

Treatment of SO in Developmental Disability Populations

Literature and research has begun to emerge that provides an increasing understanding of the similarity and differences in the etiology and treatment for sexual offense behavior in persons with intellectual disabilities compared to the nondisabled offender.

Sex offenders with intellectual disabilities provide important challenges to the judicial system. By definition, someone accused with intellectual disability is less likely to meet the criteria for competency to stand trial. A second problem is that there is often a deficit in social skills, which can be an important precursor to normal sexual drives.

Approximately 3% of the population has some degree of intellectual disability. Sex offenders with identified intellectual disabilities appear overrepresented in the charged and imprisoned population of sexual offenders. Statistics range from 15% to 33% (Shapiro, 1986; Steiner, 1984). Day (see 1994) cautions that the prevalence rate may actually be higher because it does not account for those persons with intellectual disabilities who were not charge but diverted to residential care facilities.

Griffiths et al. (2002) note that from arrested trial, offenders who have cognitive disabilities are more likely to be disadvantaged. They're more likely to be arrested or waive their rights due to impaired understanding. To gain approval of authority figures, they may provide false confessions or provide incriminating evidence, and failed the plea bargain. They are also more likely to be jailed pretrial because of failure to meet bail or personal recognizance. They're less likely to be able to afford or mount a solid legal defense. In general, their prison terms or longer than similar offenders without disabilities (Laski, 1992).

Day (1994) describes two types of sexual offenders with intellectual disabilities. The first group commits only sexual offenses; this is a lower risk group. The second group presents with greater risk for violence and assault and commits not only sexual offenses but also a range of nonsexual offensive behaviors.

Risk assessment with this population is particularly difficult. In one study, men with intellectual disability scored significantly higher on the VRAG and SORAG.

Autism:

In addressing Autism-Spectrum Disorders and sexuality, Sullivan and Caterino (2008) caution:

"A substantial proportion of individuals with autism, 10-30%, experience increased behavioral problems during adolescence. . . . Inappropriate sexual behaviors are often an area of concern because the sexual drives that emerge in adolescence are not accompanied by the socialization and understanding of social norms governing acceptable sexual behaviors that a typical peer will gain. Because individuals with ASD are not generally involved in peer groups, they are excluded from the valuable learning opportunities that shape people's sexual behaviors."

". . . many high functioning autistic (HFA) individuals indicated a desire for social contact and sexual relations, but that their social disabilities may prevent the development of appropriate relationships. This study found that compared to their typical peers, adolescents with HFA displayed poorer social behaviors, had fewer privacy related behaviors, and had less knowledge of privacy issues and sex education. In addition, their parents reported more concerns about their children's sexual behavior."

Although adolescents with ASD may lack the social abilities and communication skills to develop appropriate friendships and intimate relationships, their typical physiological development may lead to a desire for sexual intimacy, even in the face of social rejection. The lack of knowledge of appropriate social norms can lead to conflicts between the fulfillment of their sexual needs and socially acceptable sexual behavior. It is the high frequency of inappropriate public behaviors that has raised concern for many parents and service providers. . . . Hellemans et al. (2007) reported that nearly a third of their sample required intervention in the area of sexual behaviors and emphasized the importance of sex education." Sullivan, A., Caterino, L. Addressing the sexuality and sex education of individuals with autism spectrum disorders. *Education & Treatment of Children*, Vol 31(3), Aug, 2008. pp. 381-394.

Reyes, Jorge R., Vollmer, Timothy R., Hall, Astrid. *Replications and extensions in arousal assessment for sex offenders with developmental disabilities*. Journal of Applied Behavior Analysis, Vol 44(2), Sum, 2011. pp. 369-373.

Abstract:

Three adult male sex offenders with developmental disabilities participated in phallometric assessments that involved repeated measures of arousal when exposed to various stimuli. Arousal assessment outcomes were similar to those obtained by Reyes et al. (2006). Additional data-analysis methods provided further information about sexual preferences, thus replicating and extending previous research. The results provide preliminary data for establishing a preference gradient by age. Implications for the use of repeated measures and preference gradients in arousal assessments are discussed.

