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Albano: The scholarship that you receive is very prestigious. Could you describe it?

Melissa Grady: It is called Fahs-Beck and they have two different funding streams. One is for doctoral students and one is for faculty members. As a recipient of the faculty award, you are considered a Fahs-Beck Fellow. They only give out a handful of the awards each year. This year it was only six so I feel very honored to have my project chosen among the many applicants.

Albano: So what was your submission? Why do you think it was picked?

Melissa Grady: My area of scholarship is primarily focused on sexual violence and looking at different ways to prevent and intervene so we reduce the rates of sexual crimes in society. Within this broader topic area, I have a focus on trauma and the impact of trauma on both the developmental trajectories that contribute to sexual violence, as well as examining how trauma should be incorporated into treatment specifically focused on sexual offending. There is a lot that we know about how trauma negatively impacts cognition, interpersonal relationships, hormones, chemical imbalances, mental health issues, substance use, and an array of other risk factors that are associated with sexual offending.

This focus should be in addition to helping them with impulse control and healthier sexual relationships, among other target treatment issues. Some of the research that I've been doing lately is looking at how our treatment providers are integrating or not integrating trauma histories into these specific treatment intervnetions focused on sexual offending, and what we have been learning is that few providers are truly doing so. Part of the reason for this lack of integration is that they do not have a great roadmap that they can follow to guide them as to how to integrate what may seem like opposing goals. They don't have a great way of saying, “OK, well, I've been trained to do treatment focused on sexual offending, and historically we’ve putting putting your past traumas trauma over here outside of this therapy.

So now, how do I flip my mindset to begin to say, Oh, you have a history of sexual offending, and you're also somebody who's experienced trauma. Can we treat both at the same time?" There is a dearth of literature to help guide practitioners on how to integrate these mindsets. What's interesting is that when somebody has experienced victimization, they get labeled a "victim". But once somebody commits a sexual offense, they become an "offender.” From that point on, we don't treat them any more as someone with a history of victimization. From the moment they offend, they become only an “offender.” And what I think is becoming more and more clear is that if trauma is a root driver of some of the offending behaviors, by not addressing that trauma within the broader sexual offending treatment, we're missing a really critical component of what might help them not do this again.

Albano: Now, you noted earlier that there's really not a road map in this scholarship. Does your research, which you presented for the fellowship, offer a roadmap of sorts?

Melissa Grady: Yes. So there is a very well known treatment called Trauma Focused Cognitive Behavioral Therapy (also called TF-CBT) that's been used with children and adolescents very, very successfully. It has a great track record working with individuals who have experienced some sort of trauma, could be sexual trauma, could be physical trauma, could be a car accident, or any other kind. But it hasn't been adapted for working with people with sexual offending behaviors. What is important to note, is that adolescents actually comprise a pretty significant portion of all of the sexual crimes committed. So we know that this is a huge issue for this population, and we also know that adolescents are very amenable to treatment.

In addition, we know that the younger you are, when you commit a sexual offense, the higher the likelihood is that you have also experienced trauma - it's an inverse relationship. As you age, the likelihood that you experienced a trauma prior to your offending is decreased. If you see young kids with a lot of sexual acting out behavior, it's more likely that they've experienced trauma and that they're working it through and coping with it, however, not effectively and in fact, in a harmful way. What we hope to do is to learn from experts and youth who have gone through treatment to identify what needs to be integrated into TF-CBT to also address the sexual offending simultaneously.

This project is designed around two sets of focus groups. One is going to be practitioners and experts on sexual offending.

So we've got partnership agencies both in juvenile justice and in community outpatient settings who signed on to work with us on this project. Within these groups, we want to learn from them, “What do you think we need to do? How should we integrate the different needs of these youth?" The second group will be adolescents and their caregivers who have already gone through treatment focused on sexual offending and ask them what should have been done. "What do you think should have been included in the treatment you received?" We want to hear from both the youth and their caregiver regarding how they think we should be integrating these two different identities or needs.

Albano: Is the second group victims?

Melissa Grady: They're people who have already gone through a treatment focus on sexual offending, but again they also experienced victimization at some point in their past. In this way they hold both identities. We want to hear from them regarding what should have been done. What do they think could have been done to help them integrate these two experiences, their offending as well as their own victimization? They are going to be helping us build out what we're calling an enhancement model, and we're hoping by the end that we'll have a very clear manual for providers who can then say, "OK, I've got an adolescent who has a victimization history and an a history of sexual offending. I now have a model that I can use to really address both of these identities - their own victimization and their offending.”

