person or remained stationed at the computer. As always, an idiographic evaluation and treatment is essential for offenders (regardless of which group they fall under). Ultimately, the critical consideration for future research in this area is under what conditions does fantasy increased the likelihood of an unwanted outcome.

Amber Lin, MA, is a second-year student in the Clinical Psychology Doctoral Program at Fairleigh Dickinson University (FDU). She obtained her Master’s Degree in Forensic Psychology from FDU in 2019. Her primary research interest lies in the assessment and subsequent treatment trajectories of individuals who have been acquitted Not Guilty by Reason of Insanity (NGRI). As a future clinician, Amber would like to work with severely mentally ill individuals in the criminal justice system in an assessment capacity.

Camilla Brulinski, BA, is a second-year Master’s student in the Forensic Psychology Program at Fairleigh Dickinson University. She graduated from The College of New Jersey with a Bachelor’s Degree in Psychology in 2019. Her current research interests involve individuals who solicit children online. Camilla would like to pursue her doctoral degree in Clinical Psychology and work with a forensic population conducting evaluations.

Georgia M. Winters, PhD, is an assistant professor in the Forensic Psychology M.A. Program, School of Psychology, at Fairleigh Dickinson University. Her research interests include sexual grooming behaviors of child sexual abusers and paraphilic interests.

Sarah Schaaf, MS, is a Doctoral Candidate at Fairleigh Dickinson University, with an overarching research interest in sexual offenders and survivors of sexual assault. She has published on topics pertaining to diversity issues in sexual offending, campus sexual assault and survivor attitudes. Her most recent research efforts focus on the heterogeneity of online sexual offenders.

Robert Prentky, PhD, is Professor in the School of Psychology at Fairleigh Dickinson University and Director of Forensic Training. He has practiced as a forensic psychologist for the past 35 years. His research on sex offenders has been supported by 19 grants. He has presented hundreds of times in the U.S., Europe, Canada, and Israel, and published 80+ papers/chapters and six books.
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Getting Lucky or Getting Abused: A Content Analysis of Public Comments on News Articles About Sexual Abuse

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This project examines public comments responding to online news articles involving teenage minor victims (age 13-17) who were sexually assaulted by adults. Of particular interest is the public response to cases involving student/teacher sexual relationships. The underlying focus on the analysis is whether the gender of the perpetrator and/or the victim play a role in predicting the public reactions to the article, as demonstrated by the public comments.

The main research question is whether public responses to cases of sexual assault published in online media differ based on the gender makeup of the perpetrator/victim dyad (i.e., male-on-female; male-on-male; female-on-female; female-on-male). We hypothesize that user comments will be the most supportive/encouraging of sexual abuse incidents occurring between teenage male victims and young adult female perpetrators. Conversely, we expect user comments to be the most negative/punitive towards sexual abuse incidents involving male perpetrators, regardless of the sex of the victim.

Our data come from a broad search of online-accessible news articles posted to news/media websites that allow user comments to be posted in response to the article in question. The timeframe for our search covered U.S.-based cases in news stories published online between January 1st, 2009 through December 31st, 2019. Our analysis involved qualitatively coding the articles and user comments using a general inductive approach (Thomas, 2006), based in a grounded theory perspective (Strauss, 1987; Strauss & Corbin, 1998). In addition, we also employed a coding scheme that includes sensitizing concepts (see Blumer, 1954), based on prior research findings regarding public perceptions of sexual abuse.

We will present results that isolate the unique contribution that the perpetrator/victim gender dyad has on public reactions to such stories. Further, we will explore how and why these differences matter when it comes to processing such cases in the criminal justice system, and what the implications are for victimization, reporting, and sentencing outcomes.

Kelly M. Socia, PhD is an Associate Professor in the School of Criminology and Justice Studies and a Fellow for the Center for Public Opinion at the University of Massachusetts, Lowell. He has over thirty peer-reviewed publications in journals such as Criminology & Public Policy; Justice Quarterly; and Sex Abuse: A Journal of Research and Treatment. He has served as co-Editor of Sex Offender Law Report, co-wrote an Oxford Bibliography entry on Sex Offender Policy and Legislation, and has consulted on court cases involving the housing impacts of residency restrictions. His research interests include registered citizens and public policies, reentry and recidivism, public opinion and policy-making, and spatial analyses. He received his Ph.D. in Criminal Justice from the School of Criminal Justice at the University at Albany, State University of New York.
Sex offender registration and community notification (SORN) policies were implemented as a result of several high-profile cases in involving the sexual assaults and murders of children. They were signed into federal law in 2006, in The Adam Walsh Child Safety and Protection Act, which required states to align with federal standards regarding the registration, classification, and notification of sexual offenders released into the community. Despite limited empirical validity in support of their effectiveness, various countries have implemented variations of SORN. The purpose of the current study was to conduct a macro-level policy analysis to determine if these policies have had the desired effect. We specifically analyzed the sexual assault rates of 26 countries divided in three categories: 1- No Registration and No Notification policy; 2- Registration Only policy; 3- both a Registration and Notification policy. We conducted the analysis using a two-level hierarchal analysis. First, we compared the sexual assault rates of countries like the United States which have sexual offender registration and notification policies and countries like Australia who only have a sexual offender registration requirement to countries like Switzerland and Denmark which do not have a SORN requirement. Results indicate that having a SORN policy does have a statistically significant relationship with sexual assault rates. Second, we determined whether sexual assault rates were impacted by the type of SORN policy (Registration only or Registration and Notification). Results indicated that Registration Only policies were associated with a significant decreased sexual assault rate.

Samantha L.N. Tjaden is a doctoral student in the Department of Criminal Justice and Criminology at Washington State University. Her research interests involve exploring perceptions of sexual assaults and consent, the influence of sex roles, and gender-based violence.

Angelo Brown is a doctoral student in the Department of Criminal Justice and Criminology at Washington State University. His research interests involve exploring violence, equality, and community-related policy.
Paraphilic Disorder Diagnoses in Sexually Violent Predator Proceedings: A Meta-Analysis

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Sexually Violent Predator (SVP) laws allow for the civil commitment of high-risk sex offenders diagnosed with a ‘mental abnormality.’ Frequently, forensic experts use paraphilic disorder diagnoses as evidence this criterion in SVP proceedings, with the two most common DSM-IV diagnoses being pedophilic disorder and paraphilic disorder not otherwise specified (currently unspecified paraphilic disorder [UPD] or other specified paraphilic disorder [OSPD] in the DSM-5; e.g., Perillo et al., 2014). Historically, there has been much debate surrounding the reliability and validity of paraphilic disorder diagnoses (Marshall, 2007). Parallel to the issues regarding the psychometric properties of paraphilic disorders, ethical concerns have been raised given that these disorders are used to restrict civil rights (i.e., lengthy civil commitment; Winters et al., 2019). Given the controversial nature of the mental abnormality criterion, it is necessary to garner a sufficient understanding of the extent to which various diagnoses are being used by forensic experts in SVP cases. To this end, the present meta-analysis will examine the prevalence of paraphilic diagnoses, as well as other ‘mental abnormalizes,’ in SVP proceedings.

Method. Online searches for articles were conducted through PsycINFO, PubMed, Criminal Justice Abstracts with Full Text, and Medline Complete using seven search terms (representing terms used by all of the states’ SVP laws). A total of 1,211 articles resulted from the initial search. These articles were screened using a review of titles and abstracts, which resulted in 81 articles. Following a full-text review of the articles, 17 articles met criteria for inclusion in the present meta-analysis. In order to be included in the present study, the article had to: 1) utilize a sample of sex offenders evaluated for SVP civil commitment; 2) provide frequencies or percentages for at least one paraphilic disorder; and 3) be published in a peer-reviewed journal in English. These 19 studies will be coded for the following variables: 1) publication date, 2) sample characteristics (e.g., state, sample size, gender, age, race, relationship status, education, offense history, incarceration length), 3) victim characteristics (e.g., gender, age, number of victims), 4) method (e.g., evaluator type, DSM edition), and 5) frequencies/percentages of paraphilic disorders, mental illness diagnoses, personality disorders, cognitive and learning disorders, and substance use disorders.

With the 17 selected articles, we plan to first analyze the study descriptives (e.g., sample and victim characteristics, method, frequencies of mental abnormality diagnoses). Subsequently, we will calculate the effect size indicator for proportions (ES_p) for all diagnoses, using the following equation: \( ES_p = \frac{k}{n} \), where \( k \) is the frequency of the diagnosis and \( n \) is the total sample size (Lipsey & Wilson, 2001). Findings across the studies will be aggregated using the Random Effects meta-
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Analysis. To examine the variability of findings across the included studies, Cochran’s Q statistic will be utilized.

Discussion. The findings from this study will have important implications for policy, research, assessment, and treatment. Specifically, the results of the meta-analysis will shed light on the most common diagnoses used to qualify the mental abnormality requisite for SVP proceedings. This will provide a better understanding of the frequency of paraphilic disorders and related constructs (e.g., nonconsent, hebephilia) that have been the center of recent debate. These findings may promote the need for critical reflection about the clinical validity and utility, as well as legal admissibility of these controversial disorders. Likewise, it will inform treatment providers about the mental abnormalities these offenders present with upon civil commitment, as this information is vital to target in treatment as a means of moving an SVP towards eventual release. Finally, it is our hope these findings will stimulate further research into empirically-supported assessment and treatment methods for individuals convicted of sexual offenses.

Caitlin Krause, B.A., is currently a graduate student in Fairleigh Dickinson University’s Forensic Psychology M.A. program. She previously received her B.A. in Psychology from the University of St. Andrews. Her research interests include paraphilic disorders, sexual trauma, and online sexual behavior.

Natalie Zychlinski, B.A., received her bachelor’s degree from Montclair State University and is currently completing her Master’s degree at Fairleigh Dickinson University. She is interested in research regarding evaluations and assessments of offending populations.

Emily Stefhon, B.A., is a graduate student in Forensic Psychology at Fairleigh Dickinson University. She received her undergraduate degree in Criminal Justice and Psychology at Seattle University. Her research interests include sex offender legislation and its impact on both offenders and the community.

Marta Stachniuk, M.A., is a community reentry case manager with EAC Network. She received her master’s degree in Forensic Psychology from Fairleigh Dickinson University. Her research interests include the civil commitment and the impact of community reentry services on recidivism.

Georgia M. Winters, Ph.D., is an assistant professor in the Forensic Psychology M.A. Program, School of Psychology, at Fairleigh Dickinson University. Her research interests include sexual grooming behaviors of child sexual abusers and paraphilic disorders.

Nicole Graham, Ph.D., is currently completing her post-doctoral fellowship in forensic psychology at the Institute for Behavioral Sciences and the Law. Dr. Graham teaches specialized forensic psychology courses and she has published in the area of sexually violent predator legislation. Dr. Graham also maintains part-time employment with Neuropsychological Associates of Miami.
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Passing With an F: The Role of Trans Status and Physiological Gender Conformity on Views of Prison Policy in Female Sexual Abuse Cases

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The Evergreen State College

Though many prisons are working toward developing more gender-responsive and inclusive prison policies, given the newness of this trend, little research has been done to understand what biases may exist that can impact the ways in which these policies are understood and truly manifest in the working prison environment. The current study sought to investigate the influence of transgender or cisgender status as well as physiological gender conformity (PGC), or “passing” as the gender with which you identify, has on people’s punitive decision-making and support of gender inclusive prison policies for women with sex offence cases. It looked at punitive and policy variables such as choice in bodily autonomy, access to medication, sex offender treatment intensity, and recommended sex offender registry length. It used two pretested computer-generated photographs rated for high and low PGC and accompanied them with a transgender or cisgender vignette to make four separate conditions: High PGC cisgender, Low PGC cisgender, High PGC transgender, and Low PGC transgender. Drawing on a data set of 200 high school graduate and above mTurk workers (n=50 per condition), this study found that, for prison policy regarding choice in bodily autonomy, there was a significant main effect of transgender status (p<0.01) on people’s response to the reasonability of one’s request for gender congruent staff. However, there was no statistically significant effect of high or low PGC, nor any statistically significant effects in the other punitive and policy variables. The implications of these findings suggest that knowledge of transgender status, regardless of level of psychological gender conformity, may impact people’s decision-making surrounding gender inclusive practices.

Leviathan Davis is a recent graduate from The Evergreen State College. Leviathan has a strong passion for the promotion and furthering of gender inclusive research relating to sexual abuse treatment and prevention. They hope to continue to add to the growing diaspora of information lead by increasingly diverse perspectives to help inform more holistic, effective, and evidence-based rehabilitative and preventative practices both within carceral and clinical settings.
Psychosocial Profiles of a Clinical Sample of Children With Sexual Behaviors Problems and Their Mother: The Role of a Maternal History of Child Sexual Abuse

Karine Baril, PhD
Université du Québec en Outaouais

The development and maintenance of sexual behavior problems (SBP) in children are explained by the accumulation and interaction of different areas of risk factors, which include - or are influenced by – parents’ functioning (Boisvert et al., 2016). Some similarities can be observed between parental risk factors of SBP and the long-term consequences of child sexual abuse. The purpose of this study is to compare mother-child dyads of SBP children attending to clinical treatment in a Child Advocacy Center, according to whether the mother has herself been a victim of child sexual abuse. The sample included 59 dyads of children aged 5–13 years old assessed with SBP by a clinician, and their biological mother (n=33 sexually abused mothers). The two groups of mothers are compared on their past family abuse experiences, their mental health history, their current psychological distress, their parenting behaviors, and their current family functioning. Children are compared on their sexual behaviors and their adaptation. Multivariate analyzes will identify children's and mothers’ psychosocial characteristics that are associated with the sexually abused mothers group. These results will highlight the specific clinical needs for the assessment and treatment for SBP children's families whose mothers experienced child sexual abuse.

Karine Baril, PhD is a psychoeducator and professor at the Psychoeducation and Psychology Department at the University of Quebec in Outaouais (Canada). She is a regular researcher at the Sexual Violence and Health Team (ÉVISSA). Her research interests focus on the epidemiology of child sexual abuse and the short and long-term consequences of child sexual abuse, including intergenerational consequences. She is also interested in preventing sexual violence.
The Role of Pornography in Sexual Offending: An Examination of Risk and Perceptions

Karen Holt, PhD
Michigan State University
James Kissinger, MA, LLP
Michigan Department of Corrections
Corey Spickler, MS, LLP
Michigan Department of Corrections
Vicki Rousch, MA, LLP
Michigan Department of Corrections

Objectives: Studies which have examined the role of pornography among individuals who sexually offend have produced no definitive relationship between the consumption of pornography and sexual offense behaviors. The present study had two central research questions: 1) Are there distinct differences among individuals and the perceived role of pornography in their sexual offenses when compared using risk levels as measured by the STATIC, STABLE, and the overall score? 2) What are the common themes among individual’s experiences regarding pornography and how do they construct the role of pornography in their offending and in their lives post-release?

Methodology: Semi-structured interviews were conducted with 100 male individuals who were convicted of a sexual offense and who were incarcerated in a minimum-security correctional institution. Risk level data was provided for each participant by the Department of Corrections Sex Offender Services. A mixed-methods approach was used in order to explore the central research questions. A chi-square analysis was used to examine whether there were any key differences among individuals of varying risk levels as assessed by the STATIC, the STABLE, and when available, the combined overall score. A qualitative inductive analysis was performed using the NVIVO software program in order to explore the participant’s stories and search for common themes which emerged from the data regarding the role of pornography and access to pornography post-release.

Findings: Chi-square analyses revealed no significant quantitative differences between risk level and age of onset. There were no significant differences between risk level and the role of pornography in the offenses, type of pornography viewed, and desire for access post-release. The results of the qualitative analysis revealed several common themes: Porn as consuming, Porn as facilitating, and Learning control. Individuals frame pornography use in distinct ways and some individuals felt that access to pornography would decrease their risk of re-offense.

Implications: The results of this study have several implications for policy and treatment. First, it appears there is no relationship between the level of risk as measured by the STATIC and the STABLE and the role of pornography in sexual offense behavior. Thus, using risk assessment data to inform policies surrounding use of adult media would not be a best practice. Approximately half of the sample wanted access post release but some recognized that they lacked proper education or needed tools to assist them with healthy consumption. It may be useful for correctional institutions to move from addiction-based models of treatment to porn literacy models which can educate and inform on healthy use. Rather than a blanket restrictive policy, a harm reduction model of pornography which allows but restricts use and which promotes safe practices, may be more
effective at reducing recidivism, preventing parole violations, and protecting the resources of correctional staff tasked with monitoring and supervision.

**Karen Holt, PhD** is an assistant professor at Michigan State University. She received her bachelor’s degree and master’s degree in forensic psychology and holds a master’s and doctoral degree in criminal justice. Her research focuses on sexual deviance, sexual offending, and media and sexuality. Her work has been published in scholarly journals such as *Sexual Abuse, Violence and Victims*, and the *Journal of Interpersonal Violence*. She has presented her research at both national and international criminology conferences. Her professional membership affiliations include Michigan and international chapters of the Association for the Treatment of Sexual Abusers (ATSA), the American Society of Criminology, the Latina Researchers Network, The Center for Gender in a Global Context, and The Research Consortium on Gender-Based Violence.

**James Kissinger, MA, LLP** is the Sexual Offender Services Manager for the Michigan Department of Corrections. James Kissinger has his master’s degree in counseling psychology and serves as the Sexual Offender Services (SOS) Manager for the Michigan Department of Corrections. He received certification as a trainer in the Stable 2007 in 2015 and Acute 2007 in 2019. James has 11 years of experience working with individuals who engage in sexually abusive behaviors. In 2009 James was invited to participate in a workgroup to redesign the MDOC’s old SOP program into an evidenced based assessment and treatment program. The Michigan Sexual Offender Program (MSOP) and use of empirically validated risk assessment tools was born out of that process. His current role involves management and administration of SOS programs statewide within MDOC correctional facilities and community-based outpatient and residential treatment for parolees and probationers.

**Corey Spickler, MS, LLP** is the Program Manager for the Michigan Sexual Offender Services for the Michigan Department of Corrections. He received his bachelor's degree in Psychology from Taylor University in 2011 and graduated with his master's degree in Clinical Behavioral Psychology from Eastern Michigan University in 2013. Corey Spickler began working as a therapist with the Michigan Department of Corrections in the fall of 2013 with the Michigan Sex Offender Program (MSOP). He has over six years of experience working with a sexual offender population. In November 2017 Corey transitioned from prison-based services to the role of program manager for community based sexual offender services. He currently ensures program fidelity of community-based sex offender programming, working with contracted community vendors who provide sex offender treatment to probationers and parolees. Corey is trained in the scoring in interpretation of the Static-99R and is a certified trainer in the Stable-2007 and Acute-2007 dynamic risk assessment tool for sexual offenders. He is a member of the Michigan chapter and international chapter of the Association for the Treatment of Sexual Abusers (ATSA).