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Craig, Leam A. *Controversies in assessing risk and deviancy in sex offenders with intellectual disabilities*. Psychology, Crime & Law, Vol 16(1-2), Jan, 2010. Special issue: Contemporary perspectives on sex offending, its assessment, and treatment. pp. 75-101.

Abstract:

While the literature on the assessment, treatment and management of nonintellectual disabled sex offenders is well established, it is only in recent years that researchers and clinicians have focused on sex offenders with intellectual disability (ID). This article focuses on two areas: the assessment of risk and recidivism, and the assessment of sexual deviancy in sex offenders with ID. The first part of this article reviews the literature on the assessment of sexual offence recidivism risk for sex offenders with ID. Static and dynamic risk factors associated with sexual recidivism risk in sex offenders with ID are identified and the use of actuarial risk assessment scales and structured risk assessment systems with this client group are considered. The second part of this article discusses difficulties associated with the assessment of sexual deviancy in sex offenders with ID. An alternative approach to assessing deviancy is considered where deviant behaviour is compared against a four-group continuum of normal to deviant sexual behaviour in terms of developmental and chronological levels. From the literature a number of suggestions are made regarding the assessment of risk and sexual deviancy with this client group.

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Phenix, Amy, Sreenivasan, Shoba. *A practical guide for the evaluation of sexual recidivism risk in mentally retarded sex offenders*. Journal of the American Academy of Psychiatry and the Law, Vol 37(4), Dec, 2009. Special issue: Daubert and EBP. pp. 509-524.

Abstract:

Although sex offender risk assessment has progressed greatly over the past decade and a half since most states implemented the sexually violent predator/sexually dangerous person (SVP/SDP) laws, there continues to be limited applicability of such models to intellectually disabled sex offenders because there has been no empirical validation. However, SVP/SDP civil commitment programs have reported increased admission of developmentally disabled sex offenders. Differentiating sexual deviance, the primary factor predisposing most individuals to criminal sexual violence, from impulsive, immature, and inappropriate behavior stemming from cognitive deficits presents yet another challenge to the clinician tasked with performing such evaluations. This article reviews actuarial risk models and their limited applicability to mentally retarded sex offenders and offers a conceptual method of assessing the risk of recidivism in intellectually disabled sex offenders under SVP/SDP evaluation.

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Ford, Hannah J., Rose, John, Thrift, Sue. *An evaluation of the applicability of the self-regulation model to sexual offenders with intellectual disabilities*. Journal of Forensic Psychiatry & Psychology, Vol 20(3), Jun, 2009. pp. 440-457.

Abstract:

The self-regulation model (SRM) hypothesises that sexual offenders follow different pathways to offending. Further study is required, however, to determine whether pathways identified in non-intellectually disabled (ID) offenders apply to those with IDs. Information from semi-structured interviews with staff was used to classify offence pathways in 28 ID sex offenders. Demographic data and assessments of risk were also collected. ID offenders were reliably categorised into the four pathways. Comparison with other published studies found similar proportions of ID and non-ID offenders in each pathway. Offenders with passive self-regulation had lower levels of intellectual functioning than those more actively regulating their behaviour. The SRM has applicability to sex offenders with IDs; adaptation of mainstream treatment models for this group may be appropriate.

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Lindsay, William R., Taylor, John L. *The assessment of treatment-related issues and risk in sex offenders and abusers with intellectual disability*. Assessment and treatment of sex offenders: A handbook. Beech, Anthony R. (Ed.); Craig, Leam A. (Ed.); Browne, Kevin D. (Ed.); pp. 217-235. New York, NY, US: John Wiley & Sons Ltd, 2009. xxvii, 582 pp.

