

Informed Consent

Dear Research Participant,

Your participation in a research project is requested. The title of the study is Victim to Victimizer: Using Trauma-Informed Understanding of Adverse Childhood Experiences to Prevent Sexually Abusive Behavior in Adulthood. The research is being conducted by Dr. Melissa Grady, Associate Professor of Social Work at Catholic University, and, Dr. Jill Levenson, Professor of Social Work at Barry University. The project is funded by a RALIANCE grant from the National Sexual Violence Resource Center. The aim of the study is to better understand how therapists and individuals who have committed sexual crimes view the role of childhood trauma in contributing to sexual offending behaviors later in life.

To help with this goal, you will be asked to complete a survey about your experiences in treatment for sex-offending, your thoughts about the role of trauma in sexual offending, some demographic and offense-related questions, and your own early experiences with trauma. If you decide to participate in this research, the survey will take about 20-30 minutes of your time.

Your consent to be a research participant is strictly voluntary and you can decline to participate or choose to drop out at any time during the study, with no adverse effects.

There are no direct benefits to you for participating in this research. However, by taking part in this survey you will be contributing important knowledge for developing effective and ethical counseling services for people who have sexually offended and by doing so will help make society safer.

The risks of involvement in this study are minimal and include that you may find that some of the questions are sensitive in nature, or you might be concerned that some answers could incriminate you in some way. However, the survey is anonymous and confidential and your identity will not be known so there is no way to connect your answers to your identity in any way.

As a research participant, information you provide is anonymous, and no names or other identifiers will be collected. SurveyMonkey.com allows researchers to not include the delivery of IP addresses or browser information during the downloading of data, and in this study no IP address will be delivered to the researcher. SSL (Secure Sockets Layer) is a protocol developed for transmitting private documents or information via the Internet. SSL creates a secure connection between a client and a server, encrypting sensitive information being transmitted through the web page. However, if you have concerns about privacy you should review the privacy policy of SurveyMonkey.com before you begin. <https://www.surveymonkey.com/mp/policy/privacy-policy/#respondents>

The anonymous data will be stored securely and kept by the researcher for a minimum of five years after completion of the study.

By completing and submitting this electronic survey you are acknowledging that you are at least 18-years-old and that you voluntarily agree to participate in the study.

If you have any questions or concerns regarding the study or your participation in the study, you may contact Dr. Melissa Grady at 202-319-4387 grady@cua.edu or the Institutional Review Board point of contact at Catholic University, Ralph Albano, at 202-319-5218 or cua-osp@cua.edu.

Section 1

In the following section, please share with us your experiences in your *sex-offending treatment program* (hereafter referred to as *SOTX*)

1. During SOTX please rate your agreement with the following statement: During the *assessment/intake process*, I was asked if I had ever experienced trauma in my past.

- I was discouraged from talking about my trauma because it was seen as an excuse for offending
- Not at all - I was never asked about past trauma
- Somewhat agree - I was asked only a couple of questions
- Agree – It was a central focus of discussion during my intake process
- I do not remember if I was asked or not. I am not sure

2. If you saw more than one SOTX therapist, how many asked you about if you had experienced any traumas *before the start* of treatment?

- None
- One
- A few
- Most
- All

3. *During the SOTX*, did your therapists discuss any of your past traumas in any discussions, activities, or interventions focused on your offending?

- I was discouraged from talking about my trauma because the therapists saw it as an excuse for offending
- Not at all – The therapists never discussed my past trauma
- Somewhat agree – The therapists included it only a little
- Agree – It was a focus of discussion during the treatment process
- I do not remember if they included it or not. I am not sure.

4. If you saw more than one SOTX therapist, how many included discussions, activities, or interventions about your past trauma history *as part of* the treatment process?

- None
- One
- A few
- Most
- All

5. In your SOTX, please let us know how true the following statements **are as you think about your interactions with therapists in your program** on a scale from 0 to 3.

You may feel different ways about different therapists. Please respond with your overall impression of the therapists you have worked with on your offending.

(Response answers are: 0 = not at all true/never, 1=seldom, 2=sometimes, 3=almost always).