We are very fortunate to have on the project two of the developers of TF-CBT, Anthony Mannarino and Esther Deblinger. They are consultants on the project and will be working with us to develop the manual.

After this project is completed, we are planning to test the enhanced manual using a clinical trial to see how this integrated approach compares to the typical treatment focused on sexual offending. We are hoping that this integrated treatment will be more effective as it addresses one of the root causes of offending, which is their own histories of trauma. We want to know whether this model is superior to what people are doing now. Right now, based on the research I have been doing, current treatment models are either totally ignoring the client's own trauma histories or they're doing it in sort of a haphazard way because they don't have a roadmap to follow.

So the ultimate goal is to to create this roadmap for the huge number of practitioners who are working with adolescents who have a sexual offense conviction and who also have their own histories of victimization.

Albano: What happens when providers do not have a roadmap?

Melissa Grady: Well your timing is perfect, because what I've been working on all day today is a paper that I'm doing in partnership with a colleague Dr. Jill Levenson at Barry University in preparation for a conference. And I will just tell you, here are some of the quotes that I was just proofreading when they talk about their treatment experiences:
Some described their therapy as “coercive” and that it was “atrocious and geared to help provoke you.” One participant stated "I hated every minute of it.”

They go on to describe therapists where they said they were “ridiculed, it was horrible, shame based, was demeaning and horrific.” In addition, several of them said, "I thought I was going to need therapy after the treatment I got". Or "I needed therapy for the required class." Another said, "the state should pay for any mental therapy I need to get over my traumas related to this treatment.” Another talked about how, “little trust I had in the program and their therapists." This study really illustrated that unfortunately, even when therapists are just sticking to one focus like the offending, many of them are not delivering services that feel therapeutic to the clients. Many of the providers aren't following a structured protocol that their clients perceive as helpful with regards to the offending. Then, when you add in their own victimization, you've just added another layer of complexity that they don't really know how to manage.

Albano: Those programs are happening in prisons? Or are they happening outside?

Melissa Grady: The majority of the participants from that study were in a community based program. Whether there are programs focused on sexual offending in the prisom system depends on the state. Maryland, for example, does not have a specific program within prisons that focuses on sexual offending. North Carolina has one, but they're only slated to treat about 50 a year, and they have usually over 4,000 a year in the prison system at any one time. However, there are many community based programs that serve this population, both adults and adolescents. In the study I referenced earlier, the majority of the participants were court mandated. Of the two hundred and ninety one in the study, over two hundred and fifty were court mandated to receive treatment.

But they have to pay for the treatment themselves, and many of them can't get a job because of the felony charges. The treatment is really expensive, and can go on for years.

Albano: Compared to other violent crimes, are people who've been arrested for sexual violence, gone to jail, and come out, more likely than other "criminals" to relapse and then attack again?

Melissa Grady: Actually, they're not. The research debunks one of the huge myths about this population. These individuals should be arrested, and they should be punished and they should receive treatment. Nobody who works with this population would say anything differently. However, the recidivism rates for this population are actually lower than almost every other category of violent crime. And when you compare them, at most, you'll see anywhere from four to ten percent end up committing another crime. Incredibly low.

And for adolescents, it's even lower. But adolescents are often treated in the same way that adults are in the courts, even though they're re-offending rate is even lower than adults. In fact, there was a meta analysis that looked across all adolescents, internationally and the average rate of re-offense was five percent. Five percent is incredibly low. Now again, five percent is still more than we would want. So we need effective treatments and prevention strategies. We need to figure out what's going to work. However, we currently have incredibly punitive policies that can create more harm than good. For example, for an adolescent who has a sexual conviction, that adolescent cannot go to school, they can't go to a mall, they can't go to a movie theater, they can't go to a Chuck E. Cheese, they can't go to a McDonald's if the McDonald's has a play structure. Some can't go to places of worship because there might be a daycare center on site.

With these policies, you've taken away everything that helps them build coping skills, helps them integrate into the world, helps them develop positive relationships, and they can't do any of that under these policies. They can't even sit at a park bench if it's too close to a park. So by putting under all of these restrictions and isolating them in such a way, there's more and more research that shows these policies do not work. There is a huge study in New York that talked about how these policies after they were enacted have actually had zero impact on recidivism.