Abstract:

(from the chapter) In this chapter we have review the current state of literature on assessment of risk in sex offenders with intellectual disabilities (ID). Our knowledge on static risk factors has begun to develop considerably and there have now been two studies on the applicability of existing risk assessments to this client group. Both studies (Quinsey, Book & Skilling, 2004; Lindsay et al, 2008) have found predictive results that are broadly consistent with the literature on mainstream offending for the Violence Risk Appraisal Guide (VRAG) and Static-99. Results on the RM2000 were somewhat poorer but the authors urged further research work since this particular assessment has wide applicability and accessibility. The Static-99 in particular appeared relevant for use with sex offenders with ID since Harris and Tough (2004) reported that its predecessor the RRASOR was used effectively in treatment services for this client group in the Toronto area. Therefore there are some positive results regarding assessment of static/actuarial risk. We have considered dynamic risk variables in accordance with the Thornton (2002) classification of social/affective, cognitive and attitudinal, self-regulation and sexual preference/drive. These are the issues which would be targeted for treatment in relevant services and because of this, there is a reasonably rich literature upon which to draw. A few studies have been conducted which confirm the relevance of these dynamic risk variables in the prediction of incidents for this client group. A number of studies have demonstrated the reliability and validity of assessments for use with these clients on these relevant variables. Notably they include assessments of hostility, emotional instability, personal relationships, cognitive distortions that might be considered supportive of sexual offences, and self-regulation. Two important studies (Blanchard et al, 1999; Cantor et al, 2005) also attest to the importance of considering self-regulation of sexual preference drive during treatment.

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Murphy, Glynis, Sinclair, Neil. *Treatment for men with intellectual disabilities and sexually abusive behaviour*. Assessment and treatment of sex offenders: A handbook. Beech, Anthony R. (Ed.); Craig, Leam A. (Ed.); Browne, Kevin D. (Ed.); pp. 369-392. New York, NY, US: John Wiley & Sons Ltd, 2009. xxvii, 582 pp.

Abstract:

(from the chapter) Attitudes have changed since the eugenics period, however, and people with intellectual disabilities are increasingly recognized as having full citizenship rights, as asserted in the United Nations Declaration on the Rights of Mentally Retarded Persons in 1971 (United Nations, 1971) and the United Nations Convention on the Rights of Persons with Disabilities in 2006 (United Nations, 2006). This declaration and convention specifically address the right to choose a lifestyle, the right to vote (and see Beckman, 2007), to marry and to have a family life. They also both specifically address, through Article 6 in the 1971 Declaration and Articles 12 and 16 in the 2006 Convention, the right to equal treatment before the law and protection from abuse. Nevertheless, it has transpired in a variety of studies that people with intellectual disabilities are particularly vulnerable to being victims of abuse, especially sexual abuse (Brown, Stein & Turk, 1995; Buchanen & Wilkins, 1991; Furey, 1994; Hard & Plumb, 1987; McCarthy & Thompson, 1997; Sobsey, 1994; Turk & Brown, 1993), more so than other vulnerable groups (Brown & Stein, 1998). Many of the perpetrators of that abuse are themselves people with intellectual disabilities (42% of perpetrators, according to Furey, 1994; 53% according to Brown et al, 1995) and they are predominantly men (88% men according to Furey, 1994; 96% men according to Brown et al, 1995). Very often, sexually abusive behaviour by men with intellectual disabilities goes unreported (Murphy, 2007). This is especially likely if the victim is also someone with intellectual disabilities (Brown & Thompson, 1997b; Green, Gray & Willner, 2002; Thompson, 1997) and it seems to be less likely if the victim is a non-disabled child (see Lindsay et al, 2006). Thompson (1997), for example, found over 70% of offences against children, but only 11% of offences against another person with intellectual disabilities, were reported to the police.

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Reyes, Jorge R. *Assessment of sex offenders with developmental disabilities*. Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 69(10-B), 2009. pp. 6395.

Abstract:

This series of studies focused on the behavioral assessment of sex offenders with developmental disabilities (DD). Studies 1 through 4 focused on the use of arousal assessments with DD offenders from a behavioral perspective. Study 1 investigated the utility of using a penile plethysmograph in the assessment of arousal for sex offenders with DD. Study 2 primarily served as a replication and extension of study 1 with additional data analysis. Study 3 involved an evaluation of 2 different types of pre-session factors, masturbation and arousal suppression, that may affect responding during an arousal assessment. Study 4 primarily served as a technical study which involved the development and initial evaluation of a portable plethysmograph to measure arousal outside of clinical settings.