	0 = not at all true/never	1 = seldom	2 = sometimes	3 = almost always
5.1 Therapists have respected my confidentiality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 Therapists have been supportive when I'm feeling stressed out or overwhelmed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 I have played a role in deciding what I want to work on in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4 I have had the opportunity to learn how childhood experiences and trauma affect people in different ways, including symptoms of post-traumatic stress disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.5 I have had opportunities to learn how about childhood experiences and trauma affect peoples' mental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.6 Therapists have treated me with dignity and respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.7 Therapists have acknowledged my strengths and positive qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.8 Therapists have respected my culture and/ or family ties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.9 Therapists have collaborated with me to figure out what's best for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 In this program, I have had the opportunity to connect with others I can relate to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.11 In this program I have had opportunities to help other people who have experienced trauma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.12 This program has helped me learn about how childhood experiences and trauma affect peoples' relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.13 My SOTX program has helped me strengthen and better my relationships with my children, family, and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

0 = not at all true/never
1 = seldom
2 = sometimes
3 = almost always

5.14 Therapists have respected the choices that I make.

5.15 In SOTX, I have felt like I could share things about my life on my own terms and at my own pace.

5.16 SOTX has given me opportunities to learn how childhood experiences and trauma affect peoples' ability to think clearly and remember things.

5.17 SOTX has allowed me to get support from peers or others who have experiences similar to my own.

5.18 SOTX therapists have been able to handle difficult situations effectively.

5.19 I am learning more about how to handle unexpected reminders of any abuse or traumatic experiences I have endured.

5.20 I have felt like I could trust my SOTX therapists.

6. In your SOTX, please let us know how true the following statements are **as you think about your interactions with therapists in your program** on a scale from 0 to 3.

You may feel different ways about different therapists. Please respond with your overall impression of the therapists you have worked with on your offending.

(Response answers are: 0 = not at all true/never, 1=seldom, 2=sometimes, 3=almost always).

	0 = not at all true / never	1 = seldom	2 = sometimes	3 = almost always
6.1 I am learning more about how people react emotionally when they have witnessed or experienced abuse, trauma, and other hardships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 SOTX has helped me explore how reactions to events and relationships can be affected by witnessing or experiencing abuse, trauma, and other life difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 I have learned more about how my childhood experiences or trauma can influence any relationships with other people who are important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 SOTX has provided opportunities for the participants to get help dealing with the abuse, trauma, and other hardships they may have experienced or been affected by.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 Therapists have supported me to strengthen my relationships with people who are important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.6 SOTX therapists have respected people's cultural backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.7 SOTX therapists have respected people's religious or spiritual beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.8 SOTX therapists have respected people's sexual orientations and gender expressions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.9 SOTX therapists have understood what it means to be in my financial situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.10 SOTX therapists have understood the challenges faced by people who are immigrants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.11 SOTX therapists have understood how discrimination impacts peoples' everyday experiences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.12 SOTX therapists have recognized that some people or cultures have endured generations of violence, abuse, and other hardships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.13 SOTX therapists have treated people who face physical or mental health challenges with compassion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.14 SOTX therapists have understood the challenges faced by people required to register as sex offenders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.15 SOTX therapists have helped me cope with challenges related to being required to register.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How important do you believe it is for therapists to include a focus on past traumas when addressing offending behaviors?

- Not important at all
- Somewhat important
- Very important
- Extremely important

8. Thinking back to your own therapy experiences, what have you found to be particularly helpful to you in reducing your risk of sexually re-offending?

9. Can you describe in your own words the ways that your SOTX included discussions about your own past history of trauma?

10. *In general*, how would you describe the relationship or connection between someone's experiences with trauma and later sexual offending?

Section 2

In the following section, please share about your own trauma history.

11. Before the age of 18 (Yes/No)

Yes No

- 11.1 Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? Or, act in any way that made you afraid that you might be physically hurt? Yes No
- 11.2 Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured? Yes No
- 11.3 Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or intercourse with you? Yes No
- 11.4 Did you often or very often feel that no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other? Yes No
- 11.5 Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Yes No
- 11.6 Were your parents unmarried to each other, separated or divorced or did you grow up with an absent parent? Yes No
- 11.7 Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her? Or sometimes often or very often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit at least a few minutes or threatened with a gun or knife? Yes No
- 11.8 Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes No
- 11.9 Was a household member depressed or mentally ill, or did a household member attempt suicide? Yes No
- 11.10 Did a household member ever go to jail or prison? Yes No
- 11.11 Did other kids, including brothers or sisters, often or very often hit you, threaten you, pick on you, or insult you? Yes No
- 11.12 Did you often or very often feel lonely, rejected, or that no one liked you? Yes No
- 11.13 Did you live in a community that was dangerous, or where you saw people being assaulted or harmed? Yes No
- 11.14 Was there a period of 2 years or more when your family was very poor or on public assistance? Yes No
- 11.15 Did you experience the death of a family member? Yes No
- 11.16 Were you exposed to pornography or other sexual material before the age of 15? Yes No
- 11.17 Before the age of 18, were you arrested or involved in the judicial system? Yes No
- 11.18 Did you experience a serious illness or injury yourself? Yes No
- 11.19 Were you ever placed in foster care or in other out-of-home placement? Yes No

11.20 Are there any other traumas that you experienced that you would like to share?

12. What do you think is important for therapists and other professionals who work with people who have sexually offended to know about the connection between trauma and sexual offending?

