

## Informed Consent

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.

You will be asked to complete a survey about how you address and discuss clients' past trauma in your work, your thoughts about the role of trauma in sexual offending, and ideas about how the field should incorporate knowledge about trauma into treatment with people who sexually offend. 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 are no greater than you talking about these issues in other professional settings.

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](mailto: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](mailto:cua-osp@cua.edu).

## Clinician Survey

As you answer these questions, please consider your work with **adults who have sexually offended (ISOs)**.

1. Please rate your agreement with the following statement:

During the *assessment/intake process*, I ask if clients had ever experienced trauma in their past.

- I discourage them from talking about their trauma because I see it as an excuse for offending
- Disagree - I never ask about past trauma
- Somewhat agree - I ask only a couple of questions
- Agree – It is a central focus of discussion during the intake process
- I do not remember if I was ask or not. I am not sure

2. On average, how many clients do you ask about if they experienced any traumas *before the start of treatment*?

- none
- one
- a few
- most
- all

3. During the *treatment process* do you discuss any of your clients' past traumas in any discussions, activities, or interventions focused on their offending?

- I discourage them from talking about their trauma because I think they might use it as an excuse for offending
- Disagree - I never discuss their past trauma
- Somewhat agree - I include it minimally
- Agree – It is a central focus of discussion during the treatment process
- I do not remember if I include it or not. I am not sure.

4. On average, *during their treatment* with how many clients do you include discussions, activities, or interventions about their past trauma history as part of the treatment process?

- none
- one
- a few
- most
- all

## Clinician-Client Interactions

5. In the treatment you provide focused on *the clients' offending (SOTX)*, please let us know how true the following statements are **as you think about your interactions with clients in your program** on a scale from 0 to 3. You may feel different ways about different clients. Please respond with your overall impression of the clients you have worked with on focused on their 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 I work to respect their confidentiality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 I am supportive when they are feeling stressed out or overwhelmed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 My clients play a role in deciding what they want to work on in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4 My clients learn how abuse and other difficulties affect people in different ways in the program, including symptoms of post-traumatic stress disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.5 My clients learn how childhood experiences and trauma affect peoples' mental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.6 I treat clients with dignity and respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.7 I acknowledge my clients' strengths and positive qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.8 I respect my clients' culture and/or family ties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.9 I believe that my clients know what's best for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 In this program, clients have opportunities to connect with others they can relate to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.11 In this program my clients have 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 helps my clients learn how childhood experiences and trauma affect peoples' relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.13 I help my clients strengthen and better their relationships with their children, their family, or others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.14 I respect the choices my clients make.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.15 In this program, my clients can share things about their lives on their own terms and at their own pace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.16 This program gives my clients opportunities to learn how childhood experiences and abuse affect peoples' ability to think clearly and remember things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.17 My clients have the option to get support from peers or others who have experiences similar to their own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.18 I can handle difficult situations effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.19 My clients are learning more about how to handle unexpected reminders of any abuse or traumatic experiences or difficulties they have endured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.20 My clients can trust me.	<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

5.21 My clients are learning more about how people react emotionally when they have witnessed or experienced abuse, and other hardships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.22 I help my clients explore how peoples' relationships can be affected by witnessing or experiencing abuse, and other life difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.23 My clients are learning more about how their own experience of abuse can influence their relationships with other people who are important to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.24 The program provides opportunities for people 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"/>
5.25 I support my clients to strengthen their relationships with people who are important to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.26 People's cultural backgrounds are respected in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.27 People's religious or spiritual beliefs are respected in this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.28 I respect people's sexual orientations and gender expressions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.29 I understand what it means to be in their financial situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.30 I understand the challenges faced by people who are immigrants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.31 I understand how discrimination impacts peoples' everyday experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.32 I recognize 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"/>
5.33 The program treats people who face physical or mental health challenges with compassion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.34 I understand the challenges faced by people required to register as sex offenders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.35 I help my clients cope with challenges related to being required to register.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SOTX Treatment

6. 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

7. In thinking about the SOTX clients you have worked with over the years, what have you found to be particularly helpful to them in reducing their risk of sexually reoffending?

8. Can you describe in your own words the ways that the SOTX therapy you provide includes discussions about their own past history of trauma?