Albano: When was this?

Melissa Grady: It was conducted by Jeff Sandler, and is maybe 15 years old now. There was a law passed called SORNA, which is the Sex Offender Registration Notification Act.

Sandler and his colleagues in New York looked at 10 years of arrest rates, pre SORNA, and then they looked at 10 years of arrest rates post SORNA and tried to see if there is a difference after these policies were in place to "protect society". They found is it actually made zero difference statistically on the rates of sexual crimes because over 96 percent of the arrests were with people who had committed their first sexual offense. So all new individuals. All these billions of dollars on the registration and notification and databases were targeting less than four percent of all of the sexual crimes that were being committed. This study showed, we've spent billions and billions of dollars, and it's made no impact on the crimes because we're not looking further downstream. As one of my mentors Pat Van Buren said, "We have to figure out why people keep getting thrown in the river." Why are they doing this in the first place?

And then we need to make sure we're providing effective treatments that target those contributing factors. Which, many would argue we are not doing right now.

Albano: So how did you get into this field, especially sexual based trauma?

Melissa Grady: It was not what I planned at all. I always thought I would work in the trauma field, but it never occurred to me to work with people who had committed the crimes. I always just imagined myself working with people who had experienced different forms of trauma. I was working in my first job after my MSW, at a community mental health center, and Pat Van Buren ran the Sexual Aggressive Youth program for the same organization. This was a program where kids who had been adjudicated through the courts for a sexual conviction came for mandated treatment.

There was an adolescent component and then a parent component. The adolescent group met three times a month and the parents met twice a month. One of those times was a joint session with their kids and then the other time by themselves.

I wanted to learn anything I could, so I started working with this group and I came to think of two things. The first, is this is the most reviled population/crime that you can do in our society. If you want to be stigmatized and hated, do this crime. It is the most sure way to be ostracized and hated by our society. And yet, given all of those taboos, people still do it. Why? What drives it? So that sort of was striking to me. The other thing is that as Pat said to me, she had started her career working with people who had experienced victimization and she felt like she was standing at the bridge, pulling people out one by one. And she wanted to go down stream and figure out why they were getting thrown into the river in the first place?

So when I thought about where I am going to get the biggest bang for my buck in addressing trauma, I thought about working with those who cause the trauma. I am not saying that we should not work with people who have experienced victimization is not important. That is not at all what I want to communicate. We need to have a both/and approach. I have a private practice where I work with a number of individuals who have experienced trauma. With the both/and approach, it's equally important to work with individuals who have committed sexual crimes and understand why they've committed these crimes so that we can prevent it from happening to more people. The more we learn about how to prevent these crimes, the more we will know about how to make sure nobody commits these crimes in the future.

Using the CDC's (Centers for Disease Control) language, there are three levels of prevention.

Primary prevention is a universal approach. For this level of prevention, we need healthy families, strong coping and social skills, as well as emotional intelligence. Those are examples of the focus within primary prevention. Secondary prevention asks, who are the individuals that are at higher risk for having this as an issue? And what do they need? Tertiary prevention is where we know who the people are who have already done it. These are people that have been convicted. In tertiary prevention, we need to develop and offer better programs to ensure that they don't do it again. So for me, when I think about this work, I am always thinking on these three levels of prevention, and I think we need to be looking at all of them in order to reduce the overall rate of sexual violence in society. So to go back to your question, entering this field wasn't really planned. I just became really fascinated by the work.

For my dissertation, I ended up looking at empathy development in teh treatment of sexual offending because I became fascinated with the idea of whether you can "teach" somebody to care. Can you teach somebody to really think, "Oh, I don't want to hurt this person because I will experience distress myself if I do that"? So I ended up studying that for my dissertation.

Albano: So what's the answer? Can you?

Melissa Grady: It's still uncertain. I don't know. My dissertation did not end up answering the question, and part of it may be because it's really, really difficult to measure somebody's internal experience. On a paper pencil test, it's easy for me to say, "Oh, I know you want me to say this and I know what the right answer is." And in fact, some people talk about empathy being having two components.