13. As an adult, since you've turned 18, which of the following have you ever experienced at any time?

	Yes	No
Substance Use	<input type="radio"/>	<input type="radio"/>
13.1 Alcohol abuse (excessive or problematic alcohol use)	<input type="radio"/>	<input type="radio"/>
13.2 Illicit drug abuse (excessive or problematic illegal drug use)	<input type="radio"/>	<input type="radio"/>
13.3 Prescription drug abuse (excessive or problematic Rx drug use)	<input type="radio"/>	<input type="radio"/>
13.4 Marijuana abuse (excessive or problematic)	<input type="radio"/>	<input type="radio"/>
13.5 Smoking cigarettes on a regular basis	<input type="radio"/>	<input type="radio"/>
13.6 Sought treatment voluntarily for drug or alcohol abuse	<input type="radio"/>	<input type="radio"/>
13.7 Been mandated to treatment for drug or alcohol abuse	<input type="radio"/>	<input type="radio"/>

14. As an adult, since you've turned 18, which of the following have you ever experienced at any time?

	Yes	No
Mental Health Issues	<input type="radio"/>	<input type="radio"/>
14.1 Depression	<input type="radio"/>	<input type="radio"/>
14.2 Suicide attempt	<input type="radio"/>	<input type="radio"/>
14.3 Sought treatment voluntarily for depression, suicide attempt, or other mental illness	<input type="radio"/>	<input type="radio"/>
14.4 Been hospitalized involuntarily for depression, suicide attempt, or other mental illness	<input type="radio"/>	<input type="radio"/>
14.5 I've experienced obsessive thoughts and/or compulsive behavior	<input type="radio"/>	<input type="radio"/>
14.6 I've experienced anxiety	<input type="radio"/>	<input type="radio"/>
14.7 I've been prescribed medication for depression, anxiety, bipolar disorder, or OCD	<input type="radio"/>	<input type="radio"/>

15. As an adult, since you've turned 18, which of the following have you ever experienced at any time?

	Yes	No
Health Issues	<input type="radio"/>	<input type="radio"/>
15.1 Sexually transmitted disease	<input type="radio"/>	<input type="radio"/>
15.2 Been told I have developed a medical problem related to drug or alcohol abuse	<input type="radio"/>	<input type="radio"/>
15.3 Chosen to terminate an unwanted pregnancy	<input type="radio"/>	<input type="radio"/>

16. As an adult, since you've turned 18, which of the following have you ever experienced at any time?

	Yes	No
Arrests/3rd Party Involvement	<input type="radio"/>	<input type="radio"/>
16.1 I've been arrested for a DUI	<input type="radio"/>	<input type="radio"/>
16.2 I've been arrested for a drug related crime	<input type="radio"/>	<input type="radio"/>
16.3 I've been arrested for a sexual crime	<input type="radio"/>	<input type="radio"/>
16.4 I've been arrested for a non-sexual assault or battery crime	<input type="radio"/>	<input type="radio"/>
16.5 I've been arrested for a property crime (include any sort of theft)	<input type="radio"/>	<input type="radio"/>
16.6 I've been arrested for a non-person, non-property crime	<input type="radio"/>	<input type="radio"/>
16.7 I've been arrested for selling or buying sexual services	<input type="radio"/>	<input type="radio"/>

17. As an adult, since you've turned 18, which of the following have you ever experienced at any time?

	Yes	No
Interpersonal Violence	<input type="radio"/>	<input type="radio"/>
17.1 I've had trouble with excessive sexual behaviors (pornography, cybersex, or prostitution)	<input type="radio"/>	<input type="radio"/>
17.2 I've been unfaithful to a partner	<input type="radio"/>	<input type="radio"/>
17.3 I've engaged in promiscuous behavior	<input type="radio"/>	<input type="radio"/>
17.4 I've slapped, punched, pushed, kicked, or hit a partner	<input type="radio"/>	<input type="radio"/>
17.5 I've engaged in intimidating, controlling, or threatening behavior to an intimate partner	<input type="radio"/>	<input type="radio"/>
17.6 I've engaged in coercive sexual behavior	<input type="radio"/>	<input type="radio"/>
17.7 I've had sexual contact with someone who was not fully consenting	<input type="radio"/>	<input type="radio"/>
17.8 Child Protective Services investigated a complaint about abuse or neglect of my children	<input type="radio"/>	<input type="radio"/>

