

MASOC PRACTICE UPDATE: Prevention and Progress



OCTOBER 2021 MASOC NEWSLETTER

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Is Sex Offending Treatment Trauma Informed?

BOTTOM LINE

Given what we know about trauma and adversity, it is essential to understand the contribution of developmental trauma to sexual behavior problems as a part of the treatment process.

RESEARCH

This article, by Melissa Grady and her colleagues, highlights how early trauma significantly affects a child's cognitive processes and neurobiology as well as relationships, physical and mental health, emotional regulation, impulse control, self-esteem, and attachment. More recently, studies have explored the high prevalence of adverse childhood experiences (ACEs) and their connection to people convicted of a sex offense. Therefore, anyone working with a child or adolescent with problematic sexual behaviors needs to understand the link between developmental trauma and sexual behavior problems as a part of the treatment process.

The six guiding principles of trauma informed approach is summarized as:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice, and
6. Cultural, historical and gender responsiveness.

Trauma informed treatment uses these principles as a guide to reduce post-traumatic stress symptoms and help the client cope with the challenges that may emerge from a trauma experience.

The current study explored how clinicians working with adult sex offenders are integrating trauma informed treatment into their work with clients who have sexually abused. Both clinicians and clients were asked about how trauma was addressed in treatment.

Overall, clients and clinicians reported very different perceptions about how trauma was incorporated into their treatment -- clinicians perception is that they address trauma throughout treatment and the

client's perception is that were either not asked about it or that it was a minimal part of their treatment experience.

The authors suggest a number of reasons for this discrepancy in perceptions including: some clients completed treatment many years before this trauma informed approach was developed, the fact that most of the clients were mandated to treatment meaning that it might be difficult to develop a trusting relationship with the criminal justice system, the focus on risk and criminogenic needs rather than a client's strengths, and the rigidity of the system overall which may not allow a clinician to be flexible and relevant to the client in treatment.

IMPLICATIONS FOR PROFESSIONALS

Although this study was of adults, it is well known in research and practice that the impact of trauma, particularly when it occurs early in life has more long-lasting effects throughout one's life and can be devastating in all domains of their functioning. Given that so many professionals work with both young adults and adolescents, this paper appeared particularly important to highlight this month.

Professionals have always faced a challenge in this area. How can we best understand – and help our clients to see – how their life experiences have contributed to their present-day behaviors without it turning into an excuse or justification? While the answers are well beyond what a single newsletter can address, this paper suggests that professionals in our field should pay particular attention to how they address trauma, especially early trauma and its after-effects, and how they can help their clients with problematic sexual behaviors accept both the impact of past trauma as well as accountability for their actions in order to move forward in their lives.

IMPLICATIONS FOR THE FIELD

Studies of clinicians' self-assessment biases have shown that therapists very often overestimate their effectiveness with clients. This means that clinicians can view themselves as having better, more effective relationships with their clients than their clients believe they have. However, studies in our field and research into psychotherapy elsewhere have all found that treatment can be more effective than many people would think. Taking these findings together, it seems that professionals in our field generally provide helpful services at the same time that we often miss things that would make our work even more effective. In the end, the take-home message from this study is that professionals can go further in inquiring about, empathizing with, and helping clients to understand the impact of past trauma and how they can live their lives in the future without undue influence of their past adversity.

CITATION:

Grady, M. D., Levenson, J. S., Glover, J., & Kavanagh, S. (2021). Is sex-offending treatment trauma-informed? Exploring perspectives of clinicians and clients. *Journal of Sexual Aggression*, 1-16.

ABSTRACT

A growing body of literature indicates that individuals who commit sexual offences have significant histories of childhood trauma. Clinicians who provide sex-offending treatment (SOTX) are increasingly asked to integrate trauma-informed principles into their work with these clients. However, no research has been conducted exploring how SOTX clinicians are integrating either trauma-informed care (TIC) and/or trauma-focused treatments (TFTs) into their work with clients. This mixed-method study used two parallel surveys (one for SOTX clinicians ($n = 66$) and another for clients ($n = 146$)) to capture their perceptions regarding how trauma work is incorporated into SOTX. Independent samples t -tests

indicated that on every item designed to measure TIC, clinicians rated themselves significantly higher than the clients rated clinicians. The results also indicated that clients perceive SOTX therapists to neglect the therapeutic value of understanding trauma histories. Some clients reported that they were discouraged from discussing childhood adversity in treatment. Implications for TIC SOTX practice are discussed.