Cognitive empathy, which is, I see you, I see you're looking at me. I can tell by your expressions on your face what you're doing. Cognitive empathy interventions are used a lot with people on the autism spectrum to help them read more accurately what others are trying to communicate. The other part of empathy is the affective component, which is, “I am distressed because you are distressed and I feel moved internally because you are distressed and I want to do something to relieve your distress.” And what people have talked about in the literature is actually people who have been diagnosed with sociopathy or antisocial personality disorder are actually really, really, really good at the first kind, the cognitive kind, because they need to know how to read people incredibly well in order to manipulate and get the reactions that they want. But it's not necessarily pro-social. And in fact, most of the time it's not. So empathy is a really complicated construct, and the issue really comes down to we don't have a great way of measuring it.

Albano: After we saw a rise of crime in the 70s 80s, there a slope off in the 90s. Did sexual violence see a decrease similar to overall violence, or has it gone up?

Melissa Grady: It's definitely been going down. You wouldn't know it if you watched any of the news or read anything.

There's a researcher named David Finkelhor at University of New Hampshire, who has been doing reports for the Department of Justice around rates of violence and sexual violence as well. He reports that the rates are going down. I think part of the reason for this decline is communication. There's a lot more openness about the topic and a lot more psychoeducation about the importance of talking about it so that people are reporting it and those committing these crimes are getting treatment and what they need to stop these behaviors.

The increased openness in society has also helped to reduce the rates of sexual abuse within families. In families, communication can stop the cycle. There are many individuals now, such as teachers, who are mandated reporters paired with many more regulations within organizations, like the Catholic Church and youth organizations, all of which have also helped to reduce rates. When my kids were little I picked a daycare based on the fact that I could see into the other rooms from whichever room I was in at the time. This was different from another one I went to, which had a long hallway with a door into each classroom with only one little window into the classroom at the top of the door. Those classrooms just felt too isolated for me. Now there are a lot of structural changes that have been done to facilities and buildings and new rules have been established to make sure that there are eyes on kids at all times.

In addition, there are also a lot of educational school interventions focused on boundaries and healthy relationships, as well as regular screenings for kids when they go to the pediatrician. So, the screenings, education, structural changes, increased openness, and other changes, have all contributed to a reduced rate of sexual abuse in our society.

Albano: What kind of doors does the Fahs-Beck Fellowship open up for you?

Melissa Grady: My research partner on this project, Jamie Yoder, is a professor at Colorado State in the social work department there. She and I have done several different projects together and she is a fantastic collaborator.

Building off of this current project, she has submitted a grant internally to Colorado State University to develop a feasibility study so that we can take the manual that we will have by the end of the project and do a pilot test and see how it works and learn what we need to tweak. How do we need to change it? What is it that we need to do once it's in the hands of practitioners? And then from there, we want to use that pilot data to apply for a federal grant to be able to do a larger clinical trial once we've done some pilot testing and revised the manual.

Albano: Is there a timeline of that? How long does that kind of academic process take?

Melissa Grady: Well, unfortunately, it's slow because of the grant writing. So our timeline for the Fahs-Beck is probably by the end of the summer to have the data collection done and then manual done by the end of 2022.

Then we would try and do the pilot data over the winter of 2023. Based on that pilot data, we would probably apply for grants the following spring.

Albano: If you were to get the federal grant, would the research be taking place here, at Catholic or Colorado state?

Melissa Grady: Well, it would be a partnership. We would definitely be CO-PIs. We've just alternated projects like this one, I'm the PI. The one she just submitted, she's the PI.

Albano: For students who are trying to join NCSSS and might be interested in this field of work, why should they come to this department?

Melissa Grady: We have a great social work curriculum, and regardless of which population that they would want to work with, they're going to walk away with a really, really solid knowledge base and skill set for social work practice.

Another reason to come is that there are opportunities for students to get involved in different research projects. Right now I'm working with four different students on different research projects. Because of their role on these projects, they're going to get publications as students. They're going to get research experience and that's amazing! One of them is going to join a larger national group that I'm working with and attend our meetings with faculty and doctoral students at other universities.

These are really fantastic experiences for students. I would say another reason to come to NCSSS, is that if they are interested in sexual violence, we have a lot of expertise within the school. We also have a unique interdisciplinary certificate program focused on sexual abuse prevention that people can complete before their graduation. Through this program, they have the opportunity to interact with faculty members who have expertise in this topic area.

NCSSS provides so many hands-on opportunities and experiences in an incredibly student centered environment. Here, students really get to know their faculty who are very invested in the students' successes. It is a great place to get a social work degree.

Albano: I really appreciate you talking about your research. Congratulations on the fellowship!