**Vicki Rousch, MA, LLP** is the Senior Psychologist for the Sexual Offender Services, for the Michigan Department of Corrections. Vicki Roush received her bachelor’s degree in Family Life Education from Spring Arbor College, Master’s Degree in Counseling from Spring Arbor University and a Master’s Degree in Counseling Psychology from Western Michigan University. She started working as a therapist with the Michigan Department of Corrections in 2008 and has been working with the sexual offender population for over 12 years. In 2018 she became a certified trainer in the Static-99R and is also trained in the scoring in interpretation of the Stable-2007. She is currently responsible for training staff within the MDOC, reviewing and auditing for the MSOP program and is active on the MSOP Leadership team. She is a member of the Michigan chapter and international chapter of the Association for the Treatment of Sexual Abusers (ATSA).
The Updated 5-Year Norms and New 10-Year Norms for Static-99R:
Sexual Recidivism Rates for Routine/Complete Samples

Seung C. Lee, PhD
Public Safety Canada
R. Karl Hanson, PhD, CPsych
Carleton University

Static-99R (Hanson & Thornton, 2000) is the most widely used actuarial risk assessment tool by forensic practitioners to assess the risk of sexual recidivism among adult males who has a history of sexual crimes (e.g., sentencing procedure, treatment programs, community supervision programs; Hill & Demetrioff, 2019; Kelley et al., 2020). As an actuarial risk tool, one of the main interpretations of the total scores concerns absolute risk (i.e., the proportion of individuals with this score expected to re-offend within a defined period). The sexual recidivism rate norms of Static-99R for routine/complete samples have been provided for a 5-year follow-up period (Hanson et al., 2016). Until now, there was insufficient data to produce reliable 10-year recidivism estimates.

Risk assessment tools, including Static-99R, are often used to inform high-stakes decisions concerning long-term detention, such as civil commitment (U.S.) and dangerous offender (DO) designation (Canada; Neal & Grisso, 2014). Consequently, it is important to provide accurate norms of absolute recidivism rates for longer terms because the decisions are predicated on long-term (potentially lifetime) risk. The purpose of this study was to provide expected long-term (i.e., 10-year follow-up) recidivism rates as well as to update 5-year norms for the Static-99R risk tool.

The current study included twelve independent samples ($n = 7,224$ for the 5-year norms and $n = 1,599\ [k = 6]$ for the 10-year norms) classified as routine/complete samples, which comprised relatively random samples from a correctional system, thought to represent the complete population of all individuals with a sexual offending history (e.g., prisoners, probationers, or parolees). Logistic regression parameters ($B_0$ and $B_1$) across the studies were aggregated using fixed-effect meta-analyses (Borenstein et al., 2009). As in Hanson et al. (2016), the aggregated logistic regression coefficients ($B_0 + B_1 \times \text{Static-99R score}$; as logits) were used to compute the expected 5-year and 10-year sexual recidivism rates.

The expected 5-year and 10-year sexual recidivism rates for each Static-99R total score for routine/complete samples will be presented. We will also provide the extrapolated sexual recidivism rates from this new 10-year norms for follow-up periods of 11 to 20 years using the procedures presented by Thornton et al., (2019). Further results and their implications will be discussed.
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2020 ATSA Conference | Thursday October 22 | POSTER

References
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Seung Chan Lee, PhD, is a Research Analyst for the Community Safety and Countering Crime Branch Research Division of Public Safety Canada. His primary research interest is evaluating the validity of risk assessment tools (e.g., Static-99R, PCL-R) for different ethnic minority groups in the criminal justice system (e.g., Hispanic, Black, Indigenous, and Asian). His further goal is to investigate risk-relevant characteristics unique to each ethnic group to improve the predictive validity for risk assessment tools.

R. Karl Hanson, PhD, CPsych, is one of the leading researchers in the field of risk assessment and treatment for individuals with a history of sexual offending. Originally trained as a clinical psychologist, he has published more than 175 articles, including several highly influential reviews. He is lead author of the most widely used measures for assessing the risk and needs of individuals with a history of sexual offending (Static-99R; Static-2002R; STABLE-2007). He has received career contribution awards from the Association for the Treatment of Sexual Abusers, Public Safety Canada, the International Association for the Treatment of Sexual Offenders, and the Criminal Justice Section of the Canadian Psychological Association. Based in Ottawa, Canada, he worked for Public Safety Canada between 1991 and 2017, and is now adjunct faculty in the psychology departments of Carleton University (Ottawa) and Ryerson University (Toronto).
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Treatment Impact on Criminogenic Needs:
A Pilot Study of the Swedish Sexual Offender Treatment Program

Stina Lindegren, PhD Candidate
Cecilia Fielding
Josefine Börjesson
Martin Lardén
Uppsala University, Center for Social Work (CESAR)

Research on sexual offender treatment programs has been debating the topic of treatment effectiveness in reducing recidivism for decades and studies in this field often struggles with methodological limitations, partly due to difficulties conducting RCT’s within the prison and probation setting. Thus, there is a need for additional approaches when investigating sexual offender treatment programs. One such angle of investigation is the impact of sexual offender treatment on criminogenic needs. The aim of this pilot study was to test whether criminogenic needs change after participation in a cognitive-behavioural sexual offender-specific treatment program that adheres to the Risk-, Need- and Responsivity (RNR) principles, within a group of adult, incarcerated or on probation, male sexual offenders in Sweden. To measure criminogenic needs 99 sexual offenders were asked to complete an array of tests pre- and post-treatment: 25 offenders completed Locus of Control of Behavior Scale (LCB), 26 Hypersexuality Behavior Inventory-19 (HBI-19) and 25 respectively 27 completed Relationship Scale Questionnaire (RSQ), the 2-factor version. Therapists rated 46 sexual offenders using The Therapist Rating Scale-2 (TRS-2). The results demonstrated that participants showed non-significant increased internal locus of control, significant decrease in hypersexuality (small to medium effect size), but no change regarding attachment styles, post-treatment. Therapists rated significant decrease in all criminogenic needs post-treatment with medium to large effect size. The sexual offender treatment program studied, called Seif (Sexual offender treatment program with an individual focus), appears to be effective, inducing change in criminogenic needs in the intended direction. The fact that the specific elements of Seif that target sexual self-regulation seems to be particularly effective, especially for participants with severe problems, is worth noting since hypersexuality is one of the strongest predictors of recidivism. The results are in line with previous research suggesting cognitive-behavioral treatment programs adhering to the RNR-principles are promising. The results have implications for actors who meet individuals displaying sexually coercive or violent behaviors as well as for those who implement interventions for these individuals.

Stina Lindegren is a PhD candidate at CESAR (Center for social work), Uppsala University, Sweden. Her dissertation topic is sexual offender treatment - experience of participation, change, previous help-seeking behavior and factors related to participation/non-participation from the sexual offenders’ view. Stina is a licensed health social worker with basic psychotherapy training and has several years of clinical experience of probation/parole supervision and treatment programs for violent offenders (including sexual offenders) from the Swedish Prison and Probation Service.
In recent years, questions have risen regarding the language used to describe those who are supervised by the criminal justice system, participating in mental health services, and examined in research. This has resulted in recommendations to reduce labelling bias, as is evident from the recent editions of the APA Publication Manual (2009, 2019), editorials (Willis & Letourneau, 2018), and ethics discussions (Willis, 2018). In 2016, the United States Department of Justice adopted a policy of referring to their detainees and supervisees using person-first language, such as “individual who has offended,” rather than referring to individuals based on the nature of their offenses. With these developments, recent research has increased our focus on the way professionals identify those involved in the criminal justice system, how our labels impact these individuals, and the sociocultural implications of our language use (e.g., Denver, Pickett, & Bushway, 2017).

The poster presents preliminary results of the sexual abuse terminology project, which examines professionals’ use of language to identify and describe individuals who have engaged in sexually abusive behaviors, the sexually abusive behaviors themselves, and sexual interests associated with abusive behavior, between 1981 and 2020. This poster will specifically highlight person identifiers across five-year intervals from 1981 through 2015 (as data collection from publications in 2020 will still be ongoing at the time of presentation), demonstrating trends in language use over time. For this analysis, 1,223 peer-reviewed studies were evaluated for language use. Eighty-three label categories (e.g., abusers, individuals, offenders, etc.) were identified, with 410 specific labels (e.g., intrafamilial child sexual abusers, men with sexual behavior problems, deviant patients, etc.) identified in total. While “offender” labels are the most consistently used terms across all years, trends in term use over time will be presented across five-year intervals. Trends in terminology usage will be graphically depicted, and hypotheses for changes in terminology used will be discussed.

**Michael P. Lasher, PhD**, is a licensed clinical psychologist practicing at the Virginia Center for Behavioral Rehabilitation for sexually violent individuals in Burkeville, VA. In addition to Virginia, he has worked in correctional and secure psychiatric mental health, primarily with individuals who sexually offend, in Michigan, Pennsylvania, Tennessee, and Vermont. He is also involved in research, including the study tracking treatment progress, interprofessional relationships, and sex offender risk assessment methods.

**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.

References


Friday
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Concurrent Sessions
BLENDING VOICES. STRENGTHENING LIVES.
2020 ATSA Conference | Friday October 23 | Plenary 2

What Have We Learned About Online Sexual Offending?

Michael C. Seto, PhD
Royal Ottawa Health Care Group

In this plenary, I will review what we have discovered about online sexual offending, and what the major gaps are. Topics will include what we know about the characteristics of individuals who commit online sexual offenses, distinguishing between types of online sexual offenses, explanation of online sexual offending, risk assessment, and intervention. Much of the presentation will focus on child sexual exploitation material (CSEM, legally known as child pornography) offending because most of the research has focused on this type of offending, but other types of online sexual offending will be discussed. An innovative new treatment program, and its implications for prevention of online offending at scale, will be highlighted.

Learning Goals:

• Upon completion of this educational activity, learners should be better able to describe trends over time in online sexual offending.
• Upon completion of this educational activity, learners should be better able to distinguish between common types of online sexual offending.
• Upon completion of this educational activity, learners should be better able to identify major motivations for engaging in online sexual offending.

Michael Seto is a registered psychologist and a research director with the Royal Ottawa Health Care Group. He is also a Professor in Psychiatry at the University of Ottawa, with adjunct appointments at the University of Toronto, Ryerson University, and Carleton University. He is currently the Editor-in-Chief of ATSA's journal, Sexual Abuse. Dr. Seto has published extensively on pedophilia, sexual offending against children, and online sexual offending, and regularly presents at scientific meetings and professional workshops on these topics. He has written well-reviewed books on pedophilia and sexual offending against children (2008, 2018) and on internet sex offenders (2013), all published by the American Psychological Association.
Circles of Support and Accountability (CoSA) is an international approach to the community integration of people convicted of a sexual offence whereby Core Members (people convicted of a sexual offence) are assisted in their integration by volunteers (lay members of the community) through pro-social modelling. Research into CoSA has demonstrated that it aids desistance, pro-social inclusion and reduces recidivism, with broadly parallel outcomes internationally. This paper will focus on the impact of a circle ending, as CoSA only lasts for 12 - 18 months, and the impact that this has on the Core Member. The paper is based on two mixed methods studies from the UK (McCartan, 2014; Thompson, 2016, 2017). The authors will draw on a number of interviews with Core Members, volunteers, CoSA staff and third-party stake holders to explore how a circle ends and the impact of this point of transition on Core Members. The research indicates that that CoSA provides an important service for Core Members, that the ending of a circle can be challenging/difficult (i.e., feelings of abandonment, rejection and hopelessness) as well as positive (i.e., a feeling of accomplishment, desistance and being able to manage ones one behaviour); but, regardless, that circles can blur the lines between social care, social support, friendship and risk management. The session will end with a discussion of how CoSA can reflect on this process and the impact that it has on Core Members and volunteers.

This paper is rated:  Adult | Preliminary | Clinical & Research

**Learning Goals**

- Upon completion of this educational activity, learners should be better able to understand how CoSA contributes to ongoing desistence and community integration.
- Upon completion of this educational activity, learners should be better able to consider the importance of points of transition in the criminal justice process and how this impacts upon desistence and community integration.
- Upon completion of this educational activity, learners should be better able to understand the impact of the ending of a circle on core members, from their and other people’s perspectives.
BLENDING VOICES. STRENGTHENING LIVES.
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David Thompson, PhD, is a Lecturer in Criminology and joined the School of Law in December 2014. Prior to this I was a funded PhD student at the University of Leeds and I was also a Research Assistant at the University of Leeds. Since 2007, I have held various teaching positions at Teesside University, Leeds Beckett University and the University of Leeds. David’s thesis was titled ‘Moving On after Getting Out: Support and Accountability for Convicted Sex Offenders’ and was based on 30 semi-structured interviews with sex offenders. It examined how offenders perceived the addition of Circles of Support and Accountability and the use of volunteers during their reintegration into the community. The thesis was supervised by Professor Susanne Karstedt, Dr Stephen Hutchinson and Dr Birgit Völlm (University of Nottingham). David has recently co-authored a book on the Resettlement of Sex Offenders after Custody with Prof Terry Thomas published by Routledge and I am working with Dr Philippa Tomczak to examine the role of the voluntary sector in criminal justice.

Kieran McCartan, PhD, is a Professor of Criminology at the University of the West of England (UK), an Adjunct Professor at the Queensland University of Technology (Australia) and a visiting Research Fellow at the University of Huddersfield (UK). Kieran is the international representative on the ATSA board and the Conference chair of NOTA. He has a track record of public, academic and professional engagement on criminological issues, including the origins and causes of sex offending, and societal responses to sex offenders. Professor McCartan has a number of academic outputs, including, 105+ academic publications (incl., Journal Articles, Books, Book Chapters, External Research Reports & Professional/Practitioner publications); 130+ blogs; generated over 1/2 million pounds in external research funding; & has given 175+ external presentations (incl., Conference Papers & invited Keynotes). He is currently drafting recommendations for the assessment, treatment and management of people convicted of a sexual offence for the Council of Europe.
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Quaternary Prevention: Its Role Effective Safeguarding & Risk Management

Kieran McCartan, PhD
University of the West of England

Sexual abuse prevention, especially Child sexual Abuse prevention, is going in stature both within the UK and internationally. However, we tend to focus on primary and tertiary prevention in place of secondary and quaternary prevention; with most criminal justice professionals not knowing what Quaternary prevention is. This session will examine what Quaternary prevention is, how it links to probation. its role in the management of people convicted of a sexual offence and what it looks like in practice (i.e.,Multi-Agency Public Protection Arrangements as well as Circles of Support and Accountability)

This paper is rated: Adult & Youth | Preliminary | Research

Learning Goals:
- Upon completion of this presentation learners will be better able to understand what Quaternary Prevention is.
- Upon completion of this presentation learners will be better able to understand how quaternary prevention ties to desistence, harm reduction and risk management.
- Upon completion of this presentation learners will be better able to understand how quaternary prevention is a multi-agency and multi-disciplinary approach.

Kieran McCartan, PhD, is a Professor of Criminology at the University of the West of England (UK), an Adjunct Professor at the Queensland University of Technology (Australia) and a visiting Research Fellow at the University of Huddersfield (UK). Kieran is the international representative on the ATSA board and the Conference chair of NOTA. He has a track record of public, academic and professional engagement on criminological issues, including the origins and causes of sex offending, and societal responses to sex offenders. Professor McCartan has a number of academic outputs, including, 105+ academic publications (incl., Journal Articles, Books, Book Chapters, External Research Reports & Professional/Practitioner publications); 130+ blogs; generated over 1/2 million pounds in external research funding; & has given 175+ external presentations (incl., Conference Papers & invited Keynotes). He is currently drafting recommendations for the assessment, treatment and management of people convicted of a sexual offence for the Council of Europe.
Challenges in Collaboration to Facilitate Treatment in Cases of Youth Who Have Sexually Offended

Janice Church, PhD  
University of Arkansas for Medical Sciences College of Medicine  
Karen Worley, PhD  
University of Arkansas for Medical Sciences College of Medicine  
Adrian Sanders, BA  
6th Judicial District, Pulaski & Perry Counties, Arkansas

Collaboration to facilitate treatment in cases of youth who have sexually offended is critical to the success of the youth in the therapeutic process. The various multidisciplinary team members involved in such cases need to be able to communicate with each other and work together to insure that everyone who needs intervention services receives such services. Finding resources alone is a complex task, in addition to managing the different perspectives of the team members who are working with the juvenile himself/herself, the victim, and caregivers, as well as other extended family members. The team often includes, at a minimum, therapists, probation officers, caseworkers, case managers, law enforcement officers, and attorneys. Barriers seem even more overwhelming to overcome in cases where the youth who has offended and his/her victim(s) are members of the same family. It is oftentimes particularly difficult to persuade families to have the victim(s) in therapy when there is no Court involvement and no formal requirements for victims to receive their own follow-up. Additional barriers may be rendered by the families themselves, who have their own attitudes and perspectives of what needs to be happening in the case. Many caregivers, who should be involved in every element of treatment, often have past trauma of their own to manage, such that a trauma-informed approach to case management is often imperative for successful case outcomes.

This presentation will explore the challenges of successful collaboration, particularly from the perspectives of a juvenile probation officer and mental health clinicians who work with youth who have committed illegal sexual behavior, victims, and caregivers. Case examples, including at least one case of an adolescent female who has offended sexually, will be utilized to illustrate the challenges of successfully blending voices of the professionals and family members involved in these cases to strengthen lives of the youth who has offended, his/her victim(s), caregivers, and other members of the family.

This workshop is rated: Youth | Intermediate | Clinical
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2020 ATSA Conference | Friday October 23 | 10:15 AM – 11:45 AM

Learning Goals

- Upon completion of this educational activity, learners should be better able to identify the critical importance of collaboration between professionals and family members when working with cases in which youth have sexually offended.
- Upon completion of this educational activity, learners should be better able to identify some of the barriers, challenges, and possible strategies in working to coordinate therapeutic interventions for all members of the family in which a youth has offended, particularly when the victim(s) is/are part of the same family.
- Upon completion of this educational activity, learners should be better able to understand the importance of a trauma-informed approach to case management in families in which a youth has sexually offended.

Janice K. Church, PhD is a Psychologist and Professor of Pediatrics at the University of Arkansas for Medical Sciences College of Medicine. She is the Assistant Director of the Family Treatment Program and Adolescent Sexual Adjustment Project at Arkansas Children’s Hospital. Dr. Church received her Ph.D. in Clinical Psychology from the University of Louisville. She has conducted numerous workshops on child maltreatment issues at the state, national, and international levels. She is active in state and national professional organizations, particularly those with a focus on child abuse. She is a national trainer for Trauma-Focused Cognitive-Behavioral Therapy and is the current President of Arkansas ATSA.

Adrian Sanders, BA is a juvenile probation officer and Sexual Abuse Management Team Coordinator for the 6th Judicial District serving Pulaski and Perry Counties, Arkansas. He earned his B.A. degree in criminal justice from the University of Arkansas at Pine Bluff. Having served the juvenile court system previously as a Families in Need of Services (FINS) case manager, he now coordinates a team comprised of members of agencies likely to have direct contact with individuals involved in an incident of juvenile sexual offending. The team meets monthly to review adjudicated cases of sexual offending to assure that parties are receiving appropriate services in a timely manner. Ms. Sanders also carries a caseload of his own clients who have sexually offended.

