Working Therapeutically with Men with Intellectual Disabilities and Harmful Sexual Behaviours

New Directions in Sex Offender Practice
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John L Taylor
Northumbria University/
Northumberland, Tyne & Wear NHS Foundation Trust

with

Glynis H Murphy
University of Kent


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Crime and People with Intellectual Disabilities

- Historically, crime and ID have been firmly linked (*Hirschi & Hindelang, 1977; Trent, 1994; Wilson & Hernstein, 1985*)
- "… there is no investigator who denies the fearful role of mental deficiency in the production of vice, crime and delinquency … not all criminals are feeble-minded but all feeble-minded are at least potential criminals." (*Terman, 1911*)
- There is robust evidence that there is a inverse relationship between low IQ and offending
- However, the relationship is not simple or linear; particularly when considering individuals ≤ 1.5 standard deviations below the average IQ

Bivariate Relationship between IQ and Offending

from Mears & Cochran (Criminal Justice & Behr, 2013)

N = 3,253 cases from the National Longitudinal Survey of Youth (MLSY) concerning self-reported offending

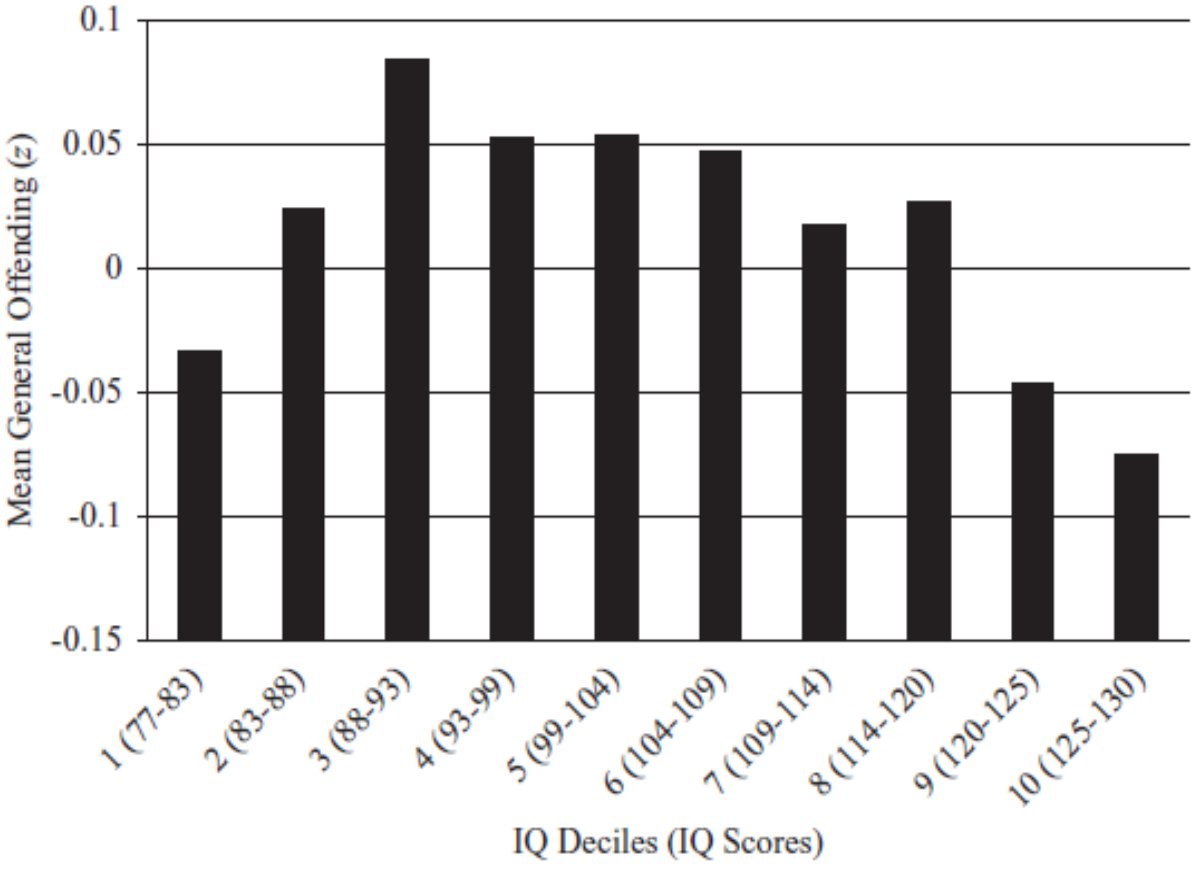


Figure 1: Bivariate Relationship Between IQ and Offending

Prevalence of Offending and People with ID

- **Prevalence studies involving people with ID report large variations in rates of offending – *method of identification; location of sample; stage of CJS; inclusion criteria***

- **The evidence base is poor with regard to epidemiological studies - in particular there is a dearth of well-controlled studies including non-disability comparison groups *(Lindsay & Taylor, 2018)***

- **It is not clear, therefore, whether people with ID are over- or under-represented in the offender population**

- **Similarly, it is unclear whether offending is more prevalent amongst people with ID than those in the general population**

Prevalence of *Sexual* Offending and People with ID

- Studies on the prevalence of sexual offending by people with ID have the same methodological problems
- Walker and McCabe (1973) found that 28% of men detained under hospital orders in the UK had committed sexual crimes
- Gross (1985) reported between 21% and 50% of offenders with ID in a US community programme had committed sexual offences
