

**FR-MID-04**

**UNDERSTANDING THE ROLE OF TRAUMA IN TREATMENT AND PREVENTION**

**Exploring the Interpersonal Theory of Suicide in Sexually-Abusive Youth**

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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 be 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

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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.

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**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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### **How Trauma Informed Is Our Field? What Clients vs. Clinicians Say**

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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.

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

### **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.