Karen Boyd Worley, PhD is a Clinical Psychologist. She received her doctoral training at Texas Tech University. She is a Professor of Pediatrics for the University of Arkansas for Medical Sciences at Arkansas Children’s Hospital. Dr. Worley is the Director of the Family Treatment Program, which provides treatment for families in which there has been sexual abuse. She is also the Director of the Adolescent Sexual Adjustment Project, which provides outpatient assessment and treatment for adolescents who have committed illegal sexual behaviors. Dr. Worley is active on a number of state boards addressing child abuse issues, provides statewide training and consultation, and has several publications on child maltreatment.
Background - The ECSA Project (Eradicating Child Sexual Abuse) is an international knowledge exchange project run by the Lucy Faithfull Foundation and funded by the Oak Foundation. The ECSA website (https://ecsa.lucyfaithfull.org) provides brief, accessible insights into the nature of child sexual abuse as well as the people and processes involved. It uses the Preventing Child Sexual Abuse model - a public health model of prevention - to demonstrate the range of primary, secondary and tertiary prevention possibilities.

Program mission
The mission of ECSA is to help practitioners to better understand the nature of child sexual abuse in their local context, and be able to develop interventions within a strategy for the prevention of child sexual abuse.

The Toolkit
The web based toolkit guides users through the stages of collecting information, gathering community support, deciding on priorities, designing and implementing interventions and evaluating outcomes. The prevention strategy is tailored to local issues and to community strengths. The bulk of the toolkit is made up of 200+ example programmes and interventions from around the world. Each is described in a standardised template for users to browse; with references and contact details for follow-up.

Target Audience
Delegates who are interested in how they can develop a strategic response to child sexual abuse in their local area and are willing to learn from the experience of others. We foresee this being practitioners and researchers as well as policymakers. There is no requirement for previous experience in this topic.

Format
The session will provide an insight into the prevalence and nature of child sexual abuse on a global level. It will also provide details of case studies where we are supporting NGO partners in the development and implementation of a child sexual abuse prevention strategy in the areas where they operate. Delegates will be able to take part in activities that ask them to consider prevention in their local context.
Learning Goals:

- Upon completion of this educational activity, learners should be better able to understand the nature, prevalence and theory behind child sexual abuse.
- Upon completion of this educational activity, learners should be better able to understand the theoretical underpinning of the Eradicating Child Sexual Abuse Project and that child sexual abuse is a preventable public health issue.
- Upon completion of this educational activity, learners should be better able to consider strategic responses to child sexual abuse that take into account the context of their local area and take away some ways in which to implement these in their local area.

**Stuart Allardyce** is Director of Stop It Now! Scotland. He qualified as a social worker 20 years ago and has managed services for children affected by sexual abuse as well as services for young people who have displayed harmful sexual behaviour. He is the vice-chair of NOTA (National Organisation for the Treatment of Abuse) for UK and Ireland and also the chair of the NOTA practice / policy sub-committee. He is a visiting researcher at Strathclyde University and an associate of the Centre for Youth and Criminal Justice. He has published widely in the field of sexual abuse prevention and is the co-author of 'Working with Children and Young People Who Have Displayed Harmful Sexual Behaviour' (Dunedin Press, 2018).

**Willie Manson** Following a career in the police, Willie was National Coordinator for the Multi Agency Public Protection Arrangements in Scotland (MAPPA). For the past 10 years he has worked with the child sexual abuse prevention charity, The Lucy Faithfull Foundation, initially responsible for the Upstream Project which provides tools and information to members of the public to allow them to take action to prevent child sexual abuse. Since 2017 he has been working with the Eradicating Child Sexual Abuse project (ECSA) which is funded by the Oak Foundation. This work involves supporting child sexual abuse prevention projects in Bulgaria and the Recife area of Brazil. Alongside this work in Brazil and Bulgaria Willie has been developing the ECSA website and toolkit that are designed to share best practice around the world and help practitioners identify ways to tackle child sexual abuse and how they can be applied to their local area.
Replicating the Global Prevention Project in New York State: Insights From a New Collaborative Initiative

Gilian Tenbergen, PhD
State University of New York
Catherine Diana, LCSW
NuStep Professional Counseling Services,
Candice Christiansen, LCMHC
The Global Prevention Project

New York State has many policies in place for when an offense has occurred. Research shows not only that 94% of sexual offenses are committed by first time offenders, but that the recidivism rate of sex offenders against children is lower than commonly believed (Hanson & Morton-Bourgon, 2005; Jill S. Levenson, Brannon, Fortney, & Baker, 2007; Sandler, Freeman, & Socia, 2008). Therefore, there is a gap in addressing child sexual abuse (CSA) at the origin, namely with those at risk to engage in CSA behaviors (J. S. Levenson & Grady, 2018; J. S. Levenson, Willis, & Vicencio, 2017). Many experts or professionals that work with sex offenders find the current policies lack effectiveness in reducing recidivism and also recognize that post-conviction policies lead to many collateral consequences such as isolation, stigmatization, trouble finding housing and gainful employment (J. Levenson, Fortney, & Baker, 2009). Currently, prevention efforts in the United States that directly target potentially at-risk individuals are limited. While these services for non-offending individuals do exist, we do not know much about them.

The goal of this talk is to present a new collaborative CSA prevention program initiative targeting non-offending individuals with pedophilia/hebephilia (henceforth referred to as non-offending Minor Attracted Persons, or NOMAPs) in the community in New York State. We will describe the treatment model from The Global Prevention Project, the obstacles encountered during replication initiation in New York, and how they were addressed during replication. We also assessed the level of potential support from the community for such a program and whether they believe this prevention program would be beneficial in helping to reduce the number of child sex abuse cases. Implications for CSA/CSEM prevention will be discussed in light of this project.

Learning Goals:
- Upon completion of this educational activity, learners should be better able to describe The Global Prevention Project treatment model and how it is used in prevention.
- Upon completion of this educational activity, learners should be better able to discuss the barriers encountered in New York State during the process of launching the replication group.
- Upon completion of this educational activity, learners should be better able to provide a pathway to develop an evidence-based framework for CSA/CSEM prevention in the U.S.
References


Dr. Gilian Tenbergen is an Assistant Professor of Psychology with SUNY Oswego, where she teaches and researches in the subject of pedophilia and child sexual abuse prevention. Her work currently focuses on implementing primary child sexual abuse prevention programs in New York State and understanding the neurobiological etiology of pedophilia as a sexual age orientation. She hopes to use this information to better understand the risk factors relevant for onset sexual offending in order to better prevent it.

Catherine Diana has a Master’s Degree in Clinical Social Work from Syracuse University and has maintained a Private Practice working with adult men and women sex offenders since 1992, providing Individual, Group, Family, and Educational services to hundreds of men, women, and their families. She has been providing education and training for over 25 years on the assessment and treatment of sexual offenders and currently serves on the Boards of both the New York State ATSA/New York State Alliance for the Prevention of Child Sexual Abuse, wherein she is a member.

Candice Christiansen, MEd, LCMHC is the Founder and Clinical Director of The Global Prevention Project (TGPP). TGPP is internationally known for its Minor Attracted Person (MAP) mental wellness program. In 2018, she co-authored a chapter on global prevention programs for a book series published by Palgrave Macmillan. She is the host of The Prevention Podcast, giving a global voice to cisgendered, transgendered, and non-binary anti-contact, non-offending MAPs and their families. Candice serves on the Association for the Treatment of Sexual Abusers (ATSA) Prevention Committee and is an international consultant on issues related to MAP wellness.
Developing Protective Factors Responsive to Criminogenic Need Profiles

Symposium Chair: David Thornton, PhD
FAsTR LLC

Recent developments in clinical practice in sex offense specific treatment emphasize engagement and responsivity, along with building strengths and developing protective factors. At the same time research has continued to emphasize the connection between criminogenic needs and sexual recidivism. There is a danger that a gulf will develop between these two bodies of work with treatment practices developing that engage and build strengths but fail to address criminogenic needs. What is needed is a way of building strengths that is responsive criminogenic needs. This symposium is a progress report on work designed to build such a bridge.

The first presentation will report empirical work within the SRA framework that identifies the more common varieties of criminogenic need profile to be found in different samples including a regular DOC sample and two high risk samples (one consisting of men with a history of sexual offending who also have a major mental illness (Bipolar 1 or Psychosis) and the other consisting of men who present similarly high risk but have not been diagnosed a major mental illness). The second presentation will consider protective processes and protective factors in relation to the criminogenic need profiles identified in the first presentation and suggest ways they can be connected. The third presentation will describe the achievements and challenges experienced by clinicians when integrating a protective factor approach within an SVP treatment program.

This symposium is rated: Adult | Intermediate | Clinical & Research

Empirically Identified Criminogenic Need Profiles

David Thornton, PhD
FAsTR LLC
Sharon Kelley, PsyD
Sand Ridge Evaluation Unit

Although clinicians commonly develop a sense of clients’ criminogenic needs during treatment the way these needs are identified may not be sufficient to distinguish presentations that are actually related to recidivism. Empirically developed measures of criminogenic need may be better at reliably identified need presentations that are important to treat. We have used criminogenic need ratings from SRA-FV-2 and then applied exploratory factor analysis together with determining the frequency of different combinations of criminogenic needs to identify common criminogenic need profiles. Samples included in the analysis comprise an average risk sample of 339 adult males
imprisoned for sexual offenses, a high risk sample drawn from two sites providing treatment to individuals with a history of sexual offending and major mental illness with a combined N of 80, and another high risk sample drawn from one site of adult males diagnosed with mental disorders but without a history major mental illness (N=65). The frequency of different need profiles is shown within each of these samples and for the sample with a major mental illness need profile frequency is shown separately for those for whom their major mental illness exacerbated their criminogenic needs. Implications for the design of treatment programs, the development of treatment plans, and ways clinicians might focus treatment activity will be discussed.

Learning Goals

• Upon completion of this educational activity, learners should be better able to describe the factor structure of criminogenic needs as measured by SRA-FV-2.
• Upon completion of this educational activity, learners should be better able to describe the frequency of different combinations of sexual criminogenic needs.
• Upon completion of this educational activity, learners should be better able to describe the frequency of different combinations of non-sexual criminogenic needs.

Developing Protective Factors Responsive to Different Criminogenic Need Profiles

David Thornton, PhD
FAtr LLC
Sharon Kelley, PsyD
Sand Ridge Evaluation Unit

This presentation will start from the Criminogenic Need Profiles more commonly identified in the first presentation and explore two models for connecting the protective factors defined by the Saprof-SO to criminogenic needs. The first model is based on protective factors sometimes constituting the opposite pole to risk factors so that the presence of a given criminogenic need will imply a goal of developing protective factors that represent opposite functioning. A table of correspondences will be included to facilitate this. Correspondence may occur at the level of broader risk and protective dimensions or groups of complementary protective factors that work together. The second model uses a case formulation to make the linkage. The formulation seeks to understand why, in the period leading up to an offense, offending was a more attractive way of attaining valued outcomes than non-offending means, as well as what normally restrains the individual from offending and why these processes failed at the time the offense was committed. Criminogenic Needs are understood in terms of their role in this process and potential protective factors are evaluated in terms of how they might modify the relative attractiveness of offending vs. non-offending behaviors, and how they might strengthen control processes. Clinical processes required to build protective factors and to strengthen their application will also be discussed.

Learning Goals

• Upon completion of this educational activity, learners should be better able to describe protective factors that are more relevant to specifically sexual criminogenic needs.
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- Upon completion of this educational activity, learners should be better able to describe protective factors that are more relevant to non-sexual criminogenic needs.
- Upon completion of this educational activity, learners should be better able to describe the advantages and disadvantages of a case formulation approach in the identification of relevant protective factors.

Integrating Crimogenic Needs and Protective Factors in a SVP Treatment Program

Jason Smith, PsyD
Sand Ridge Secure Treatment Center

This presentation will focus on an applied method of integrating criminogenic needs and protective factors within an SVP treatment program. Participants will be provided a framework to identify and organize a client's treatment needs so that a case formulation can be developed and progress in treatment can be measured. Case examples will be described to demonstrate the utility of this approach, lessons learned, and future directions.

Learning Goals
- Upon completion of this educational activity, learners should be better able to describe the framework for integrating criminogenic needs and protective factors.
- Upon completion of this educational activity, learners should be better able to explain how the framework can be used for case formulation.
- Upon completion of this educational activity, learners should be better able to apply framework to a case example.

David Thornton, PhD, is a psychologist in private practice in Wisconsin and holds a part time position as a professor in the department of clinical psychology at the University of Bergen in Norway. He was research director for Wisconsin’s program for sexually violent persons for three years and previously was the treatment director for that program for over a decade. He has published on evidence-based standards for effective correctional programs and on the importance of therapist style in the provision of treatment designed to reduce sexual recidivism. He has been involved in the development of static actuarial instruments to assess sexual recidivism risk, contributing to the development of such scales as Static-99, Static-2002, Static-99R, Static-2002R and Risk Matrix 2000. He has been involved in the development of psychological risk assessment, creating the Structured Risk Assessment (SRA) framework. David Thornton has published three books, over 15 chapters in edited books, and over 75 papers in peer-reviewed scientific journals.

Sharon Kelley, PsyD is employed as an SVP evaluator with the Sand Ridge Evaluation Unit in Madison, Wisconsin, and she is the current President of the Wisconsin Chapter of ATSA. She is licensed to practice psychology in Wisconsin, Minnesota, and California. Both within her practical work and research projects, she is interested in empirically based risk assessments and understanding evaluator decision-making. She is a co-developer of the Structured Assessment of Protective Factors – Sex Offense version (SAPROF-SO). She has authored and co-authored ten
journal publications, one book chapter, and two ATSA Forum articles. Her current research projects involve the SAPROF-SO, the rate of undetected sexual offending, and sexual risk assessment of individuals with major mental illness.

**Jason Smith, PsyD** is a licensed clinical psychologist. Currently, he is the Treatment Director at Sand Ridge Secure Treatment Center in Wisconsin. Previously he served as a Superintendent of an SVP program and mental health institution in Iowa. He maintains a small outpatient sex offender treatment program. He was recognized as Leader of the Year for the Department of Human Services in 2006. Dr. Smith has served in many different clinical and administrative capacities in non-profit organizations serving individuals with intellectual disabilities and mental illness. He has also worked in community-based corrections, private practice, and held adjunct faculty positions at various colleges. He has been active in statewide initiatives in policy development, treatment provision, and risk assessment for sex offenders. Dr. Smith currently serves in a treatment advisory capacity for several civil commitment programs throughout the country.
Sexual interest in children refers to pedophilia (sexual interest in prepubescent children); hebephilia (sexual interest in pubescent children) and pedohebephilia (sexual interest in prepubescent and pubescent children). Sexual interest in children is important in the assessment and management of those who commit sexual offences, as it is emphasized in virtually all theoretical models of sexual offending against children and is a strong predictor of sexual recidivism. Due to the centrality of this concept, there has been increased attention to programs that can provide mental health services to people with sexual interest in children who are not involved in the criminal justice system and are interested in seeking help to manage their sexual interest.

The symposium is comprised of three presentations focused on sexual interest in children conducted in the research lab of the symposium chair. The first presentation examines differences in sexual interest in children among men who commenced their criminal careers at different developmental stages. This presentation will aid in furthering understanding the unique offending patterns of people with sexual interest in children. The second presentation focuses on the development of a behavioural assessment measure to identify hebephilia. This presentation introduces a new measure which can be used in clinical practice as part of a comprehensive forensic assessment of sexual interest in children. The final presentation examines what clinicians and people with sexual interest in children believe should be included in an educational workshop that would aim to increase competency among clinicians to treat this population. The presentation provides important insight on factors that people with sexual interest in children would like emphasized in treatment to ensure it is a positive and meaningful experience. It is expected that the symposium will hold broad appeal to researchers studying atypical sexual interest, as well as clinicians who provide assessment, treatment, and prevention services in forensic and community settings.

This symposium is rated: Adult | Intermediate | Clinical & Research
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Age of Sexual Offending Onset and Sexual Interest in Children

Brandon Burgess, BSc Hon, MSc
Saint Mary's University
Skye Stephens, PhD, R Psych
Saint Mary's University
Michael C. Seto, PhD
Royal Ottawa Mental Health Centre

**Background:** An important concept in developmental life-course criminology is the criminal career, which encapsulates the onset, duration, and evolution of criminal behaviour over an individual’s lifetime (MacLeod et al., 2012; McGee & Farrington, 2019). Until relatively recently, research on the criminal career has focused on offending that starts in adolescence, resulting in comparatively less research dedicated to those whose sexual offending starts later in life. There is evidence to suggest that those whose sexual offending onsets in adulthood may be at higher risk of offending against children and by extension more likely to have a sexual interest in children (Francis et al., 2014). The focus of the present study is to examine those whose sexual offending emerges at different times across the lifespan and if there are differences in the presence of sexual interest in children. **Methods/Results:** An archival dataset of 747 men who committed at least one sexual offence will be used for the present study. The dataset will be organized by age of onset of sexual offending [adolescence (< 18), emerging adulthood (19-29), established adulthood (30-60), later adulthood (60+)] based on official and self-reported offending. Regression analyses will be used to determine whether age of onset is associated with different indicators of sexual interest in children (e.g., SSPI-2 scores, phallometric test results). **Discussion:** It is possible that different etiological models may be needed for different period of sexual offending onset. A nuanced understanding of age of sexual offending onset and its association with sexual interest in children will allow us to identify the prominence of this factor across different developmental periods.

**Learning Goals**
- Upon completion of this educational activity, learners should be better able to understand the current body of literature on the age of onset of sexual offending.
- Upon completion of this educational activity, learners should be better able to understand underlying risk factors that are associated with different ages of onset of sexual offending.
- Upon completion of this educational activity, learners should be better able to identify age related offending characteristics of those who are at higher risk of re-offending against children.
Creating and Validating a Behavioural Measure of Exclusive Hebephilia

Background. The Screening Scale for Pedophilic Interest-Revised (SSPI-2; Seto, Stephens, Lalumière & Cantor, 2017) is a five-item measure of pedophilic interest based on victim characteristics. Originally developed to measure pedophilia, the measure better reflects pedohebephilia as opposed to exclusive hebephilia (i.e., sexual interest in pubescent children without any interest in prepubescent children or adults; Stephens et al., 2019). The purpose of the current study is to create a measure assessing exclusive hebephilia based on victim characteristics in adult men who have sexually offended. Method/Results. The sample includes 1,900 adult men who committed at least one sexual offense against a victim under the age of 15 and were assessed at a large sexual behaviour clinic. Assessment information was entered into a research database, which included victim information and volumetric phallometric results. In the sample, 16% had exclusive hebephilia; 59% did not meet the phallometric cut-off for sexual interest in children and represented the comparison group. We plan to examine the ability of the original SSPI-2 and additional items (e.g., victims aged 15-16; Stephens et al., 2017) might be combined into a new measure that can accurately classify men with hebephilia. If we can develop a measure of exclusive hebephilia, the psychometric properties of the measure (e.g., sensitivity and specificity) will also be examined. Discussion. Results from this study have implications for clinicians who are interested in using behavioural measures to assess sexual interest in children. Ideally, clinicians will be better able to precisely categorize individuals as having an exclusive interest in pubescent children. This will allow for better risk management recommendations, especially in terms of understanding risk to potential future victims.