- Hayes (1991) found that 3.7% of Australian prisoners with ID had been convicted of sexual offences (cf. with 4% non-ID)
- Langevin & Curnoe (2008) reported 2.4% of 2,286 sex offenders referred to US university programme had ID
- Thus, it is unclear whether *sexual* offending is more – or less prevalent amongst people with ID than those in the general population

LD Offender Pathway Study – *antisocial and offending behaviour (N = 477)*

- *Ref: O'Brien, Taylor, Lindsay, Holland et al. (2010). JofLD&OB*

Index Antisocial/Offending Bhr	Frequency (%)
Offences against the person	
Physical aggression	238 (50)
Verbal aggression	158 (33)
Inappropriate sexual - contact	69 (15)
Inappropriate sexual – non-contact	67 (14)
Cruelty/neglect of children	28 (6)
Stalking behaviour	9 (2)
Non-person offences	
Damage to property	91 (19)
Substance misuse	28 (6)
Theft	27 (6)
Fire-setting	20 (4)
Traffic offences	6 (1)

Northgate Hospital Forensic Services: Male Patient Offending Histories *(N = 129)*

Ref: Novaco & Taylor (2004). Psychological Assessment

- 43% (55) had convictions for sexual aggression
- 36% (46) had convictions for violent behaviour
- 20% (26) had convictions for arson
- 53% (68) had convictions for property related offences

Finkelhor's Motivation to Offend (pre-condition) Model

Stage 1 *- Motivation to Offend*

(i) sexual arousal to inappropriate stimuli
(ii) blocked alternative
(iii) experience of abuse

↓

Stage 2 *- Overcoming Self-control*

(i) cognitive distortions
(ii) stress
(iii) drugs/alcohol
(iv) organic factors

↓

Stage 3 *- Overcoming External Controls*

(i) social isolation
(ii) removal of supervision/structure
(iii) unusual living/sleeping arrangements

↓

Stage 4 *- Overcoming Victim Resistance*

(i) target people with limited knowledge/awareness
(ii) target people who lack assertiveness/confidence
(iii) use of physical force

↓

OFFENDING BEHAVIOUR

Case Study - Paul

- Admitted to Northgate Hospital on MHA Section 47 from Prison
- 27 years old
- Full Scale IQ = 67; Level 2 social reasoning
- Convicted of Indecent Assault (reduced from Attempted Rape) of 13-year old girl (sister-in-law)
- Sentenced to 6 months imprisonment (reduced on appeal from 18 months)
- Married for 3 years – Wife 19 years old
- x2 Children : 2 year-old boy; 1 year-old girl
- Child Protection Team (CPT) concerned about risk to Paul's children (and others) on discharge/release