Results from studies 1 and 2 showed that differentiated outcomes were obtained using the penile plethysmograph with DD sex offenders. Further data analysis from study 2 yielded more detailed information about the arousal assessment outcomes in terms of hierarchical preferences among stimuli. Results from study 3 showed that both pre-session masturbation and suppression instructions decreased arousal levels. The results from study 4 showed that the portable plethysmograph was capable of capturing differential arousal in community settings, and the levels of arousal were similar to those obtained in clinical settings. Studies 5 and 6 focused on assessing operant behavior related to sexual offending by applying standard behavioral procedures to offense related behavior. Study 5 involved observing how individuals responded under conditions considered to be high-risk when they did not know they were being assessed. Individuals were observed in the presence of magazines which contained pictures of children (considered to be high-risk) and other magazines which did not. Results showed that all of the individuals looked at the high-risk magazines on almost every available opportunity. Study 6 involved applying a standard behavioral preference assessment procedure to assess age and gender preferences. Results showed that specific preferences for age and gender were obtained, and the outcomes generally matched the preferences identified through the arousal assessments.

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Lindsay, William R., Whitefield, Elaine, Carson, Derek. *An assessment for attitudes consistent with sexual offending for use with offenders with intellectual disabilities*. Legal and Criminological Psychology, Vol 12(1), Feb, 2007. pp. 55-68.

Abstract:

Background: Over the past 10 years, the focus of assessment and treatment for sex offenders has changed from the assessment of skills and deviant sexual preferences to the assessment and treatment of cognitions that might be considered to encourage or justify inappropriate sexual behaviour. There have been a few assessment measures of deviant sexual cognitions developed for adults in mainstream sex offender populations but none in less able populations. The present study describes an assessment questionnaire consisting of 7 scales for cognitions associated with rape, voyeurism, exhibitionism, dating abuse, stalking, homosexual assault and offences against children, designed to be used by sex offenders with intellectual disabilities. Method: Four groups of subjects were employed in this study-sex offenders, nonsexual offenders, non-offenders all with mild intellectual disabilities or borderline intelligence and a further group of normal men. All subjects completed the questionnaire and 86 subjects provided reliability data. Results: Each item was subjected to 3 tests of reliability. Retained items were required to achieve an item-to-total correlation of at least 0.4. Of the 7 scales, 5 achieved an internal consistency coefficient of 0.8 or greater. All scales successfully discriminated between groups even when the normal controls were eliminated because their scores were so low. Conclusions: It is possible to develop scales to assess cognitions related to types of offences which discriminate between sex offenders and other groups with intellectual disabilities. The final scales have robust statistical properties and can be used for clinical and research purposes. Some caution was noted in the use of attitudinal assessments for sex offenders.

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Nezu, Christine Maguth, Greenberg, Jeffrey, Nezu, Arthur M. *Project STOP: Cognitive Behavioral Assessment and Treatment for Sex Offenders with Intellectual Disability*. Journal of Forensic Psychology Practice, Vol 6(3), 2006. pp. 87-103.

Abstract:

In this brief article, we provide relevant background concerning the prevalence, characteristics and vulnerabilities of intellectually disabled (ID) sex offenders, as well as scientifically-informed guidelines for assessment and treatment. Specifically, we suggest assessment methods concerning the various areas of vulnerability associated with sex offending risk, with emphasis on dynamic or changeable areas of vulnerability. Treatment guidelines are consistent with an individualized case formulation approach aimed at changing each individual's unique area of vulnerability. We provide a description of Project STOP, as a case example of these principles. A program evaluation of this project revealed a low rate of recidivism and a high degree of treatment adherence. Finally, we propose which elements of the case formulation approach appear to be associated with successful outcome.

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Harris, Andrew J.R., Tough, Susan. *Should Actuarial Risk Assessments be Used with Sex Offenders who are Intellectually Disabled?* Journal of Applied Research in Intellectual Disabilities, Vol 17(4), Dec, 2004. pp. 235-241.