Learning Goals

- Upon completion of this educational activity, learners should be better able to understand the existing literature on current assessment tools used to assess sexual interest in children, with a focus on hebephilia.
- Upon completion of this educational activity, learners should be better able to understand the creation and validation of the Screening Scale for Pedophilic Interests Revised (SSPI-2) and the psychometric properties of a new behavioural measure to assess exclusive hebephilia.
- Upon completion of this educational activity, learners should be better able to discuss the creation of a new assessment measure of exclusive hebephilia and how it could be incorporated into current assessment practices.
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Informing the Development of a Workshop for Treating Minor-Attracted Persons

Kailey Roche, MSc  
Skye Stephens, PhD, R Psych  
Saint Mary’s University

**Background.** Clinicians have cited a lack of competency as a reason for their reluctance to treat minor-attracted persons (MAPs) living in the community (Alanko et al., 2014; Steils-Glenn, 2010). In this context, minor attraction refers to sexual interest in prepubescent and/or pubescent children. The present study represents the first step in developing an educational workshop for clinicians to increase competency and willingness to treat MAPs who reside in the community.

**Method.** Clinicians and MAPs were recruited to an anonymous online survey that included open-ended questions about material that should be included in an educational workshop. Clinicians \((n = 101)\) were asked what they thought should be included in such a workshop and barriers that could prevent participating in the workshop. MAPs \((n = 183)\) were asked what they thought should be included in the educational workshop so that clinicians would be equipped to provide effective treatment to MAPs. Responses were analyzed using inductive thematic analysis using NVivo software. **Results.** Clinicians most frequently endorsed that a workshop should include information on therapeutic methods that are most effective when working with MAPs, as well as explicit discussions around risk assessment, mandatory reporting, and human sexuality (e.g., information on paraphilias and sex positivity). MAPs focused largely on the need to increase clinician understanding of the sexual interest, stigma reduction, and the importance of the clinician-client relationship through the promotion of a positive therapeutic relationship (e.g., empathy, non-judgemental stance). According to clinicians, the largest barrier to attending the workshop is accessibility (i.e., cost and location). **Discussion.** This study will highlight to clinicians what factors clinicians and MAPs think are important to increase competency to treat MAPs, which may be useful to clinicians who currently provide these services. Additionally, the presentation will consider how these findings will be incorporated into an educational workshop for clinicians on treating MAPs in the community.

**Learning Goals**
- Upon completion of this educational activity, learners should be better able to understand MAPs' treatment needs and experiences with mental health services.
- Upon completion of this educational activity, learners should be better able to understand what clinicians and people with sexual interest in children believe needs to be included in an educational workshop that would increase competency to work with MAPs.
- Upon completion of this educational activity, learners should be better able to understand elements of interventions that clinicians and people with sexual interest in children believe are integral for effective treatment of sexual interest in children.
Skye Stephens is an Assistant Professor in the Department of Psychology at Saint Mary’s University (Halifax, NS). Most of her research has focused on the conceptualization, assessment, and management of sexual interest in children. Additionally, she is a registered Clinical and Forensic Psychologist in Nova Scotia and works with adolescents and adults with a focus on those who have come into conflict with the law for illegal sexual behaviour.

Brandon Burgess is in the first year of his MSc in Applied Psychology – Forensic Psychology Stream. In 2018 he graduated from Saint Francis Xavier University with a B.Sc in Psychology with Honours. His research interests include trajectory research on the offending patterns of late-onset sexual offenders, and risk assessment. After completing his MSc, he plans to pursue a PhD in order to become a Clinical Forensic Psychologist.

Martina Faitakis, BA, is a graduate student in the Applied Forensic Psychology program at Saint Mary’s University in Halifax, Nova Scotia. She has previously worked as a research assistant at the Integrated Threat and Risk Assessment Centre in Edmonton, AB, coding for a large-scale research project entitled “Optimizing Risk Assessment for Domestic Violence.” Under the supervision of Dr. Skye Stephens, her thesis will create and validate a measure for exclusive hebephilia. Martina has broad research interests in the areas of intimate partner violence, child sexual offending and risk assessment measures.

Kailey Roche is in her second year of the MSc in Applied Psychology – Forensic Stream. Her thesis focuses on informing the development of a workshop to increase mental health professionals’ competency to treat minor attracted persons. Her research interests include developing treatment programs for non-offending men with minor attraction, sex offender risk assessment and treatment, atypical sexual interests, and community reintegration.
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**FR-MID-02**

**Motivational Interviewing and the Language of Change with Adolescents**

David S. Prescott, LICSW  
Safer Society Presss

This 90-minute workshop focuses on key skills and concepts in motivational interviewing with adults and adolescents. Importantly, it also covers recent changes made to MI as a model of change during the past three years. MI is a client-centered counseling method for exploring how and why a person might change, and is based upon a guiding style. Its principles and techniques match those known to produce positive outcomes with sexual abusers (e.g., Marshall, 2005). MI can be very useful for motivating adolescents who are ambivalent about change and ambivalent about engaging in treatment.

Areas covered include:
- Demonstration of skills
- Specific application with adolescents
- Educational videos
- Practice of skills in an enjoyable setting (i.e. real-play instead of role-play)

This workshop is rated: Youth | Intermediate | Clinical

**Learning Goals**
- Upon completion of this educational activity, learners should be better able to understand the four components that make up the “MI Spirit”.
- Upon completion of this educational activity, learners should be better able to understand the four motivational interviewing micro-skills.
- Upon completion of this educational activity, learners should be better able to understand the four processes that make up MI.

**David S. Prescott, LICSW** A mental health practitioner of 36 years, David Prescott is the Editor of Safer Society Press. He is the author and editor of 20 books in the areas of understanding and improving services to at-risk clients. He is best known for his work in the areas of understanding, assessing, and treating sexual violence and trauma. Mr. Prescott is the recipient of the 2014 Distinguished Contribution award from the Association for the Treatment of Sexual Abusers and the 2018 recipient of the National Adolescent Perpetration Network’s C. Henry Kempe Lifetime Achievement award. Mr. Prescott currently trains and lectures around the world.
References


In recent years, the need for sexual violence and abuse prevention within the contexts of amateur and youth sports has garnered increasing attention. While many new safety programs, mandates, and initiatives have begun to address this critical need, the application of a situational prevention approach to safety in sports stands out as a highly unique and promising direction.

In 2019, Dr. Keith Kaufman began a three-year collaboration with the U.S. Center for SafeSport to develop the Sport Situational Prevention Approach (SSPA) program. The SSPA provides a four-step framework to help sports organizations recognize and better understand potential safety risks in their athletic environment, and create actionable plans to promote positive safety outcomes. While an important focus of the SSPA is the prevention of sexual abuse, the model applies a holistic approach to athlete safety, and aims to help safeguard athletes from all forms of abuse and misconduct, including bullying, harassment, and hazing.

In its first 12 months of development and piloting, the SSPA was implemented with a diverse array of sports programs including both U.S. Olympic and Paralympic teams as well as regional adaptive youth sports programs. The goal of this presentation is to describe the SSPA program and its implications for the prevention of sexual abuse and other types of athlete harms. Theories of prevention will be discussed with a focus on situational prevention as a strategy for environmental-level approaches toward enhancing athlete safety. Initial findings from the SSPA pilot will be reviewed, including practical lessons learned and implications for future prevention and research direction.

This paper is rated: Adult & Youth | General | Research
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Learning Goals

- Upon completion of this educational activity, learners should be better able to describe the SSPA program methodology, including activities, expected outcomes, and its application to different sport environments. To present the underlying theories of the SSPA with a focus on situational prevention theory;
- Upon completion of this educational activity, learners should be better able to understand the underlying theories of the SSPA, especially situational prevention theory.
- Upon completion of this educational activity, learners should be better able to describe key project findings related to the ongoing development and evaluation of the SSPA, including estimated program effectiveness and projected future directions.

Keith Kaufman, PhD is a Clinical Community Psychologist and a Professor of Psychology at Portland State University in Portland, Oregon. He is Past President of the Association for the Treatment of Sexual Abusers and recently received that organization’s Significant Lifetime Achievement Award. He provides regular trainings and consultation focused on prevention and enhancing safety in organizational settings, and has worked with Big Brothers Big Sisters of America, Boys & Girls Clubs of America, the U.S. Olympic Committee, Boy Scouts of America, Interpol, and the Committee for Children. Dr. Kaufman’s research has focused on organization prevention and safety, and etiological factors in sexual offending committed by adults and juveniles (e.g., modus operandi, sexual fantasy, sexual history). He is also a past recipient of the U.S. Office Of Juvenile Justice & Delinquency Prevention’s Gould-Wysinger award for research excellence. He has recently completed a federally funded national project to create the Campus Situational Prevention Approach for use on college and university campuses to improve student safety. He is currently working on a national project through the U.S. Center for SafeSport to develop the Sport Situational Prevention Approach for use with Olympic, Paralympic, and younger elite athletes’ teams. Dr. Kaufman has authored two books, a variety of book chapters, and numerous research articles addressing sexual violence etiology and prevention as well as strategies for strengthening organizational safety.

Erin McConnell, MS is a Research and Prevention Program Coordinator for the United States Center for SafeSport, and holds an M.S. in Psychology from Portland State University. Her research has focused on sexual violence and abuse prevention within the contexts of higher education, sports organizations, and youth services. She has over 5 years of cumulative experience working directly with youth and young adults in a variety of environments, including outdoor/recreational settings, residential care, college and university campuses, and most recently, Olympic and Paralympic sports. Currently, her work involves the design, implementation, and evaluation of situational prevention-based programming to improve safety outcomes within athletic environments, with an equal emphasis on adaptive and traditional sports.

Katie Hanna, MEd is the Chief Programs Officer for the United States Center for SafeSport. She has more than 15 years of experience working with youth and adults to prevent sexual assault at the local, state and national level. Previously, Hanna was a Visiting Fellow in the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) at the Office of Justice Programs in the U.S. Department of Justice. Prior to the fellowship she was the Executive Director of the Ohio Alliance to End Sexual Violence, and has provided counseling and advocacy on a college campus and in the community. She is the 2017 Visionary Voice Award recipient for Ohio from the National Sexual Violence Resource Center.
Neighborhood Level Predictors of Intimate Partner Sexual Violence: A Nested Case Control Study

Rachel K. Carpenter, MS
Gabrielle L. Cook, BA
Jill D. Stinson, PhD
East Tennessee State University

Intimate partner sexual violence (IPSV) is a significant public health problem, with recent prevalence rates suggesting that 15.8% of women and 9.5% of men have experienced sexual assault by an intimate partner (Center for Disease Control and Prevention [CDC], 2019). Intimate partner sexual violence is referred to by various terms, all of which can include a range of sexually abusive behaviors that occur within the context of a current or former intimate relationship.

While there is a growing body of research documenting environmental influences on intimate partner violence (IPV) generally, (e.g., socioeconomic conditions, social disorganization, community violence, rurality, availability of firearms; Peterson and Krivo, 2009; Sampson et al., 2002; Voith, 2019) little research has focused solely on environmental influences on IPSV. Additionally, the majority of IPSV research has only examined individual-level predictors of IPSV (e.g., alcohol and drug use, education level, racial inequality, aggression; Bagwell-Gray, Messing, & Baldwin-White, 2015), while ignoring the possible community-level influences. The goal of the current study is to examine both a range of neighborhood and individual-level predictors to explore factors that may influence the occurrence of IPSV.

Data for this exploratory project were obtained from the Tennessee Bureau of Investigation’s (TBI) online incident-based reporting system, which included reported IPSV cases in all 95 counties in Tennessee ($n = 86,567$). Additional community-level variables were retrieved from the County Health Rankings and Roadmaps website. Neighborhood-level predictors include community violence, poverty, unemployment, income inequality, alcohol outset density, rurality, and firearm permits. Individual-level variables include the relationship type (intimate, family, acquaintance), the age of the victim and perpetrator (under 18, 18-24, 25-34, 35-44, 45-54, 55-64, and 65 and over), and ethnicity. Dependent variables include four categories of sexual assault (forcible rape, sexual assault with an object, forcible fondling, and forcible sodomy).

Due to the rare nature of sexual assaults, a nested case control design was used to evaluate the possible community- and individual-level factors impacting occurrence of IPSV. Each individual case of IPSV (four types of sexual assault; $n = 2,678$) were randomly matched to 5 simple assault cases ($n = 47,896$) that matched on age, race, and gender. Once cases are fully matched, multinomial logistic regression will be employed to determine the strongest community- and individual level-predictors of IPSV. At present, we are continuing to match cases and estimate this to be completed by May.

By assessing the relations among environmental and individual influences on IPSV, this study may potentially inform community-level interventions to prevent sexual violence. An intimate partner’s susceptibility to sexual abuse may be influenced by their current environment, compounded further by known individual-level predictors of IPSV. Particularly true to IPSV, sexual assaults have been known to occur “behind closed doors,” which makes enacting social change and employing specific interventions difficult. By understanding both the individual and larger community predictors of IPSV, legal, clinical, and policy interventions may be better tailored to address the occurrence of sexual assault.
Learning Goals

• Upon completion of this educational activity, learners should be better able to determine the strongest neighborhood and individual level predictors of IPSV.
• Upon completion of this educational activity, learners should be better able to disseminate research highlighting the complex nature of IPSV which will hopefully inform interventions at the neighborhood level.
• Upon completion of this educational activity, learners should be better able to use a nested case-control design to examine rare event data.

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, Colorado Springs (2015).

Gabrielle L. Cook is a Clinical Psychology undergraduate student at East Tennessee State University. She is seeking to pursue her education to the doctoral level with research interests for drug addiction, mental illness, and domestic violence. Prior to transferring to ETSU, she earned an Associate’s degree in Business Science at Walters State Community College of Morristown, TN (2017).

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.
Suicide has been recognized as a major public health concern, and recent trends suggest that youth and young adults are two populations in which rates of suicide are increasing (Hedegaard et al., 2018; Miron et al., 2019). Joiner’s (2005) Interpersonal Theory of Suicide (IPTS) is one theoretical mechanism with regard to suicidal behavior that has gained empirical support. This theory involves three proposed constructs: thwarted belongingness, perceived burdensomeness, and acquired capability for suicide. According to the theory, suicide attempts occur when all three constructs are present for an individual. Although the IPTS has evidenced support for a variety of populations, it has scarcely been examined in youth who have engaged in sexually abusive behaviors thus far.

Youth who have engaged in sexually abusive behaviors represent a high-risk population with regard to suicide for several reasons. First, it is documented within the literature that youth involved with the juvenile justice system are at a higher risk for suicidal behaviors (Scott et al., 2015; Shreeram & Malik, 2008). Second, these youth are likely to have experienced a high number of adverse childhood experiences (Barra et al., 2017; Hall et al., 2017; Seto & Lalumière, 2010). Third, many of these youth are involved with the Department of Children Services and oftentimes are relocated to out-of-home placements (e.g., Hall et al., 2017). The combination of adverse childhood experiences and out-of-home placements creates additional suicidal risk for these youth who are already at an increased risk for suicidal behaviors.

The current study will apply the IPTS to this unique population, utilizing discrete archival variables, rather than data from self-report questionnaires. The aim of the current study is to conduct an exploratory factor analysis of variables that are hypothesized to be related to the three constructs proposed by Joiner’s (2005) IPTS, and then to use logistic regression analyses to examine if these factors predict suicide attempts.

Variables of interest include: death of a caregiver, parental divorce/separation, duration of sexual abuse, duration of neglect, witnessing intimate partner violence, number of residential out-of-home placements, and number of group out-of-home placements (i.e., thwarted belongingness); number of serious illnesses, duration of incarceration, number of arrests, duration of emotional abuse, number of inpatient psychiatric placements, and homelessness (i.e., perceived burdensomeness); duration of physical abuse, number of caregiver suicide attempts, history of caregiver death by suicide, history of self-harm behaviors, history of animal cruelty, history of aggression towards others, and gang involvement. (i.e., acquired capability for suicide).

Data for this study were extracted from archival records of male adolescents at a private nonprofit facility who have engaged in sexually abusive behavior. The sample contains 290 adolescent males who have engaged in sexually abusive behaviors ranging from age ten to
seventeen ($M = 14.81$, $SD = 1.56$) at time of admission. Participants were 82.8% Caucasian/White, 9.7% African American/Black, 4.5% mixed race, 0.7% Hispanic, and 2.4% other/unknown race. The average length of stay for the participants was 13.16 months ($SD = 9.85$).

Frequencies will be run on the variables of interest. Exploratory factor analysis and regression analyses will be conducted. Analyses will be conducted in R. Further implications of this research will be discussed.

This paper is rated: Youth | General | Research

**Learning Goals**

- Upon completion of this educational activity, learners should be better able to identify the three theoretical constructs of the Interpersonal Theory of Suicide and their definitions.
- Upon completion of this educational activity, learners should be better able to understand how various risk factors within this population of high-risk youth correspond to the three theoretical constructs of the Interpersonal Theory of Suicide.
- Upon completion of this educational activity, learners should be better able to examine the relationship between identified risk factors and actual suicidal behaviors within a sample of youth in treatment for sexually abusive behaviors.

**Rebecca Gilley, MA**, is currently a graduate student in East Tennessee State University's Clinical Psychology doctoral program. She is a graduate assistant for the Study of Health and Risk Lab under the direction of Jill Stinson, PhD. She received her Bachelor of Science degree in Psychology, with Honors, from West Virginia University in 2017.

**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.
A robust body of literature demonstrates that individuals who commit sexual offenses (ISOs) have significantly higher rates of trauma compared to the general population (Creeden, 2013; Dierkhising et al., 2013; Grady et al., 2018; Levenson et al., 2014; Levenson et al., 2015; Levenson & Socia, 2016; Yoder & Ruch, 2014; Yoder et al., 2019). Although the research cannot state that trauma causes subsequent sexual violence, the research strongly indicates that trauma has a significant impact on those individuals who have experienced it, including impacting individuals’ neurobiology, cognitive processing, interpersonal relationships, impulse control, physical health, executive functioning, self-esteem, emotional regulation, attachment, and many other areas of functioning (Anda et al., 2006; Creeden, 2013; Johnston et al., 2009; Maniglio, 2011; McDonald et al., 2016; Reckdenwald et al., 2013; Scott, 2004; Spaccarelli et al., 1997).

Given the connection between these consequences of trauma and risk factors associated with sexual offending (Grady et al., 2016), there has been a growing level of interest in integrating trauma-informed care principles (TIC) (Substance Abuse and Mental Health Services Administration; SAMHSA, 2013) into treatment focused on sexual offending (SOTX) (Levenson et al., 2016; Levenson, 2017). Yet it is unclear how and in what ways SOTX therapists are integrating TIC into SOTX in their efforts to reduce the risk of sexual recidivism.