Section 3

Demographic info and Other info

18. What is your age?

19. How do you identify yourself?

- Male
- Female
- Trans
- Non-binary

20. How would you describe your sexual orientation (who are you attracted to)?

- Heterosexual - adults only
- Homosexual - adults only
- Heterosexual - minors only
- Homosexual - minors only
- Heterosexual - adults and minors
- Homosexual - adults and minors
- Bisexual – minors only
- Bisexual – adults only
- Bisexual – adults and minors

21. What is your ethnicity

- Asian American or Pacific Islander
- Biracial or mixed race
- Black or African heritage American
- Latinx or of Hispanic heritage
- Middle Eastern or Arab American
- Native American/American Indian
- White or Caucasian or of European heritage
- Prefer not to say

Other (please specify)

22. What Country do you live in?

23. If United States, in what state?

24. What is the highest grade level you have completed?

- Some high school
- High school diploma or GED
- Some college
- Bachelors degree
- Graduate degree

25. Are you employed?

- Yes
- No

26. If yes, what is your occupation?

27. If no, are you currently:

- Seeking employment
- A student
- On disability
- Unable to find work due to past charges
- Other (please specify)

28. Which of the following categories best describes the highest income you ever earned in one year?

- | | |
|--|--|
| <input type="radio"/> Under \$10,000 | <input type="radio"/> \$30,000 to \$39,999 |
| <input type="radio"/> \$10,000 to \$19,999 | <input type="radio"/> \$40,000 to \$49,999 |
| <input type="radio"/> \$20,000 to \$29,999 | <input type="radio"/> \$50,000 or more |

29. What is your partner status?

- Single (Never married)
- Married
- Separated
- Divorced
- Common Law
- Living with partner
- In a long-term relationship but not living together
- Widowed

30. Are you a parent?

- Yes
- No

31. If yes, living with children?

- Yes
- No

32. If yes, minor children or adult children?

- Minor
- Adult

33. Number of changes in caregivers (people who raised you)

- None
- Once
- Twice
- Three times
- Four times
- More than 4 times

34. As a child did you receive services for a learning or physical disability or other educational needs?

- Yes
- No

35. If yes, in what grade did these start?

36. If yes, for how many years?

Copy of page: **Section 3**

Demographic info and Other info

37. How long have you spent in any/all SOTX program(s)?

Years

Months

38. How many different SOTX providers have you seen?

39. Are you currently on probation or parole?

No

Yes

40. How long have you spent on probation or parole for a sex offense?

Years

Months

41. In your most recent sex offense arrest, please choose the age of your victim(s) at the time of the offense. (include the age you believed your victim to be in an undercover sting).

5 years old or younger

13-17 years old

6-9 years old

18 years or older

10-12 years old

child pornography

42. In your most recent sex offense arrest, please choose the best description of the type of offense.

- | | |
|---|--|
| <input type="radio"/> Child Pornography | <input type="radio"/> Sexual Contact/Adult |
| <input type="radio"/> Internet Solicitation | <input type="radio"/> Sexual Contact/Child |
| <input type="radio"/> Exposing Genitals | <input type="radio"/> Other digital offense (such as sexting, stalking, or sending pictures) |
| <input type="radio"/> Voyeurism/Peeping | |

Please answer the questions #43- 50 thinking about ALL your CONTACT victims, even those you haven't been arrested for.

43. I have had female victims.

- YES
 NO

44. I have had male victims.

- YES
 NO

45. I have had family member victims.

- YES
 NO

46. I have had victims who I knew but was not related to.

- YES
 NO

47. I have had victims who were strangers.

- YES
 NO

48. I have had child victims age 12 or under.

- YES
 NO

49. I have had teen victims.

YES

NO

50. I have had adult victims.

YES

NO

51. How many times have you been arrested for a sex crime?

52. How many TOTAL victims do you think you have had (including those you were not arrested for)

53. Have you ever used force or violence when committing a sex offense?

NO

YES

54. Have you ever used a weapon when committing a sex offense?

NO

YES

55. Have you ever physically injured a victim while committing a sex offense?

NO

YES

56. How many times have you been arrested for a nonsex crime?

0 1 2 3 4 or more

57. How much time, total, over your life, have you served in prison?

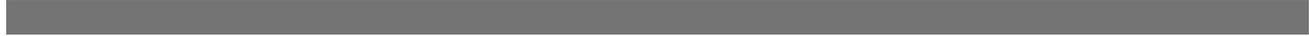
Years

Months

58. How much time, total, over your life, have you served on probation?

Years

Months



If you would like to contact the researchers to gain more information about this study, please feel free to contact: Melissa Grady grady@cua.edu or Jill Levenson jlevenson@barry.edu

Thank you for participating in this survey!