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

## Therapeutic Frameworks

10. Do trauma-informed therapeutic frameworks inform your work with clients ?

Yes

No

## Therapeutic Frameworks

11. Which of the following therapeutic frameworks inform my work with clients? (Please rank order from 1-5, with 1 being the one that you find most helpful)

☰  Accelerated Experiential Dynamic Psychotherapy (AEDP)

☰  Acceptance and Commitment Therapy (ACT)

☰  Prolonged Exposure Therapy (PET)

☰  Cognitive Behavioral Therapy (CBT)

☰  Cognitive Processing Therapy (CPT)

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Schema Therapy
- Internal Family Systems (IFS)
- Good Lives Model (GLM)
- Dialectical Behavior Therapy (DBT)
- Mentalization Based Therapy
- Mindfulness Based Cognitive Therapy
- Narrative Exposure Therapy
- Risk-needs-responsivity (RNR)
- Somatic Experiencing
- Sensorimotor Psychotherapy
- Eye Movement Desensitization and Reprocessing (EMDR)
- Multisensory Guided Imagery
- Relapse prevention
- Psychodrama
- Focusing-oriented psychotherapy
- Solution-focused therapy
- Stage-oriented approaches to trauma recovery
- Trauma-informed care
- Other

12. If you do not use any of the above, what do you use and why?



	1 = Strongly Disagree	2 = Disagree	3 = Agree	4 = Strongly Agree
I can define and describe the principles of trauma-informed care (TIC).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients need to be confronted to face their crime and its impact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My client's past traumatic experiences played a role in contributing to risk of committing sexual crimes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With ISOs, it is better to focus on the present and future than the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is normal for my ISO clients to become very upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety and stability must come first in treating ISOs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to empathize with my ISO client's own victimization and losses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I understand the components of TIC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ISO clients need to be closely monitored for risk and to be regularly confronted in therapy, even if it feels intrusive or uncomfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My client's experiences as a child and adolescent are related to their offending behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel capable of helping my clients create a healthy and satisfying life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I actively seek feedback about the therapeutic alliance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I have received training about incorporating trauma-informed practices in SOTX.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I understand how to apply my knowledge about trauma into my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accounts of past victimization are sometimes just a client's excuses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough time to address client's past trauma in their treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SOTX clients respond well to trauma-informed practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough knowledge to provide trauma informed care to my clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my practice I try to avoid disempowering dynamics in the helping relationship because I think it can be retraumatizing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I could describe at least 3 practices that incorporate TIC in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients with ACEs need treatment to be conceptualized through a lens of trauma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients are usually not concerned with their past trauma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use a trauma lens to conceptualize ISO cases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My treatment planning focuses on addressing the impacts of trauma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I help clients to understand how their early development has affected their present functioning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my agency/work setting, I feel supported in my use of TIC in my work with SOTX.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working through past traumas is usually needed to prevent future recidivism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is my job as the clinician to help the client feel psychological safety during treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focusing on past trauma might make my client more likely to reoffend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 = Strongly Disagree	2 = Disagree	3 = Agree	4 = Strongly Agree
I have hope that my clients can recover and enjoy a better future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that the SOTX field is accepting trauma-informed principles into the work with ISOs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that clients will sometimes try to manipulate therapists by talking about past trauma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like the supervision I receive(d) helps me incorporate trauma-informed care into SOTX.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The trainings I have received on TIC have included the neurobiological impacts of trauma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that early trauma can shape the way clients think and feel about themselves, others, and the world.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic childhood trauma can have neurocognitive impacts that compromise self-regulation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to address clients' early trauma as a part of preventing future offending.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have received training about trauma-informed SOTX.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking the initiative to gain knowledge about trauma through readings, conferences, and online resources has helped me understand SOTX clients better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Open-ended**

17. What topics of training/education have you received in trauma informed approaches to treating ISOs that have been most helpful?

18. What, if anything, do you believe the SOTX field should change with regards to trauma-informed treatments and prevention of sexual violence/abuse?

19. What do you think is important for therapists and other professionals who work with ISOs to know about the connection between trauma and sexual offending?

20. Is there anything else you would like to share with us about the relationship between trauma or adverse experiences and later sexual offending?

## Demographic Information

21. Professional Discipline

Other (please specify)

22. I work with:

- primarily adults
- primarily adolescents
- mix of both adults and adolescents

23. I work with:

- primarily those who offend
- primarily those who have experienced sexual victimization
- mix of those who offend and those who have experienced victimization
- general practice and my work with ISOs is a part of it

24. What is your **primary** modality of treatment in your practice in general (not just with ISOs)?

- Attachment-Based Therapies
- CBT
- Family Therapy
- Good Lives Model
- Psychodynamic/Interpersonal
- Relapse prevention
- Risk Needs Responsivity
- Trauma-based Therapy

Other (please specify)

25. Years in practice

26. Years working with ISOs

27. Treatment setting

- Outpatient
- Residential or day-treatment program
- Inpatient hospitalization
- Prison-based

Other (please specify)

28. How do you identify yourself?

- Male
- Female
- Trans
- Non-binary

29. Age

30. 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)

31. Thank you for participating in this survey! Is there anything else you would like to share with us about the relationship between childhood trauma and later sexual offending?

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](mailto:grady@cua.edu) or Jill Levenson [jlevenson@barry.edu](mailto:jlevenson@barry.edu)