This study was part of a larger RALIANCE funded project aimed at exploring in what ways SOTX therapists are integrating TIC and/or trauma-based treatments into SOTX. Data were collected through two separate on-line surveys with parallel questions in order to enable comparisons between SOTX clinicians and clients who had completed SOTX. In total, 95 clinicians and 194 clients completed their respective surveys, which included the Trauma-Informed Principles (TIP) Scale (Sullivan & Goodman, 2015), which is a reliable and validated instrument designed to measure from the client’s perspective how well the services they received adhered to TIC principles. In addition, the participants described in what ways trauma was integrated into SOTX through qualitative questions.

Independent t-tests compared clients’ and clinicians’ responses for each item on the TIP Scale. There were statistically significant differences for every question regarding their perceptions of SOTX treatment as trauma-informed (with Bonferroni correction, p < .001; 35 items), with clinicians rating their use of TIC significantly higher than the clients ratings; meaning that although SOTX clinicians believe that they are providing treatment that adheres to TIC, clients do not experience treatment as such. Qualitative data indicated clients were told explicitly not to discuss their childhood traumas and if they were asked about them, there was minimal attention paid to these topics.

The findings indicate that the sexual violence prevention field has not yet fully integrated principles of trauma-informed care or trauma-based treatments consistently into these interventions. To address this issue, trainings for practitioners on trauma should explicitly demonstrate how trauma can be included in offender-based treatments, while considering the unique context and characteristics that these relationships have as they seek to balance client autonomy and public safety. Additional implications will be discussed regarding prevention strategies, including primary and secondary prevention.
Learning Goals

• Upon completion of this educational activity, learners should be better able to understand clients’ perceptions of their treatment as trauma-informed
• Upon completion of this educational activity, learners should be better able to understand clinicians’ perceptions of the treatment they are providing as trauma-informed
• Upon completion of this educational activity, learners should be better able to identify at least two different strategies that they can integrate into their practices in order to provide more trauma-informed services for their clients.

Dr. 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 and an ATSA Fellow. In addition, she maintains a psychotherapy private practice in Washington DC.

Dr. Jill Levenson, PhD, LCSW, Professor of Social Work at Barry University in Miami, FL, is a SAMHSA-trained internationally recognized expert in trauma-informed care. She has published over 100 articles about policies and clinical interventions designed to prevent sexual abuse, including projects funded by the National Institutes of Justice and the National Sexual Violence Resource Center. Her groundbreaking research on the link between adverse childhood experiences (ACEs) and sexually abusive behavior has paved the way for innovations in treatment programs that now utilize a trauma-informed approach. She has also been a practicing clinical social worker for over 30 years, using a scientist-practitioner model to inform her research and her work with survivors, offenders, and families impacted by sexual trauma. She is the 2019 recipient of the ATSA Lifetime Achievement Award.
Sexual misconduct has been described as an “undeniable problem” in the Canadian Armed Forces (CAF; Deschamps, 2015). The consequences of sexual misconduct in the workplace can be extensive (Willness, Steel, & Lee, 2007). In response to this, the Department of National Defence (DND) has invested in policy, research, and interventions aimed at eliminating sexual misconduct in the CAF.

In the first presentation of this symposium, Manon Mireille LeBlanc will describe the historical context which prompted a renewed focus on eliminating sexual misconduct in the CAF, as well as present the results of the Survey on Sexual Misconduct in the Canadian Armed Forces (SSMCAF), highlighting the prevalence and characteristics of sexual misconduct among Regular Force and Primary Reserve members. In the second presentation, Lesleigh Pullman will describe the results of the SSMCAF administered to CAF members in basic training (recruits and officer cadets), focusing on the prevalence of sexual misconduct among CAF recruits and officer cadets, perceptions of the CAFs response to sexual misconduct, as well as bystander behaviours in response to sexual misconduct. In the last presentation of this symposium, Commander Dave Woycheshin will present data from the Operation HONOUR Tracking and Analysis System (OPHTAS). OPHTAS is designed to record and track incidents of sexual misconduct reported to the chain of command of CAF units. OPHTAS information includes details of an incident and the actions taken in response to an incident.

This symposium is rated: Adult | Intermediate | Research
In 2014, following negative media reports on sexual misconduct in the Canadian Armed Forces (CAF; Mercier & Castonguay, 2014a; 2014b), then-Chief of the Defence Staff (CDS), General Lawson, commissioned an independent external review to investigate sexual misconduct in the CAF. This external review found that sexual misconduct in the CAF was both widespread and endemic to its culture (Deschamps, 2015). In response to these findings, the Department of National Defence initiated an operation to eliminate sexual misconduct in the CAF – Operation HONOUR. A variety of initiatives are subsumed under Operation HONOUR, focusing on 1) understanding the underlying causes of sexual misconduct in the CAF; 2) responding to sexual misconduct incidents as they occurred; 3) supporting victims of sexual misconduct; and 4) preventing sexual misconduct from occurring in the first place.

One of these initiatives was to contract Statistics Canada to develop, administer, and analyze a survey to measure sexual misconduct in the Regular Force and Primary Reserves. This survey was first administered in 2016, and then again in 2018. The Survey on Sexual Misconduct in the Canadian Armed Forces (SSMCAF) measured three forms of inappropriate sexual behaviour that occurred either inside or outside the military workplace: (1) sexual assault (experienced), (2) sexualized harassment (witnessed or experienced), and (3) discrimination based on sex, sexual orientation, or gender identity (witnessed or experienced).

The current presentation will describe the historical context in which Operation HONOUR was developed. Additionally, this presentation will report the 2018 results of the SSMCAF, highlighting significant changes between the 2016 and 2018 results when appropriate. These analyses will primarily focus on the prevalence of sexual misconduct in the CAF, as well as select characteristics of victims and perpetrators. This foundation will provide important contextual information for the remaining presentations within this symposium.

Learning Goals

- Upon completion of this educational activity, learners should be better able to describe the historical context in which Operation HONOUR was developed.
- Upon completion of this educational activity, learners should be better able to describe various initiatives subsumed within Operation HONOUR.
- Upon completion of this educational activity, learners should be better able to describe the prevalence and characteristics of sexual misconduct in the Canadian Armed Forces.

Dr. Manon Mireille LeBlanc is a scientist at the Department of National Defence. She received her B.A. (Honours) in psychology from Concordia University, her M.A. in industrial-organizational psychology from the University of Guelph, and her Ph.D. in organizational behaviour from Queen’s University. Her research has been published in several academic journals (e.g., Journal of Applied Psychology, Journal of Occupational Health Psychology, and Military Medicine) and has been presented at national and international conferences. Her research focuses on sexual misconduct, bystander behaviour, and harassment (e.g., abuse of authority).
Sexual Misconduct in the Canadian Armed Forces Training Environment

Lesleigh E. Pullman, PhD  
Manon Mireille LeBlanc, PhD  
Zhigang Wang, PhD  
Department of National Defence, Canada

Statistics Canada administered the Survey on Sexual Misconduct in the Canadian Armed Forces (SSMCAF) to Regular Force and Primary Reserve Force members in 2016 and 2018, with a third administration scheduled for 2021. For logistical reasons, Statistics Canada did not administer the SSMCAF to Canadian Armed Forces (CAF) members in basic training. Director General Military Personnel Research and Analysis was asked to administer the SSMCAF to recruits in Basic Military Qualification (BMQ) and officer cadets in Basic Military Officer Qualification (BMOQ). Individuals who graduated from either BMQ or BMOQ during a specified time period were invited to complete the SSMCAF during their last week of training. Prior to survey administration, a bystander question was developed and included in the SSMCAF.

The current presentation will discuss the results of the SSMCAF administered to recruits and officer cadets. The results will focus on the prevalence of sexual misconduct in basic training, respondents’ perceptions of CAF responses to sexual misconduct, the most common bystander actions taken, as well as the most common reasons for not taking action. The risk factors for sexual misconduct in the CAF training environment will also be discussed.

Learning Goals

- Upon completion of this educational activity, learners should be better able to describe the prevalence and characteristics of sexual misconduct in the Canadian Armed Forces basic training environment.
- Upon completion of this educational activity, learners should be better able to identify risk factors for sexual misconduct in the Canadian Armed Forces training environment.
- Upon completion of this educational activity, learners should be better able to identify factors that may render Canadian Armed Forces members less willing to intervene when witnessing sexual misconduct.

Lesleigh E. Pullman completed her Ph.D. in experimental psychology in 2018 at the University of Ottawa. In 2017, she joined Director General Military Personnel Research and Analysis (DGMPRA) at the Department of National Defence as a student researcher. She now works as a Defence Scientist with the Research Methodology section of DGMPRA. She investigates a variety of topics related to military personnel and their families, including financial stability, spousal employment and income, military marriage, military family well-being, and sexual misconduct in the Canadian Armed Forces.
Starting on 1 April 2016, all organizations in the Canadian Armed Forces (CAF) were directed to report incidents of sexual misconduct for coalition in a master database. In January 2018, the Operation HONOUR Tracking and Analysis System (OPHTAS) was created for use by the chain of command of CAF units as a dedicated means of recording, tracking and conducting trend analysis of incidents of sexual misconduct. Incidents of sexual misconduct reported to the chain of command on or after 1 April 2016 are to be recorded in OPHTAS, regardless of when the incident occurred. OPHTAS data on the number of incidents reported since 1 April 2016 and the number of incidents that have occurred since 1 April 2016 will be presented. Detailed information related to sexual assaults, including profiles of sexual assault victims and perpetrators, and detailed information related to incidents of sexual misconduct other than sexual assault will also be presented. Differences between OPHTAS data and data reported in the Survey on Sexual Misconduct in the CAF will be highlighted.

Learning Goals

- Upon completion of this educational activity, learners should be better able to understand how the Canadian Armed Forces tracks incidents of sexual misconduct and how they track the outcomes of these incidents.
- Upon completion of this educational activity, learners should be better able to understand the complexity of measuring the incidents and outcomes of sexual misconduct in the Canadian Armed Forces.
- Upon completion of this educational activity, learners should be better able to understand the range of behaviours that constitute sexual misconduct in the Canadian Armed Forces context.

Commander Dave Woycheshin is the Section Head of the Research Coordination and Performance Measurement team with the Directorate of Professional Military Conduct – Operation HONOUR. His team is responsible for running the Operation HONOUR Tracking and Analysis System throughout the entire Canadian Armed Forces. In his previous position, he was a Section Head at Director General Military Personnel Research and Analysis, where his duties included liaising with Statistics Canada on the development, administration and reporting of the Survey on Sexual Misconduct in the Canadian Armed Forces. Commander Woycheshin completed a Bachelor of Science and a Master of Science at St. Mary's University, Halifax N.S., and a Ph.D. in Psychology at Western University, London, Ontario. He had the opportunity to serve at the Regional Command (South) Headquarters at Kandahar Air Field with the U.S. Army 10th Mountain Division headquarters staff from October 2010 to May 2011.
References


Introducing... “Stand Strong, Walk Tall: Prehabilitation for a Better Future”

Symposium Chair: Sarah Christofferson, PhD, PGDipClinPsyc
University of Canterbury

Stand Strong, Walk Tall: Prehabilitation for a Better Future (Christofferson, Willis, Cording, & Waitoki, 2020) is a newly-developed secondary prevention initiative offering evidence-based assessment and treatment services to individuals who experience sexual attraction to children/minors, with pilot delivery commencing in 2020 across New Zealand and Norway. The design includes a focus on reducing barriers for the target population; as such, the service is accessible in the community on a self-referral basis, outside of the justice system. Individuals do not need to have a (known or unknown) history of sexually abusive behavior to seek or attain help, as the focus is on prevention. Stand Strong, Walk Tall has further been designed as a joint treatment and research initiative, to enable robust evaluation as well as contributions to the knowledge base regarding those who experience sexual interest in children, their treatment needs, and effective interventions.

Stand Strong, Walk Tall uses the term prehabilitation, to reflect its position as the bridging of services typically offered as rehabilitation (e.g., in a prison or other justice system context after the point of conviction), with an earlier prevention approach. Prehabilitation programs such as Stand Strong, Walk Tall may offer a missing link in the context of a behavior all would like to see eradicated (child sexual abuse), system responses typically geared up to prevent only a small proportion of this (i.e., recidivistic offending), and a minor-attracted population in need but often unable to access effective interventions unless they are in the justice system after having acted on their attractions and harmed a child.

This symposium will introduce and overview the Stand Strong, Walk Tall intervention, strategies to reach and appeal to the target population, and early outcomes. It should be of interest to clinicians and administrators seeking to provide similar services in their own jurisdictions, as well as researchers interested in prevention. The symposium will comprise four presentations: First, the Stand Strong, Walk Tall intervention framework, philosophy, and theoretical underpinnings will be introduced. The second presentation will outline the components of assessment and treatment in the Stand Strong, Walk Tall model. Third, preliminary pilot findings and staff perspectives from both the New Zealand and Norwegian contexts will be discussed. The fourth and final presentation offers a different angle, reporting on effective advertisement design in the prevention of online child sexual offending, and how these research findings have been applied to the Stand Strong, Walk Tall pilot service promotion.

This symposium is rated: Adult | General | Clinical & Research
The Stand Strong, Walk Tall Intervention Framework for Effective Secondary Prevention of Child Sexual Abuse

Sarah Christofferson, PhD, PGDipClinPsyc
University of Canterbury

Stand Strong, Walk Tall is a secondary prevention or prehabilitative intervention, designed to provide access to effective services for individuals in the community who experience sexual interest in children. This presentation will describe the Stand Strong, Walk Tall intervention framework and philosophy. The intervention is evidence-based, with the framework informed by broad theoretical underpinnings and international empirical research on the target population (often referred to in the literature as minor-attracted persons or MAPs).

Stand Strong, Walk Tall draws on the principles of risk, need, and responsivity, grounded in a strengths-based Good Lives approach, and supported by the Hauora Māori Clinical Guide for effective bicultural practice. Content, targets, and delivery are further informed by etiological and process models of child sexual abuse, extant research regarding individuals with minor-attraction and their needs, along with the principles of feedback-informed treatment and trauma-informed care. The integration and synthesis of the above models into the framework, and their adaptation to the prehabilitative context, will be described. The intervention philosophy is the cornerstone of the Stand Strong, Walk Tall design, and this philosophy and its origins will also be described.

Learning Goals

- Upon completion of this educational activity, learners should be better able to understand how RNR and GLM guide the Stand Strong, Walk Tall secondary preventive intervention framework, along with additional theoretical underpinnings.
- Upon completion of this educational activity, learners should be better able to gain insight into the intervention philosophy behind Stand Strong, Walk Tall.
- Upon completion of this educational activity, learners should be better able to understand how research findings on the minor-attracted population have been incorporated into the design of this intervention.
Components of Assessment and Treatment in the Stand Strong, Walk Tall Prehabilitation Initiative

Sarah Christofferson, PhD, PGDipClinPsyc
Jacinta Cording, PhD
University of Canterbury

Stand Strong, Walk Tall: Prehabilitation for a Better Future identifies 12 treatment targets representing common needs of individuals presenting for treatment in relation to minor-attraction. These needs are addressed across nine intervention modules, however, the program is designed to be flexible and responsive to individualized needs. Therefore, only those targets and modules assessed as personally relevant are incorporated into an individual’s treatment plan. Given the primacy placed on the case formulation approach for individualized treatment planning, and the joint treatment and research goals of the initiative, the assessment protocols are another important aspect of the Stand Strong, Walk Tall design. This presentation will outline all of the key components of both the assessment protocols and the intervention that comprise Stand Strong, Walk Tall, including the evidence base that these components were derived from.

Learning Goals

• Upon completion of this educational activity, learners should be better able to learn what the key targets for treatment change are in the Stand Strong, Walk Tall secondary prevention intervention.
• Upon completion of this educational activity, learners should be better able to understand the list of modules and the basic contents of each in the program.
• Upon completion of this educational activity, learners should be better able to gain insight into the components of the Stand Strong, Walk Tall assessment protocols.
Pilot delivery of the *Stand Strong, Walk Tall: Prehabilitation for a Better Future* intervention commenced in both New Zealand and Norway in the first half of 2020. In this paper, preliminary data from the two sites regarding the demand for and uptake of services, features of the client group and their treatment needs will be presented, along with selected anonymized example case descriptions. Emerging themes in terms of the barriers and enablers of effective clinical engagement with this population (including initial publicity strategies to appeal to the target client population) will also be outlined. Clinician experiences and reflections will be drawn upon and discussed, including experiences and strategies for understanding and managing risk for this client group.

**Learning Goals**

- Upon completion of this education activity, learners should be better able to gain insight into the preliminary findings of the Stand Strong, Walk Tall New Zealand and Norwegian pilots in terms of client demand and uptake.
- Upon completion of this education activity, learners should be better able to gain insight into the preliminary findings of the Stand Strong, Walk Tall pilots in terms of the characteristics and treatment needs of the client group.
- Upon completion of this education activity, learners should be better able to gain awareness of the experiences and reflections of staff involved with a new prehabilitation intervention model.
Alongside the vital provision of helpline services and preventative therapeutic treatment, digital media interventions can be utilized as a primary prevention tool to reduce consumption of child sexual exploitation material (CSEM) and divert individuals who are at the point of onset or potential onset of harmful sexual behavior into appropriate therapy. Considering the rapid increase of CSEM material available online (observed by organizations such as Internet Watch Foundation and National Centre for Missing and Exploited Children), as well as the challenges for law enforcement in the face of such escalation, the necessity of developing effective and innovative primary prevention strategies is a pressing objective in stemming the problem.

This paper reports on a study that worked to establish an evidence base for developing effective online advertisements to nudge individuals away from CSEM and toward seeking therapeutic intervention. It will outline the principles developed by creating a set of test advertisements and discussing these in focus groups and interviews with staff and clients of therapeutic services specializing in harmful sexual behavior within Aotearoa New Zealand. By foregrounding the voices of those with lived experience—and those who treat them—the research generated insight into the mindset and emotions of onset CSEM users and their barriers to reaching out to helplines and therapeutic services. This paper reports on this creative and qualitative investigation of effective helpline advertisements—what imagery, text, and design features are most likely to succeed in diverting people away from seeking CSEM and encouraging them to reach out to a helpline?

Finally, this presentation will report on initial consultation and development of the Stand Strong, Walk Tall advertising campaign.

**Learning Goals:**

- Upon completion of this education activity, learners should be better able develop an understanding of effective advertisement design in primary prevention of CSEM offending.
- Upon completion of this education activity, learners should be better able to gain insight into the mindset and emotions of onset offenders and their barriers reaching out for helpline or therapeutic service support.
- Upon completion of this education activity, learners should be better able understand how creative processes and interview and focus group methodologies operated to develop these insights.
Sarah Christofferson, PhD, is a Senior Lecturer in Clinical Psychology at the University of Canterbury, New Zealand, and a Registered Clinical Psychologist. Her research interests include the therapeutic and systemic prevention of sexual abuse, assessment and treatment approaches for people who have sexually offended, strategies for measuring therapeutic change, and the valid integration of change into risk evaluations. Dr Christofferson has a special interest in ethical and legal matters as they pertain to clinical practice and research, and serves on the Human Ethics Committee of the University of Canterbury. She is also an active committee member and former Chair of the Institute of Criminal Justice and Forensic Psychology, and maintains a clinical practice consulting to various agencies.