Abstract:

Objective actuarial assessments are critical for making risk decisions, determining the necessary level of supervision and intensity of treatment (Andrews & Bonta 2003). This paper reviews the history of organized risk assessment and discusses some issues in current attitudes towards sexual offenders with intellectual disabilities. We present two risk assessment tools (RRASOR and STABLE-2000) that appear to have practical utility with this population. Data are

presented from a community sample of 81 sexual offenders who are intellectually disabled suggesting that the RRASOR may provide a useful metric of risk for this population. Dynamic risk is assessed using the STABLE-2000. This tool, based on 16 areas empirically associated with sexual recidivism, samples the individuals' current behaviour, skill deficits and personality factors. Change in these factors serves to flag the supervisor to changing risk levels. In addressing the question of whether we should seek special risk measures normed on people with intellectually disabilities, given the current lack of alternative tools, we conclude that it is reasonable to make use of the risk assessments that have been validated on the general sex offender population.

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Boer, Douglas P., Tough, Susan, Haaven, James. *Assessment of Risk Manageability of Intellectually Disabled Sex Offenders*. Journal of Applied Research in Intellectual Disabilities, Vol 17(4), Dec, 2004. pp. 275-283.

Abstract:

There are no validated risk assessment tools for intellectually disabled (ID) sex offenders, with the exception of the work of Lindsay et al. [journal of Applied Research in Intellectual Disabilities (2004) 17: 267] regarding the prediction of risk for aggressive behaviour of ID offenders in residential settings. ID sex offenders comprise a neglected subgroup, and one that poses unique challenges and rewards for clinicians. Recent work by Tough [Tough S. (2001) Validation of Two Standard Assessments (RRASOR, 1997; STATJC-99, 1999) on a Sample of Adult Males who are Intellectually Disabled with Significant Cognitive Deficits. Master's Thesis, University of Toronto, Toronto, ON, Canada] examined the utility of the Rapid Risk Assessment for Sexual Offence Recidivism [RRASOR; Hanson R. (1997) The Development of a Brief Actuarial Risk Scale for Sexual Offence Recidivism, User Report 97-04. Department of the Solicitor General of Canada, Ottawa, ON, Canada.] and the Static-99 [Hanson R. K. & Thornton D. (1999) Static-99: Improving Actuarial Risk Assessments for Sex Offenders, User Report 99-02. Department of the Solicitor General of Canada, Ottawa, ON, Canada] for ID sex offenders. She determined that the Static-99 may overestimate risk in ID sex offenders and that the RRASOR seemed to be a more accurate tool for these offenders. These actuarial tools provide a 'risk baseline', which helps in determining treatment intensity and level of supervision, but do not provide much help in designing treatment plans or management strategies based on the needs of the individual client. Hence, all three authors have developed risk management strategies in their work with ID sex offenders based largely on dynamic factors. This work has produced the present assessment. The present paper outlines a convergent approach which uses the information provided by static actuarial instruments and relevant dynamic factors as an introduction to the formation of a risk management strategies instrument for ID sex offenders. Thirty suggested items, split into four categories (chronic dynamic and acute dynamic for staff and environment; chronic dynamic and acute dynamic for offenders) are listed along with brief explanations of these items.

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Lambrick, Frank, *Issues surrounding the risk assessment of sexual offenders with an intellectual disability*. Psychiatry, Psychology and Law, Vol 10(2), 2003. pp. 353-358.

Abstract:

The assessment and treatment of sex offenders with an intellectual disability has received increasing attention over the last 15 to 20 years but there has been little research conducted on the evaluation of assessment and treatment approaches to this client group. The general area of sex offender risk assessment has been subject to a considerable degree of research over the years but none of this research has clearly differentiated the intellectually disabled in population samples. Nevertheless, in at least two prominent risk assessments, intellectual disability is defined as a static risk factor. Serious methodological problems exist in the research that has focused upon the offender with an intellectual disability, with inconsistent criteria being set to define intellectual disability. This precludes any attempt to define base rates of recidivism for this population. Protective factors for this population in Victoria are discussed, particularly the informed monitoring ability of staff working with this client group. Future research needs to differentiate this population from other samples and care must be taken to include only those individuals who have been formally diagnosed as having an intellectual disability.