Jacinta Cording, PhD, is a Lecturer in Forensic Psychology in the School of Psychology, Speech and Hearing at the University of Canterbury, New Zealand. Her research interests include understanding dynamic risk and needs (including assessment), the impact of trauma or disadvantage on offending and broader wellbeing, and treatment and support for minor-attracted persons. Dr Cording is primarily a quantitative researcher, but dabbles in mixed-methods research, and has a special interest in the use of administrative data to inform research on individual change, needs and wellbeing.

Christine Friestad, PhD, is a researcher at Oslo University Hospital, Centre for Research and Education in Forensic Psychiatry, Associate Professor at the University College of Norwegian Correctional Service, and a registered psychologist. Her research interests concern the relationship between social adversity, marginalization and crime. Her research has focused on the social correlates of crime (covering both violent and sexual crimes), as well as gender differences in health among prison inmates. She has been a member of the national accreditation panel for correctional programs, and is currently involved in developing mental health services to persons convicted of sexual crimes.

Claire Henry, PhD, is a Lecturer in Digital Media Production at Massey University, Wellington, Aotearoa New Zealand. As a screen studies scholar, her research has had an overarching focus on the cultural politics and ethics of screen violence (particularly sexual violence), which has expanded to investigate the practical potential of digital media interventions in violence and social harm. She is currently working on applied media-based projects with policy impact in the context of Aotearoa New Zealand.
IN-AJSOP works with professionals to credential practitioners on providing best practices for youth with sexually harmful behaviors. Clarification is part of everyday life. However, once an adolescent violates the norm of sexual behaviors the caregivers see the incident as a crisis. With knowledge on how to work towards clarification and reunification safely, parents and practitioners are better able to address the behaviors in a clinical and home setting.

Initial understanding that treatment for sexual behaviors is on a spectrum and each situation should be evaluated individually is a layer of best practice. Once the behavior is identified steps towards clarification can begin. Safety plans are not static and should always be reviewed, especially during clarification and reunification processes. The youth is changing, the environment changes, and therefore the safety plan that involves the youth and environment should change as well. Understanding that dynamic traits of a safety plan are consistent with best practices to safely clarify and reunify.

Professionals working with the youth need to be self-aware of their own biases and values when working with youth who exhibit sexual behaviors. Best practice of monitoring own biases within professional settings allows for a professional to work with a client without interrupting services. This is especially important as with time sexual behaviors continue to grow.

Taking best practices and working with families, a healthy plan for clarification and reunification can be adapted. With or without services, the adolescent may have contact with victims, therefore making clarification and reunification a priority for community safety.

This workshop is rated: Youth | Preliminary | Clinical

Learning Goals

- Upon completion of this educational activity, learners should be better able to identify components necessary for clarification process.
- Upon completion of this educational activity, learners should be better able to identify the clinical components of the clarification process to include safety planning.
- Upon completion of this educational activity, learners should be better able to understand the Standards in Indiana to safely work towards clarification in regards to problematic sexual behaviors.
Amanda Pryor, MSW, LCSW, CSAYC is a Licensed Clinical Social Worker with over thirteen years of experience. She is a graduate of Indiana University School of Social Work and obtained an undergraduate degree from Indiana State University Social Work Program. Her experiences include psychosexual risk assessments, outpatient, and residential treatment. Her specialty is working with adolescent sexually maladaptive behavior. She is the Director and is credentialed with IN-AJSOP, Indiana’s Initiative to Advance the Treatment of Sexually Maladaptive Youth. She provides training for clinicians in the process of obtaining credentialing through IN-AJSOP. Currently, as the director of IN-AJSOP she provides credentialing services for professionals in field of sexual maladaptive behaviors.
Civil Commitment: One Element of a Comprehensive Approach for the Management of Individuals Who Have Sexually Abused

Lauren Herbert, PsyD, LP
Minnesota Department of Human Services
Deirdre M. D’Orazio, PhD
California Department of State Hospitals
Christopher Lobanov-Rostovsky, LCSW
Colorado Sex Offender Management Board

Because the majority of individuals convicted of sexual crimes do eventually return to our communities, effective treatment and management are essential for the prevention of further abuse. Evidence suggests that the most effective practices are based on a continuum of services available throughout all levels of risk management; both community based and within locked settings; and that are applied in individual cases based on identified areas of risk and need, and in a manner reflective of the individual’s characteristics. Civil commitment is reserved for individuals that present extraordinary risk and should be used rarely and with utmost ethical care to prevent undue harm to those committed. It is a legal mechanism providing the courts with an option of detaining higher risk sexual offending individuals with mental conditions at secure treatment facilities post-criminal sentence. The focus of this presentation is to provide an overview of civil commitment, and the role that civil commitment may play for individuals convicted of sexual crimes within the broader continuum of sexual offense specific management and treatment.

Learning Goals

- Upon completion of this educational activity, learners should be better able to understand how responding effectively to sexual abuse requires the involvement of a wide range of disciplines and agencies, as well as adherence to evidenced-based practices.
- Upon completion of this educational activity, learners should be better able to summarize the components of a comprehensive continuum of responses to sexual offense specific management and treatment.
- Upon completion of this educational activity, learners should be better able to understand the role civil commitment may play, if utilized, for individuals convicted of sexual crimes.
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Dr. Lauren Herbert is the Forensic Evaluation Department Director for the Minnesota Department of Human Services. In this capacity, she provides leadership and oversees the provision of sexual violence risk assessments completed on all of the civilly committed sexual offenders in the State of Minnesota. Dr. Herbert’s training is in clinical and forensic psychology. Her work experiences have included psychological assessment and risk evaluation, neuropsychological assessment, and assessment with those who were referred for evaluation of competency and mental status at the time of offense. She has also provided forensic psychological consultation to both sworn and civilian police department employees, which specialized consultation to the sex crimes detail. In her private practice, Dr. Herbert provides clinical services, as well as expert forensic evaluation services. In addition to clinical work, Dr. Herbert serves on the executive board for the Sexual Offender Civil Commitment Network, has been employed as an adjunct faculty, and provided numerous professional trainings in the areas of sexual offenders, sexual violence risk assessment, best practices in assessment, diagnosis, ethics, risk management, and resilience. She also has published various research findings and received the Ted Blau Award for her research related to the discussion of a neuropsychological assessment profile of an agenesis of the corpus callosum.

Dr. Deirdre D’Orazio serves as a consultant to the CA Department of State Hospitals, where she has worked in various capacities for nineteen years including as a senior supervising psychologist, SVP forensic evaluator, and Director of Evaluation and Development Services, overseeing the treatment and forensic evaluation programs for the ‘SVP’ sex offender civil commitment program at Coalinga State Hospital. Her current duties are focused on the SVP Conditional Release program, department wide consultancy on sexual offender services and policies, and as a member the CA Sex Offender Management Board (CASOMB). In her private practice, Dr. D’Orazio provides clinical services, expert forensic services, training, outcome evaluation, and program development. She serves on the leadership boards for the Association for the Treatment of Sexual Abusers, the Sexual Offender Civil Commitment Network, and the CASOMB. Dr. D’Orazio is a Fay Honey Knopp award recipient by the CA Coalition on Sexual Offending for positive and sustained contributions to the field of sexual offending. Dr. D’Orazio has published papers, professional trainings, and research projects in the areas of risk assessment, diagnosis, paraphilic sexual interests, treatment best practices, treatment program development and evaluation, and professional ethics, clinician development, and supervision. She holds psychologist licenses in California, Minnesota, and North Dakota and is a certified trainer for the Static99R, the Structured Risk Assessment Forensic Version, and the Stable and Acute 2007.

Christopher Lobanov-Rostovsky has worked for the Colorado Division of Criminal Justice as the Program Manager for the Colorado Sex Offender Management Board since 2006, where he is responsible for overseeing the development of standards for the treatment and management of individuals convicted of sexual offenses, approving treatment providers, and providing legislative and policy input. More specifically, Mr. Lobanov-Rostovsky provides guidance to the Colorado State Legislature and Governor’s Office regarding the implementation of federal registration and notification laws including the Adam Walsh Act. Mr. Lobanov-Rostovsky holds a Master Degree in Social Work from the University of Michigan, and has been a Licensed Clinical Social Worker (LCSW) since 1990. Prior to his
current position, Mr. Lobanov-Rostovsky worked as a clinician and evaluator of adults and juveniles who have been convicted or adjudicated for a sexual offense. Mr. Lobanov-Rostovsky also provides training and technical assistance for a variety of federal, state, tribal, and private agencies to develop and enhance policies and practices. Mr. Lobanov-Rostovsky was a co-project consultant lead for the U.S. SMART Office’s Sex Offender Management Assessment and Planning Initiative (SOMAPI) to identify research supported sex offender management and treatment policies and practices. Finally, Mr. Lobanov-Rostovsky has published a number of journal articles and book chapters related to federal and state sex offender management public policy. Mr. Lobanov-Rostovsky has been a long-time member of ATSA’s Public Policy Committee including being past Chair of this group, and is also a member of ATSA’s Juvenile Practice Committee. He is also a past member of ATSA’s Board of Directors. Finally, he was awarded the 2015 National Adolescent Perpetration Network Advocacy Award for his work in promoting evidence-based polices and legislation.
Friday
October 23, 2020

Poster Sessions
A Preliminary Examination of Pedohebephilic Interest in a Community Sample of Women

Skye Stephens, PhD, RPsych
Saint Mary’s University
Ian V. McPhail PhD
University of Saskatchewan

**Background:** Most research on pedohebephilia is conducted with male adult forensic populations. There are some exceptions to this, including two case studies of women with sexual interest in children who sexually offended and a limited number of studies that have inquired about sexual interest in children in a general community sample that included women. Together, these studies suggest that a small group of women report pedohebephilic interest. Given the focus on males with pedohebephilia, it is unclear if our understanding of key sexological features of pedohebephilia (e.g., exclusivity of interest) generalize to women. In the present study, we provide the first examination of features of pedohebephilia among women (age interest, exclusivity, sexual response gradient, gender interest, and age of onset).

**Method:** We recruited 228 individuals (8.8% or 20 participants whose biological sex was female) with pedohebephilia to an anonymous online survey on the development of sexual interest in children and risk factors for perpetration of sexual abuse. Participants were recruited via online communities for people with pedohebephilia and social media (Twitter). Participants completed several self-report measures that assessed different features of pedohebephilia (e.g., emotional attraction, sexual behaviour), the focus of pedohebephilia interest (e.g., exclusivity, gender interest, sexual response gradient), and age of onset. Due to sample size constraints, our analyses were restricted to reporting descriptive statistics about these key features in women, alongside the same information for men.

**Results:** Women with pedohebephilia reported a significant sexual component to pedohebephilia in that sexual attraction and fantasies were more oriented to children than adults. Interestingly, 20% of women reported that they had been arrested, charged, or convicted for a sexual offence against a child. Sexual behaviour and socio-emotional aspects of pedohebephilia appeared to be more oriented towards adults than children. Further, 80% reported interest in both prepubescent and pubescent children and 50% of women reported interest in boys. None of the women in the sample reported non-exclusive sexual interest to children and adults. Lastly, women became aware of their first sexual attraction during childhood but awareness of pedohebephilia occurred later in adolescence, with an average duration of the interest occurring over a 20-year period.

**Discussion:** Our preliminary examination suggests that many features of pedohebephilia documented in men applies to women. Although our research involves a small convenience sample of women, we believe the results have important implications for furthering our understanding of pedohebephilia in women. The results also suggest important areas for clinicians to query when women present for clinical services with reports of pedohebephilia.
Skye Stephens is an Assistant Professor in the Department of Psychology at Saint Mary’s University (Halifax, NS). Most of her research has focused on the conceptualization, assessment, and management of sexual interest in children. Additionally, she is a registered Clinical and Forensic Psychologist in Nova Scotia and works with adolescents and adults with a focus on those who have come into conflict with the law due to illegal sexual behaviour.
A Replication of a Prosocial Reasoning Intervention for Juveniles

Norbert Ralph, PhD, MPH

Aim/Background: A replication of a prior validation study was conducted using a workbook and relationship-based intervention which targeted prosocial reasoning in juveniles who sexually offended.

Material/Methods: The study sample consisted of 14 males all in residential treatment for sexual offenses. The average age was 16.4. The ethnic breakdown was Hispanic 36%, Black 29%, White 29%, and Other 7%. Three counselor rating scales were used to assess outcomes. A pre/post test design was used. The intervention required training in the treatment method for counselors and was completed in approximately 10 individual sessions.

The treatment model used incorporated Lipsey's criteria, and also the literature on program fidelity, and was described as "Evidence-based Program Characteristics" (EBPC) (Ralph, 2017). Factors in that model associated with positive program outcomes were:
1. Approaches that targeted social skills, problem-solving, and counseling.
2. Treatments which are manualized to reliably implement the model.
3. Training and supervision to promote fidelity to the model.
4. Fidelity checks which are "baked in" and part of a model.
5. Reliable pre/post outcome measures to assess treatment effectiveness.

Research has identified delays in prosocial reasoning as a modifiable criminogenic risk factor for delinquent behavior generally and also for sexually harmful behaviors. The treatment model was designed to give youth the tools to development prosocial reasoning by:
1. A workbook-based intervention that had youth generate more effective prosocial options to every day problem situation.
2. A counseling relationship that provided a prosocial role model in the counseling relationship.

Individuals had to complete and Internet-based training for the intervention which required that individuals demonstrate adequate proficiency.

Results: A multivariate analyses found statistically significant pre to posttest changes on all three counselor rating scales in a prosocial direction. These can be summarized as improvements in: 1. Cooperation with adults and rules, 2. Emotional control and regulation, 3. Resisting peer pressure, and 4. Planning and thinking ahead. While exploratory, this list may be useful in understanding concretely what changes can be observed regarding prosocial development of probation youth generally, and JwSO particularly, as a result of treatment.

Conclusions: This study was a replication of a prior validation study, and consistent with the hypothesis that the workbook and relationship-based intervention was related to positive changes in prosocial behaviors. Replication of the results using more rigorous methodologies to rule out rival hypotheses is appropriate.
Dr. Ralph is a clinical psychologist at the Juvenile Justice Center in San Francisco, Coordinator of the Juvenile Sexual Responsibility Program and Coordinator for the Juvenile Court Alienist Panel. Dr. Ralph is also a psychiatric epidemiologist and neuropsychologist, who has authored over 40 publications including articles, book chapters, blogs, or books. He was formerly Associate Clinical Professor in Family Practice, University of California School of Medicine at Davis, and Lecturer and Research Biostatistician in the Program in Maternal and Child Health, School of Public Health, at the University of California, Berkeley. He is a Trainer for Aggression Replacement Training, through the California Institute for Mental Health. He is certified as a practitioner for Moral Reconation Therapy. He is a certified trainer for the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II for the California Sex Offender Management Board. He is a member of the Quality Management Committee, AllCare Independent Physicians Association.
An Exploration of the Constructs Related to Institutional Sexual Misconduct in a Sample of Incarcerated Female Sexual Offenders

Bradley P. Allen, PhD, JD
Sandridge Secure Treatment Center
Sébastien Brouillette-Alarie, PhD
Université Laval
Dawn M. Pflugradt, PsyD
Wisconsin Department of Corrections

This study utilized a factor analytic procedure to explore the latent constructs associated with institutional sexual misconduct using a sample of women incarcerated for sexual offenses (N=81). The STATIC-99 was used (not to predict recidivism) to account for offender characteristics. As found in a previous study by two of the authors using the same sample, the participants who violated institutional rules by engaging in sexual misconduct were younger, had a greater number of sexual offenses and had stranger victims(s). They also had a greater number of prior incarcerations, non-sexual institutional conduct reports, and total STATIC-99 scores. By utilizing a factor analysis, the current study identified three underlying constructs (Youthful Stranger Aggression, Nonsexual Violence and Criminal Repetition) related to institutional sexual misconduct. Predictive validity analyses found that two of these factors significantly predicted whether female sexual offenders were going to engage in institutional sexual misconduct. That is, Youthful Stranger Aggression and Criminal Repetition were predictive. The results suggest that incarcerated female sexual offenders who violate institutional policies and procedures related to sexual misconduct are younger and display overall antisocial characteristics.

Brad Allen is a licensed psychologist with advanced degrees in psychology, sociology, law and epidemiology. In addition to having extensive experience in the treatment and assessment of sex offenders, he has an eclectic research background publishing in the areas of developmental disabilities, gerontology and sex offenders.
An Exploration of Vicarious Posttraumatic Growth in Sex Offender Treatment Providers

Victoria Schroder, Psy.D., LMHCA, ASOTP
Pacific Behavioral Healthcare

This study examines the experiences of five clinicians who are currently practicing as sex offender treatment providers (SOTP) from Washington state. An essential component of the phenomenological approach to qualitative research is to represent the subjective experiences and perspectives of the study participants. As such, the semi-structured interview format and use of open-ended questioning served the purpose of capturing the essence of the participants’ experience from their perspective. The data were then coded and analyzed to identify the emerging patterns and themes within the participants’ experiences. The research resulted in four major themes: 1) Negative Personal and Professional Aspects of SOTP work, 2) Holistic Approach to Treatment Achieved through Clinician Empathy and Client Accountability, 3) Adaptive Coping Skills, and 4) Positive Personal and Professional Aspects of SOTP Work. These emerging themes serve as a framework for discussion and further exploration regarding the experience of SOTPs and the roles of vicarious trauma, empathy, and vicarious posttraumatic growth.

This research revealed that SOTPs are a population of clinicians regularly exposed to the graphic details of their clients’ sexual offenses and are thus susceptible to experiencing vicarious trauma. The emerging themes from this research, however, revealed that their experience also transcends the effects of vicarious trauma and is representative of individuals who have endured vicarious posttraumatic growth as a result of their meaning-making processes.

Victoria Schroder is a recent graduate from Northwest University where she obtained her doctorate in counseling psychology. Currently she practices as a clinician at Pacific Behavioral Healthcare, an outpatient treatment clinic in Bellevue, WA specializing in the integration of sexuality, intimacy, and mental health. Victoria works primarily with individuals struggling with sexual compulsivity, intimate partner betrayal, and sexual intimacy. Additionally, Victoria works with individuals who have committed sexual offenses. She is currently pursuing professional certifications as a Sex Offender Treatment Provider and Sex Therapist. She utilizes a systems-based, trauma and attachment informed approach to sexual health and wellness supported by the latest empirical research in sexual health, trauma, and relationships.
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Clinician Stigma and Willingness to Treat those with Sexual Interest in Children

Kailey Roche, MSc
Skye Stephens, PhD, RPsych
Saint Mary’s University

**Background.** Research has shown that mental health clinicians hold stigmatizing attitudes that influence their willingness to treat those with sexual interest in children. This study measures North American clinician attitudes toward those with sexual interest in children and whether these attitudes influence willingness to treat people with sexual interest in children. We hypothesized that clinicians with no background in providing assessment or treatment of atypical sexual interests would have higher stigmatizing attitudes than those with experience. Further, we hypothesized that clinicians with higher stigma scores would be less likely to treat clients with sexual interest in children regardless of their presenting issue.