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Lindsay, William R. *Research and literature on sex offenders with intellectual and developmental disabilities*. Journal of Intellectual Disability Research, Vol 46(Suppl1), May, 2002. Special issue: Forensic learning difficulties: The evidence base. pp. 74-85.

Abstract:

Reviews the literature on several aspects of sex offenders with intellectual and developmental disabilities, including the relationship between sex offending and developmental disabilities, the prevalence and characteristics of sex offenders in this client group, assessment, treatment, and outcome of intervention. Several important variables were identified as influencing the disparate results found in different prevalence studies. These include variations in inclusion criteria, differences in the source of the sample, differences in determination of IQ, the impact of

deinstitutionalization, and the effect of changing social and penal policies in the area where studies have been conducted. Although some studies have suggested an increasing incidence, there is no clear evidence for the over- or under-representation of people with developmental disabilities amongst sex offenders. Pharmacological, behavioral, educational and cognitive treatments are reviewed. Several comprehensive treatments which include all of the aforementioned methods are also considered. Although most studies do not report particularly positive outcomes, several authors have found better outcomes with treatment lasting at least 2 yrs.

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Timms, Sheila, Goreczny, Anthony J. *Adolescent sex offenders with mental retardation: Literature review and assessment considerations.* Aggression and Violent Behavior, Vol 7(1), Jan-Feb, 2002. pp. 1-19.

Abstract:

This literature review focuses on social deficits of individuals who have mental retardation (deficits which may contribute to aberrant sexual behavior among adolescents) and then switches to focus on adolescent sex offenders (including those with mental retardation). The authors conclude with suggestions for assessment of adolescent sex offenders and with recommendations for future directions.

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Nezu, Christine Maguth, Nezu, Arthur M., Dudek, Jonathan A. *A cognitive behavioral model of assessment and treatment for intellectually disabled sexual offenders.* Cognitive and Behavioral Practice, Vol 5(1), Sum, 1998. pp. 25-64.

Abstract:

Sex-offending behavior continues to exist as a major public health concern. In recent years, studies of risk prediction and identification of both static and dynamic factors associated with the behavior of sexual perpetrators have added to a collective understanding of the problem. However, a limited amount of available information exists concerning how to translate relevant factors into effective clinical treatments or risk management strategies for this population. This is particularly true with regard to intellectually disabled offenders. This paper presents a model of sex offending that focuses on cognitive behavioral variables proposed as functional causal pathways to guide assessment and treatment of such individuals. Clinical case examples involving a 26- and a 35-yr-old male sex offender are provided to illustrate the linkage between assessment and treatment.

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Demetral, G. David. *Diagrammatic assessment of ecological integration of sex offenders with mental retardation in community residential facilities.* Mental Retardation, Vol 32(2), Apr, 1994. pp. 141-145.

Abstract:

Sex offenders with mental retardation who are experiencing stress are more likely to use coping strategies effectively if they have a large network of nurturing environmental contacts and are, therefore, less insulated from their environment. In this article an assessment tool, the ECO-MAP, is used to graphically illustrate the degree of integration of a 24-yr-old male offender. The instrument is shown to be useful as a clinical aid in the intervention-planning process, the contracting phase of intervention, and in the evaluation of outcomes.

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Clare, Isabel C. *Issues in the assessment and treatment of male sex offenders with mild learning disabilities.* Sexual & Marital Therapy, Vol 8(2), 1993. Special issue: Paraphilias. pp. 167-180.

Abstract:

There has been little consistency in the response to sex offending by men with mild learning disabilities. To understand the sexual behavior, 3 factors need to be assessed, including sexual interests, social-sexual behavior, and attitudes and thinking. Assessment can be achieved through self-reports, behavioral observation, physiological measures, and archival data. The disadvantages shared by persons with mild learning disabilities will impact on the assessment of sex offenders within this population through the limited applicability of some assessment methods, the need for broad-based assessment of socio-sexual behavior, and the need for multidisciplinary assessment. Treatment aims to reduce the frequency and severity of the behavior by reducing inappropriate thoughts, feelings, and behaviors, and by increasing alternative thoughts, feelings, and behaviors.