**Method.** Clinicians (n = 101) were recruited through listservs and social media to participate in an anonymous online study. A between subjects design was utilized and clinicians were randomized to one of four vignettes describing a client they have been referred; all clients presented with a sexual interest in children but varied in offense history (no offense vs offense) and therapy goals (management of low mood vs management of sexual interest). Participants were asked whether they would accept the referral and treat the client. Participants also completed the APSIC, a measure of negative attitudes toward those with sexual interest in children.

**Results.** Clinicians with experience in assessing and treating those with sexual interest in children had significantly lower APSIC scores (M = 44.05, SD = 12.72) than those with no experience (M = 54.53, SD = 16.36), p < .001, d = .71, indicating lower stigma. Overall, 77% of participants were willing to accept the referral and treat the client. When controlling for the client’s presentation, participants’ stigma scores significantly predicted their willingness to treat (b = -.06, p = .002), such that for each single point decrease in stigma, participants were 0.94 times more likely to treat the client. Further, when controlling for stigma, and relative to the reference condition (i.e. client interest in managing sexual interest with a history of sexual offending against a child), participants were more likely to indicate willingness to treat clients in the other three vignette conditions. In other words, participants were least likely to accept a referral for a client interested in managing sexual interest with a history of child sexual offending.

**Impact.** The present study is the first to examine the association between stigma and willingness to treat those with sexual interest in children in a North American sample. The results of this study serve as a reminder that mental health clinicians are not exempt from the effects of stigma when it comes to treating clients. It is important for clinicians to be aware of their own personal biases toward those with sexual interest in children and recognize that stigma creates barriers for those with sexual interest in children who are interested in mental health treatment. Future directions should be aimed at developing a workshop to decrease stigma in mental health clinicians interested in treating those with sexual interest in children.
Kailey Roche received her MSc. in Applied Psychology from Saint Mary’s University and is currently in her first year of the Psychology PhD program at Carleton University. Her MSc. thesis focused on informing the development of a workshop to increase mental health professionals’ competency to treat minor attracted persons. Her research interests include developing treatment programs for non-offending men with minor attraction, risk assessment and treatment for sexual offending, atypical sexual interests, and community reintegration.
Cognitive and Personality Correlates of Early Life Abuse in Adolescent Psychiatric Inpatients

David L. Pogge, PhD
Four Winds Hospital
Elizabeth M. O’Donoghue, BA
Four Winds Hospital
John M. Stokes, PhD
Pace University
Philip D. Harvey, PhD
University of Miami Miller School of Medicine

Background: Childhood abuse leads to multiple neurobiological consequences, including altered patterns of inflammatory response. Multiple cognitive impairments have been identified in adults who were abused as children, even in the absence of psychiatric diagnoses. In this study we examined cognitive functioning and personality-related issues associated with three different forms of abuse (physical, emotional, sexual) in adolescent psychiatric inpatients.

Methods: Adolescent inpatients (N = 736; age range 13 - 17) completed the Childhood Trauma Questionnaire (CTQ) and were examined with a comprehensive psychological assessment battery, including cognitive measures and the Minnesota Multiphasic Personality Inventory for Adolescents (MMPI-A). Cases were designated as experiencing physical, emotional, or sexual abuse according to the commonly used criteria.

Results: 60% of the cases met criteria for emotional abuse, while physical abuse (28%) and sexual abuse (26%) were less common. Adolescents with a history of emotional abuse manifested no differences in cognitive performance compared to cases without abuse, scored lower on multiple MMPI-A clinical scales, and displayed a defensive response style. In contrast, cases with histories of either physical or sexual abuse manifested multiple cognitive impairments, particularly in general intellectual functioning, when compared to cases with no abuse (p < .01 to p < .001). Adolescents with histories of childhood sexual abuse had elevations on MMPI-A scales reflecting depression, hysteria, suspiciousness, and impaired reality testing, without evidence of exaggerated responding. The MMPI-A profile of adolescents with histories of physical abuse was clearly different, with elevations in suspiciousness and antisocial tendencies, but not depression or hysteria.

Implications: Adolescents with histories of childhood abuse had different profiles of clinical symptoms as a function of type of abuse. Cognitive impairments were most common in cases of physical and sexual abuse. These clinical profiles are consistent with adult behavioral syndromes that have been linked to these experiences. Further, teens who reported emotional abuse had evidence of an under-reporting style, which suggests caution in taking their symptom reports at face value; however, they also displayed no cognitive performance differences when compared to non-abused cases. Most clinicians attempting to treat adults and adolescents who were abused as children are aware that depression, emotional dysregulation, and trust issues are commonly encountered. However, fewer may be aware that problems in reality testing are not uncommon, and subtle but significant cognitive impairments are also frequently seen. Both of these are likely to have a significant impact on psychotherapeutic and psychosocial treatments. While there are
several common models of treatment of adolescents and adults with trauma histories, as well as models for the treatment of sexual offenders who were victims of abuse as children, the efficacy of these treatments may be affected by problems in reality testing and cognition. Therefore, these data highlight the value of rigorous psychological/neuropsychological assessment at the start of treatment and suggest the need for specific modifications of treatment protocols whenever these problems appear.

Elizabeth M. O'Donoghue is the Senior Research Lab Coordinator at Four Winds Hospital in Katonah, New York. As the lab coordinator, Elizabeth is responsible for conducting all internal research projects, responding to external queries and audits from government regulatory agencies, and overseeing and assisting Dr. Pogge's Ph.D. students with their dissertation studies. Elizabeth's primary area of research is the use and reduction of restraint and seclusion in psychiatric facilities.

David L. Pogge received his Ph.D. in clinical psychology from the University of New Mexico in 1986 and has been the Director of Psychology at Four Winds Hospital in Katonah, New York, since 1988. Dr. Pogge's primary area of expertise is the assessment of children, adolescents, and adults, with a specialty in the assessment of sexual offenders. In that capacity he has done hundreds of psychological/psychosexual evaluations of probationers, parolees, and defendants and has acted as a consultant to the sexual offender unit of the Westchester County Department of Probation for the past 30 years. Dr. Pogge has also conducted clinical evaluations and research in the areas of sexual trauma and trauma-related disorders.

John Stokes is a professor of psychology at Pace University, where his primary responsibilities are in the Doctoral Program in School-Clinical Child Psychology. Over the past 30 years, he has also been involved with the psychological assessment service of Four Winds Hospital, where he is engaged in assessment, supervision and research. John's primary research interests are in the field of psychological assessment of cognition, personality, and psychopathology in children and adolescents.

Philip D. Harvey, PhD is a Leonard M. Miller Professor of Psychiatry and director of the Division of Psychology at the University of Miami Miller School of Medicine. He was formerly professor of Psychiatry at Emory University School of Medicine and Mt. Sinai School of Medicine and Chief Psychologist at Mt. Sinai Hospital. His research and clinical activities have focused for years on cognition and functioning, and he has written extensively on schizophrenia, bipolar disorder, and PTSD. He has studied the assessment and treatment of functional skills deficits in all three conditions, and the effects of cognitive enhancing pharmacological and technology-based treatment in various conditions, including schizophrenia, dementia, affective disorders, and traumatic brain injury.
Comparing Characteristics of Senders and Non-Senders of Unsolicited Sexual Images

Rebecca Fisico, BA (Hons)
Leigh Harkins, PhD
Ontario Tech University

The sending of unsolicited sexual images (USI), often referred to as “dick pics” and “nudes,” has become a hot topic online within recent years. A USI is a digital image that contains sexual subject matter, often a naked body in full or in part, that is sent to an unsuspecting or non-consenting recipient using technological means. This behaviour could be considered a form of technology-facilitated sexual violence, and it has been theorized that sending USIs may be the online manifestation of exhibitionism. Despite these concerns, academic research examining the act of sending USIs and the characteristics of those who send USIs remains scarce. Thus, research efforts need to begin to expand our knowledge and understanding of this reportedly widespread phenomenon.

This research project aims to address this gap in the literature by examining if those who report sending USIs differ significantly from non-senders. The primary analyses involve comparing senders of USIs to non-senders with regards to demographic and personality characteristics, as well as their history of engaging in sexual perpetration behaviours, particularly exhibitionism. To do this, an anonymous survey was administered to community participants via social media in a snowball sampling manner.

This study provides insight into the characteristics of those who send USIs and considers whether this behaviour does indeed overlap with traditional forms of sexual offending, like exhibitionism. Future directions include conducting a similar study with people who have committed sexual offences, as well as examining the impacts USIs have on recipients.

Rebecca Fisico completed her Bachelor’s degree majoring in Forensic Psychology and minoring in Criminology and Justice at Ontario Tech University (OTU). She is currently in the process of completing her Master’s in Forensic Psychology at OTU. Rebecca has worked at two mental health hospitals in Ontario, Canada and gained invaluable research experience at both. Her current research interests include technology-facilitated sexual violence, technology-facilitated intimate partner and dating violence, and dating applications. She hopes that her research initiatives will encourage people to have conversations about important, but sometimes uncomfortable topics, as well as inform prevention efforts, treatment, and policy change.
Criminal Thinking Patterns Among Sex Offenders Based on Victim Age

Alec Rothman, BS
Northwestern State University of Louisiana

As the annual count of sexual assaults reported in the United States continues to rise, it becomes necessary to find ways of improving the correctional programs intended for those who perpetrate these crimes. Most programs are cognitive-behavioral and primarily target criminal thinking, a trait that mediates sexual assault perpetration. This facilitative relationship varies in strength among program participants according to their victim's age group, a circumstance which can serve to guide curriculum adjustment. The current study supplies empirical research of six thought patterns (Entitlement, Justification, Power Orientation, Cold Heartedness, Criminal Rationalization, and Personal Irresponsibility) measured by the Texas Christian University Criminal Thinking Scales (CTS) to show how their presence may vary across subtypes of individuals convicted of sexual assault.

Within a prison rehabilitation program containing a sample of this population, it was found the participants with child victims had significantly higher composite (scale-wide average) CTS scores compared to the participants with adult victims. Therefore, the CTS can indeed differentiate subgroups of individuals convicted of sexual assault, and further research on the variation of individual subscales is warranted.

Alec Rothman earned a Bachelor of Science degree in Psychology with a minor in Criminology from Florida State University in 2018. Upon graduation, he enrolled at Northwestern State University of Louisiana, where he currently studies as a master’s student of Clinical Psychology. Through this program, Alec completed a clinical practicum at two correctional centers that house evidence–based substance abuse and sex offender treatment programs, respectively. There, he taught classes, administered assessments, and conducted group/individual therapy sessions.

Alec presented research in June 2019 at a conference hosted in New Orleans, LA by the Louisiana Psychological Association. He also presented a virtual paper in April 2020 at the Southeastern Psychological Association's annual conference. Later, he spoke about the paradoxical effects of sex offender registry and notification laws at a research event hosted at his university in April 2020. Finally, Alec is set to present a virtual poster this October at the annual conference of the Association for the Treatment of Sexual Abusers.
Examining the Relationship Between Treatment Climate and Compliance: The Importance of Alliance and Cohesion

Holly A. Miller, PhD
Abigail Eck, MS
Sam Houston State University

Research on the treatment and community supervision for individuals convicted of a sexual offense (ICSO) have yielded varied and small to moderate outcomes (Beech & Fordham, 1997; Buttars, Huss, & Brack, 2016; Drapeau, 2005; Gannon et al., 2019; Jennings & Deming, 2017; Kim, Benekos, & Merlo, 2016; Lussier & Gress, 2014; Marshall & Marshall, 2017; Marshall, et al., 2013; Schmucker & Losel, 2015). Though we currently have positive evidence for specialized treatment and supervision for ICSO, there remains significant room for improvement by increasing the magnitude of effect. Several researchers have identified important variables found effective in general treatment that have largely been ignored in the rehabilitation of individuals who have sexually offended. For example, the general treatment effectiveness literature reports solid evidence of the importance of the therapeutic relationship, therapist characteristics, and group cohesion, but little research has examined the effect of these variables in the treatment of ICSO (Frost, Ware, & Boer; Jennings & Deming, 2017; Marshall et al., 2003). The few researchers that have examined these therapeutic factors in the treatment of ICSO have found significant relationships with recidivism and variables linked to recidivism, such as cognitive distortions (Beech & Fordham, 1997; Jennings & Deming, 2017; Marshall et al., 2002; Marshall, 2005; Marshall & Burton, 2010; Marshall et al., 2013). These findings suggest that we may be able to increase the effect size of treatment with ICSO if we pay attention to and increase the use of these general curative factors.

The current study measures how the therapeutic climate in treatment programs with ICSO affect treatment progress and probation compliance in a sample of 209 males serving a probated sentence for a sexual offense and mandated to participate in specialized treatment. Ages of the participants ranged from 17 to 76 years, with an average age of 33 years. The majority of the sample was White (73%), and had an offense against a child. Therapeutic climate was assessed using a developed scale (supervision officer version) comprised of items pertaining to therapist style and leadership, group cohesion, and the focus of the treatment program. Several items on each subscale asked supervision officers of how their clients reported their relationship to the therapist, therapist characteristics, relationship with other group members, and the focus of therapeutic work of their specific program (e.g., controlling deviant arousal; risk variables; protective variables, etc.). Initial reliability of the scale was excellent (20 items; \( \alpha = .96 \)), with the three subscales of therapist style, group cohesiveness, and treatment program focus were very good (\( \alpha = .92, .87, \) and .93, respectively).

Study participants in one of the two treatment programs, differing in climate scores, were compared on treatment progress and probation compliance variables. Treatment progress variables included such variables as overall progress, providing feedback to other group members, and therapist ratings on empathy development. Initial results indicate that ICSO receiving treatment in a program with higher overall scores on the climate survey (positive) had significantly more treatment progress, higher ratings of empathy, provided more feedback to other group members, and were significantly more compliant with treatment and community supervision rules. Each subscale (therapeutic alliance, group cohesiveness, and positive treatment focus) on the
treatment climate survey was significantly related to positive outcomes, though in different magnitudes. Additional findings will be presented.

The results of the study further validate the importance of assessing and developing a positive therapeutic relationship, group cohesion, and a positive focus of treatment in the rehabilitation and supervision of ICSO. The specific implications of the study will be discussed and references provided.

Dr. Holly A. Miller is a Professor in the College of Criminal Justice at Sam Houston State University. She obtained her Ph.D. in Forensic Clinical Psychology from Florida State University in 1999. Her primary area of research, teaching, and practice is the assessment, treatment, and supervision of individuals who have sexually offended. Dr. Miller is part of several collaborations with treatment providers and community supervision agencies to improve the effectiveness of the criminal justice response to sexual offending. She has published two forensic assessment measures that are used across the United States, the Miller Forensic Assessment of Symptoms Test (M-FAST) and the Inventory of Offender Risk, Needs, and Strengths (IORNS). Dr. Miller has published over 50 peer-reviewed manuscripts in the areas of risk assessment, males and females who sexually offend, and the relationship between pornography use and sexual aggression. She has published works in such journals as Criminal Justice and Behavior, Sexual Abuse, Violence and Victims, and the Journal of Interpersonal Violence.

Abigail Eck currently holds licenses as an LPA and ASOTP while working as a sex offender treatment provider for male parolees in a transitional center. In addition, she provides individual therapy and conducts psychological assessments for a non-forensic community population. Abigail attended Sam Houston State University where she earned her Master’s in Clinical Psychology. As a practicum student, Abigail served as an intern serving the sexual offender population conducting intakes and co-leading group therapy. For her undergraduate degree, she earned her bachelor’s degree in Mathematics and Psychology graduated from Stephen F. Austin State University.
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Heart Training:
A Newly Developed Sex-Ed Model for Youth with Problematic Sexual Behaviors

Kelli Thompson, PhD
Chastity Farr, PhD
Auburn University

This workshop will begin with a summary of the research regarding sex education and its use in treatment models for adolescents with problematic sexual behavior (APSB), or the lack thereof more precisely. This context forms the theoretical framework for the presentation of a newly developed model of healthy sexuality psychoeducation training for use with these youth. The HEalthy Adolescent Relationship Training (HEart) Workshop introduces a comprehensive and useful summary of a newly developed 9-week curriculum. The workshop will incorporate the use of both lecture style and interactive teaching and learning activities to facilitate audience engagement and demonstrate how the curriculum can be used in applied clinical, residential, and/or correctional settings.

Social scientist Karl Popper (1902-1994) is infamous for saying ignorance is not merely the absence of knowledge, but the refusal to acquire it. Let us not add injury to ignorance by denying youth in our care the ability to acquire such knowledge by the use of inadequate, at best, and ineffective and harmful, at worst, human sexuality curricula which have little to no research support (Dwyer & Boyd, 2009). Not in this moment, as we find ourselves in the midst of a burgeoning social movement in which we are yet again questioning gender norms and redefining masculinity for the first time, and certainly not within the context with which we work as members of ATSA. Peggy Orrenstein’s groundbreaking new book, Boys & Sex, beautifully illustrates that without active forces (including parents, educators, advocates, treatment providers, and/or religious institutions) intervening to educate our boys, then the media (including music, pornography, pop culture, social media, peers, etc.) will do the job for us. Tragically, this job will be completed with what research has shown to be detrimental effects. Orrenstein (2020) goes on to conclude that our task then is to educate our boys, that is, to provide them with the knowledge to acquire a more healthy and realistic portrayal of sexual relationships and the consequences associated with violating these boundaries. We, as members of ATSA, treatment providers and researchers alike, have even more responsibility in this task. In many ways, we may be called to over educate our boys in these settings, particularly correctional and/or residential facilities. And yet the state of research in this area and with these populations is quite lacking. The availability of evidence-based models designed specifically for use with these populations and in these settings is, sadly, even more lacking.

We know men who operate out of a sense of frustration & entitlement account for more sexual assaults than most other subsegments of men and/or boys (Orrenstein, 2020). These are the boys in our care often – the socially isolated, the socially rejected, the boys who still have normal sexual needs to fulfill and meet, but who often lack the social skills and social frameworks needed to accomplish these key adolescent developmental tasks (Barbaree & Marshall, 2008; Seto & Lalumiere, 2010). Worse yet, not only are they not being taught healthy sexuality by the so-called “active forces” described above which should be intervening, rather we know they are more often being socialized in the dark corners of the internet to which they have either been forced or have sought as place of refuge possibly (Orrenstein, 2020). This is the context that sets the task before us, the “active forces” of researchers and treatment providers working with APSB. With the lack of available resources identified above, this can leave many treatment providers in these settings.
feeling lost, not sure what signifies best-practices in this area and how to find these curricula for use in their programs.

In 2017, ATSA published treatment recommendations for working with APSB which highlights the need for healthy sexuality training. Beyond that, more broadly, the recommendations suggest the general treatment milieu take a wholistic approach with a socioecological framework including individual, family, and group therapeutic formats. Based on the current state of research detailed above, it would appear very few, if any, healthy sexuality curricula designed for use with these types of youth in these settings would meet this high standard of care. A lack of curricula specific to this population leaves most treatment providers using a standalone comprehensive sex education curriculum designed for use in general populations and typically designed to be used in educational settings. While these curricula have been well-researched in the settings there designed for, they have not yet been well-researched for use with APSB in residential and/or correctional settings. Furthermore, these curricula often lack information about sex laws and lack nuanced, if any, discussions on harmful masculinity, rape myths, consent, pornography and its effect on sexual behavior and attachment, and masturbation, all of which would be critical elements for a curriculum designed specifically for use with APSB.

The current workshop will present such a curriculum as well as preliminary results from a pilot study implementing the model at a residential facility for adolescents adjudicated for illegal sexual behavior. Results from group qualitative surveys and pre/post-test assessment of students’ acquisition of skills and knowledge from the group will be presented. Attendees will be given the skills and basic framework to begin implementing and testing results at their own facilities. Future directions for incorporating group psycho-sexual education specifically for family sessions to increase family involvement will be discussed.

Kelli R. Thompson is an Assistant Research Professor and Director of the Juvenile Delinquency Lab in the Department of Psychology at Auburn University. Her current research interests include the developmental pathways of delinquent behavior and the assessment, treatment-related outcomes, and public policy issues facing justice-involved youth with illegal sexual behavior problems.
Implementing RNR Treatment: The Impact on Treatment and Probation Compliance

Kaitlyn M. Pederson, PhD Student
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Sam Houston University

A common myth towards individuals who sexually offend is that they are all at a high risk for re-offending. This belief, however, is misguided. Instead, sexual recidivism among males is low, ranging from 5% to 15%, and for females, it is even lower (1% to 3%). Moreover, it is also important to recognize that individuals who have sexually offended are not a homogeneous group of offenders and instead differ on various factors including risk. An individual’s risk-level, based on a risk assessment, predicts their likelihood for re-offending. Application of risk has also been extended to assist correctional intervention of criminal behavior through the risk-need-responsivity (RNR) model. According to this model, an individual’s risk level and the amount or intensity of treatment and supervision administered should align (risk principle). Furthermore, an individual’s criminogenic needs (need principle) should be identified and an appropriate response (responsivity principle) should be formulated. When the RNR principles are omitted, individuals may be adversely affected. The following study is intended to contribute to the empirical research examining the RNR model’s application to individuals who have sexually offended. Using a sample of probationers from a southern suburban county, participants in a Sex Offender Treatment Program (SOTP) that adhere to the RNR principles are compared to a SOTP that disregards this model on outcomes of treatment and probation compliance.

Participants were obtained from an original sample containing all probationers who began supervision in 2014. All individuals who were not assessed on risk, were not assigned to treatment, or did not have at least six-months of treatment were removed. The final sample (N = 78) contained all probationers assigned to a SOTP in 2014. The majority of participants are male (96.2%), White (78.2%), and non-Hispanic (70.5%). For the independent variable, subjects were identified as either receiving treatment from an SOTP that adheres to the RNR principles (n = 41) or a control group (n = 37). These individuals were then compared on treatment and supervision compliance. Compliance with the group SOTP was measured by means of three variables: attendance, presenting homework, and an overall progress score, over a six-month period. SOTP attendance is measured by the percentage of hours attended out of possible number of hours to attend (24hrs, 100%) within a six-month period. This variable was dichotomized into less than 100% (0) and 100% (1) attendance. Presenting homework was measured similarly, but continuously, by a percentage. This percentage was calculated by the number of times homework was presented out of the number of opportunities to present homework within a six-month period. Finally, overall progress was calculated by taking an average of treatment progression scores over a six-month span. The higher the progress score, the more improvement is being made within the SOTP.

Supervision compliance was operationalized using four variables from 2014 - 2018: number of failed polygraphs, number of positive urinalyses, total amount of delinquent fees, and termination due to incarceration. All variables were dichotomized into has or does not have.

The current analysis uses a series of chi-square tests of independence and independent t-tests in order to compare supervision and treatment compliance among RNR SOTP and non-RNR SOTP participants. Results indicate programs that adhere to the RNR principles have participants that are more treatment compliant compared to individuals in a treatment program that does not implement this model. Moreover, two out of four supervision compliance variables are in the expected direction. None, however, are statistically significant. Overall, these results provide
additional support for implementing the RNR principles during treatment for individuals who have sexually offended. Additionally, a discussion pertaining to the need of expanding the RNR model beyond treatment will be offered.

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**Dr. Holly A. Miller** is a Professor in the College of Criminal Justice at Sam Houston State University. She obtained her Ph.D. in Forensic Clinical Psychology from Florida State University in 1999. Her primary area of research, teaching, and practice is the assessment, treatment, and supervision of individuals who have sexually offended. Dr. Miller is part of several collaborations with treatment providers and community supervision agencies to improve the effectiveness of the criminal justice response to sexual offending. She has published two forensic assessment measures that are used across the United States, the Miller Forensic Assessment of Symptoms Test (M-FAST) and the Inventory of Offender Risk, Needs, and Strengths (IORNS). Dr. Miller has published over 50 peer-reviewed manuscripts in the areas of risk assessment, males and females who sexually offend, and the relationship between pornography use and sexual aggression. She has published works in such journals as *Criminal Justice and Behavior, Sexual Abuse, Violence and Victims,* and the *Journal of Interpersonal Violence.*
INVESTIGATING THE RELATIONSHIP BETWEEN BRAIN INJURY AND PSYCHOsis IN SEXUAL OFFENDING

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As sexual offending presents a risk to the community, it is important to understand the associated vulnerabilities or risk factors for those who sexually offend. While most theories acknowledge a multifactorial explanation for sexual violence, neurobiological theories have recently received increasing attention. The current research aims to examine the relationship between major mental illness and brain injuries in those who have committed a sexual offense. Major mental illness (MMI) refers to severe and chronic mental disorders that demonstrate “perceptual disturbance, cognitive instability, social dysfunction and often profound functional disability” (Moulden & Marshall, 2017). Although only a small portion of those who sexually offend have been diagnosed with MMI, previous research has identified signals which suggest that there may be a shared vulnerability by those with MMI and brain injury in those who engage in sexual aggression. Previous research has also demonstrated that there may be neurological vulnerabilities that exist within individuals that engage in sexual offending (Cantor et al., 2008). Specifically, negative correlations were found between white matter volumes of the temporal and parietal lobes bilaterally in men diagnosed with pedophilia. As these regions of the brain connect the cortical regions that respond to sexual cues, the research suggests that pedophilia may be a result of partial disconnection within the network that recognizes sexually relevant stimuli (Cantor et al., 2008). Similarly, changes in white matter volume predicted future development of psychosis, and individuals with MMI exhibiting psychosis demonstrated a shared white matter dysconnectivity (Kumar, Iwabuchi, Oowise, Balain, Palaniyappa & Liddle, 2015; Walterfang et al., 2008). A previous pilot study demonstrated increased odds (OR = 3.83) of brain injury amongst individuals with MMI who engaged in sexual aggression (Moulden, Myers, Messina, Fram-Kovar, Chaimowitz & Zipursky, 2016). The current study aims to replicate and extend these findings by examining if a relationship exists between brain injury and psychosis among those who sexually offend, and to what extent this distinguishes them from other offending types (violent and general) in the forensic mental health system.

The sample consists of 1240 patients in the forensic mental health system in Ontario, Canada, which is comprised of 10 forensic psychiatry programs. A retrospective file review was conducted based upon comprehensive hospital reports prepared for the provincial tribunal, which summarized a variety of variables of interest, such as demographic data, social and developmental history, psychiatric history, criminal history, and progress within the forensic system. Group differences will be evaluated between offender category type with respect to the contribution of MMI and brain injury. Planned post hoc analyses include, specific brain injury analyses, gender effects, and family history of mental illness. This study aims to improve our knowledge of neurological vulnerabilities and potential interactions in their contribution to sexual violence.
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approaches to problematic sexual behaviour.
Looking For Personal Rehabilitation? How Women Talk About Their Sexual Offenses

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Not surprisingly, women, like their male counterparts, tend to under acknowledge, if at all, their sexual offending behaviour. Allen (1991) first reported that male sexual offenders (MSO) are more likely to take responsibility for their offending behavior than female sexual offenders (FSO). More recently, Johansson-Love and Fremouw (2009), comparing FSO and MSO on several aspects, also observed that a larger proportion of FSO do not acknowledge their sexual crimes compared to MSO. Yet, no one has specifically investigated why this may be the case. While acknowledgment of offending behavior is not a predictor for sexual reoffending, at least in males (Hanson & Morton-Bourgon, 2005), it appears to play an important role in treatment success (Endres & Breuer, 2012; Saradjian, 1996). Hence, a better understanding of women’s views of their offending behavior would not only help improve our understanding of women who sexually offend, but also improve their treatment.

The goals of the current study were to examine the nature of the explanations offender by women of their sexually offending behavior, and whether they are gender-neutral (i.e., like those of men found in the literature), gender-specific, or a combination of both. Participants were 32 women incarcerated in France for sexual offenses, 28 of whom had assaulted children. Sentences varied from two and a half years to life. The data were collected using semi-structured interviews and file reviews. The interviews were conducted using life map calendar techniques, and covered various aspects of the participants’ lives during a specified period based on a life course perspective. The initial instructions to the participants were open-ended (“What is the biggest event that took place in this period, positive or negative?”). When necessary, specific themes were suggested (“How did you feel about that (event)?”). A thematic analysis of the interview results was conducted to identify the themes found in the women’s explanations for their offending behavior.

Preliminary results suggest three gender-neutral levels of acknowledgement of offending behavior by women: recognition that the abuse occurred; recognition of their involvement in the abuse; and recognition of their personal agency in the offending behavior. Not surprisingly, most of the women interviewed (30/32) demonstrated at least one of these themes in their discourse. The analysis revealed two additional themes underlying these explanations. The first theme, called ‘Positive me’, tend to create a positive self-concept of woman as if that compensated, at least partly, for their offending behavior. For example, one sub-theme was gender-specific in that it emphasized the woman’s qualities as a mother, wife or woman. The second theme, called “Victim Me”, emphasized how the woman viewed herself as the victim of external causes. Given the similarity with explanations provided by men, this second theme appeared to be gender-neutral. These findings suggest that, just like many other findings with women who sexually offend, both gender-specific and gender-neutral elements are at play when women talk about their sexual offenses. Implications for interventions and future research will be discussed.
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Marion DESFACHELLES, M.Sc. Criminology, is a doctoral student in criminology at the University of Montréal. She completed her master thesis with Franca CORTONI on the subject of female sexual co-offenders. Her research focuses on female offending and on sexual crimes and more specifically on the criminal trajectories of female sexual offenders. This project is supervised by Frederic OUELLET and Franca CORTONI.

Franca CORTONI, a clinical and forensic psychologist, is a Full Professor at the School of Criminology of the University of Montréal and Research Fellow at the International Centre of Comparative Criminology. Since 1989, she has worked with and conducted research on male and female sexual offenders. She worked for several years within the Correctional Service of Canada before joining University of Montréal. Dr. Cortoni has published extensively and made numerous presentations at national and international conferences on male and female sexual offender issues.

Frederic OUELLET is an Associate Professor at the School of Criminology, University of Montréal and Research Fellow at the International Centre of Comparative Criminology. His work specializes in criminal career dimensions. His research interests include understanding turning points in criminal career trajectories. His recent works appeared in Justice Quarterly, the Canadian Journal of Criminology and Criminal Justice and Global Crime.
Social Ecological Factors As Predictors Of Sexual Crimes

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Predicting crime trends via individual and community level-factors associated with crime is common across criminology, public health, and psychology. From social disorganization theory, crime rates are linked to neighborhood ecological characteristics that may shape the occurrence of illegal activities. Expanding this view, Shaw and McKay (1969) and Sampson (1993) emphasized the role of appropriate parental supervision and stable familial homes in reducing crime. Bursik and Grasmick (1993) further highlighted the influence of structural factors such as poverty and divorce.

Social disorganization theory includes a discussion of systems within the social ecological model, three of which will be discussed. The micro system (immediate environment) involves factors like family. The mesosystem is where microsystems link, such as between family and community. Lastly, the exosystem (indirect environment) captures larger structures (e.g., economic influences) which help create the built environment comprised of the neighborhood and social services. These levels overlap and may provide information related to specific factors predictive of crime.

Health-related quality of life (HRQOL) is a multi-dimensional concept that encapsulates physical, mental, emotional, and social functioning and has been used for risk factor identification (Yin, Njai, Barker, Siegel, & Liao, 2016). In the social ecological model, HRQOL exists in the micro (e.g., child abuse, intimate partner violence), meso (e.g., prenatal care), and exosystems (e.g., neighborhood poverty). For example, a host of research has discussed the contribution of neighborhood disadvantages to increased intimate partner violence rates (Miller-Graff & Graham-Bermann, 2014), while other studies have found economic disadvantage and violent crime to negatively impact birthweight (Masi, Hawkley, Piotrowski, & Pickett, 2007).

Although these factors, along with others like drug use and various health factors, have been linked to violent crime, the exploration of social ecological predictors for sexual crimes has been comparatively neglected. In a systematic review of risk factors for sexual crime perpetration, Tharp and colleagues (2014) examined 191 empirical studies and identified two societal and community factors (gender-based factors like female education level and environmental factors like homicide rates), 23 relationship factors, and 42 individual-level risk factors for sexual crime perpetration.

To attain a better understanding of the potential range of predictors of sexual crime, the current study will utilize data extracted from two publicly available data bases. The first is the Tennessee Bureau of Investigations (TBI) database, which includes crime statistics for each of the 95 counties in Tennessee. Reported number of crimes against persons in 2018 will be examined in the current analysis with variables categorized as either sexual (n=7 offense categories) or violent, non-sexual (n=11 offense categories) crimes. Violent non-sexual crimes will be collapsed into one variable to serve as the comparison group. The second data base, County Health Rankings and Roadmaps, provides data on health factors contributing to quality of life. For all Tennessee counties, 11 community variables will be included. These factors were selected because they reach across the social ecological levels of micro (e.g., single-parent households, teen births, low birthweight), meso (e.g., substance use factors, health factors including mortality and insurance), and exosystems (e.g.,
children in poverty, disconnected youth). A multinomial logistical regression will be conducted to investigate whether specific community level factors predict the rate of sexual crime beyond the prediction of violent, non-sexual crime. The overall model significance will be examined by the collective effect of the community level predictors.

A key factor in promoting community safety while simultaneously preventing sexual violence involves comprehensive strategies that stretch the range of social ecology. Less is known about predictors of sexual violence than those of other crimes. Further, more research has examined individual-level factors related to sexual crime perpetration. A more nuanced understanding of predictors of sexual violence at social ecological levels can assist in the development of more comprehensive prevention and intervention programs that target multiple levels of risk.

**Alyssa P. Gretak, MA,** is a fourth-year 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.
The Relationship Between Childhood Abuse Victimization and Future Sexual Offense Victim Characteristics

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Individuals convicted of sexual offenses are more likely to have experienced multiple types of childhood maltreatment than those with non-sexual violent offenses (Haapasalo & Kankkonen, 1997). Additionally, those with histories of more than one type of childhood maltreatment (e.g., physical/sexual abuse, neglect) were more likely to be convicted of sexual offenses than those with a history of physical abuse or sexual abuse victimization only (Leach, Stewart, & Smallbone, 2016). The abused – abuser hypothesis theorizes that those who are the victims of abuse are at higher risk of abusing others later in life (Garland, & Dougher, 1990; Leach, et. al, 2016). However, research is clear that most people who are abused do not go on to abuse others. Studies have explored the specificity of this theory, examining how frequently offenders replicate their abuse histories. The current study aimed to explore relationships between offender childhood abuse victimization history and future victim characteristics. Archival data consisted of 107 men referred for sexual behavior evaluations following sexual offense charges/convictions or sexual boundary violations. Of this sample, 39.6% self-reported a history of sexual or physical abuse victimization, or both. Findings from this study could inform risk assessments and treatment for this population as well as guide early interventions for victims of sexual abuse.

References:

Ashley Rankin, PhD received her doctoral degree in clinical psychology at Alliant International University – San Francisco in 2019 and completed her predoctoral internship in the forensic psychology track with the Medical College of Georgia at Augusta University/East Central Regional Hospital. In pursuing clinical interests in forensics, she completed a Forensic Psychology Fellowship in the Community and Public Safety Psychiatry Division of the Medical University of South Carolina. Following her graduation from fellowship in August 2020, she will hold the position of outpatient forensic evaluator with the Georgia Department of Behavioral Health and Developmental Disabilities.

Emily Gottfried, PhD is an Assistant Professor of Psychiatry at the Medical University of South Carolina (MUSC) and the Director of the Sexual Behaviors Clinic and Lab of MUSC. She is a Clinical
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Associate Member of ATSA and the current Secretary of the South Carolina Chapter of ATSA. Dr. Gottfried obtained her PhD in Clinical Psychology from Florida State University and completed both predoctoral (Patton State Hospital) and postdoctoral (Medical College of Georgia/Augusta University) specializations in Forensic Psychology. Her research interests include the assessment of paraphilic disorders, physiological arousal of male (PPG) and female (VPP) sexual arousal, and sexual violence risk assessment.
On May 23, 2014, Elliot Rodger took the lives of six people and injured fourteen others during a violent rampage in Isla Vista, California. Hours before the attack, Rodger released a YouTube video and a manifesto outlining the rationale behind his “retribution,” expressing his contempt toward women for thwarting his sexual advances. Nearly four years later, Alek Minassian praised “Supreme Gentleman” Elliot Rodger on Facebook, noting that “the Incel Rebellion has already begun!” before driving a rented van into a crowd of pedestrians in downtown Toronto.

While Incels, short for Involuntary Celibates, have made their motives for these attacks incredibly clear, there has been little research conducted to determine what has brought rise to this suddenly growing group (Papadamou et al., 2020). While rejection and sexual frustration are certainly not novel experiences in the dating world, the rise in the use of dating apps such as Tinder has exponentiated the pace in which one can view, meet, and be rejected by singles in your region. Thus, the present study sought to examine Incel experiences with dating apps and their association with a host of attitudinal, health and relationship-based outcomes. Compared to non-Incels, Incels reported higher levels of depression, dating-based anxiety, fear of being single, and insecure attachment, which were all related to their self-reported popularity on dating apps. Not surprisingly, Incels also reported elevated rates of rejection sensitivity and beliefs that females are sexually deceptive. These results offer a better understanding of the Incel community and suggest potential avenues for therapeutic intervention. Further, results of the present study also support future research looking at the relationship between dating app usage and outwardly violent attitudes and behaviours (particularly toward women).

Brandon Sparks is a PhD student at the University of Saskatchewan whose research interests include juveniles adjudicated for sexual offenses, image based sexual abuse, juvenile crime, trust in police, and healthy relationships. He is also a member of ATSA’s Public Policy Committee.

Alexandra Zidenberg completed a B.A. (Hons) in Forensic Psychology at The University of Ontario Institute Technology and an M.A. in Experimental Psychology at Laurentian University. Currently, she is a PhD student at the University of Saskatchewan in the Applied Social Psychology program under the supervision of Dr. Mark Olver. Her previous research activities have focused on sexual aggression, sexual coercion, sexuality, and alcohol facilitated sexual offending. Recently she has been examining risk factors for the development of concerning sexual behaviour in children under 12 years of age, multiple perpetrator sexual offences, bestiality and zoophilia, and risk assessment.

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