Outputs (a)–(k) from the Assessment of Paul using Finkelhor's Model as a Framework

Stage 1 *- Motivation to Offend*

(a) paedophilic arousal
(b) blocked alternative
(c) ? sexual dysfunction

↓

Stage 2 *- Overcoming Self-control*

(d) cognitive distortions
(e) stress
(f) alcohol
(g) ?epilepsy

↓

Stage 3 *- Overcoming External Controls*

(h) sleeping arrangements
(i) poor supervision

↓

Stage 4 *- Overcoming Victim Resistance*

(j) vulnerable target (possibly sexualised)
(k) physical force

↓

OFFENDING BEHAVIOUR

Risk Management Plan (Dynamic Factors) - Paul

Influencing factors	Stability	Impact on probability	Clinical intervention	Management strategy
A. ***Dispositional***				
1. Paedophilic interest	High	High	Self-monitoring; covert sensitisation	Regular review of diaries/risk management plans
2. Cognitive distortions	High	High	Psycho-sexual education; sex offender group therapy	As above
3. Blocked alternatives	Moderate	Moderate	Joint counselling with wife	Increased supervision during future pregnancies
B. ***Situational***				
4. Poor supervision	High	High	Counselling/education for wife	Protection of children through supervised access only
5. Access to vulnerable target	High	High	Counselling for wife and extended family	Protection of children through supervised access only
6. Inappropriate sleeping arrangements	Moderate	Moderate	Counselling/education for wife	Protection of children through supervised access only

Northgate Sex Offender Treatment Programme

Patients are encouraged to work through three developmental levels over 12-24 months:

Phase 1 **–** ***Pre-Treatment Focus Groups*** **(6 sessions)**

Main purpose is to desensitise patients to working in a group setting and help them learn (or to re-learn) how to communicate effectively with each other at a simple, non-threatening level

Phase 2 **–** ***Intermediate Focus Groups*** **(approx. 20 sessions)**

a) **Encourages patients to discuss more personal issues and emotional difficulties including stress, anger, sadness and other things about themselves they would change.**

b) **Socio-sexual education covering power, abuse and choice within relationships; sex in relationships; responsibility in sexual behaviour e.g. safe sex, privacy, etc.**

Northgate Sex Offender Treatment Programme

Phase 3 **– *Offence-Related Focus Groups* (approx. 50 sessions)**

Encourages patients to consider behaviour related to their offences by looking at areas including:

- **Attitudes to offences**
- **Antecedents to offending behaviour**
- **Consequences of offending behaviour**
- **Cognitive distortions**
- **Identifying risk factors**
- **Victim awareness and empathy**
- **Coping strategies for the future**
- **Lapse/relapse prevention and planning**

Northgate Sex Offender Treatment Programme

Key Therapeutic Components

- Offence disclosure
- Review of offending pathways/offence cycles
- Cognitive distortions
- Victim awareness and empathy
- Emotional regulation (e.g. anger control)
- Coping strategies (e.g. covert sensitisation)
- Personal risk analysis and relapse prevention and planning
- Development of problem-solving approaches – risk situations
- Developing of protective relationships and lifestyles less compatible with offending (e.g. Good Lives Model)

Northgate SOTP Pre- and Post-Treatment Goal Attainment Scales (GAS) Scores (N = 58)

	Pre-treatment Mean (SD)	Post-treatment Mean (SD)	*t*	*p*
GAS Total Score	6.19 (3.37)	12.16 (4.18)	-9.20	.000
Acceptance of guilt	1.43 (0.80)	2.28 (0.95)	-6.19	.000
Acknowledgement of personal responsibility	1.00 (0.84)	2.07 (0.88)	-7.26	.000
Understanding of victim issues	1.03 (0.70)	2.09 (0.82)	-7.29	.000
Victim empathy	0.83 (0.82)	1.75 (0.98)	-5.50	.000
Understanding of high risk elements of offending	0.91 (0.71)	2.02 (0.74)	-10.11	.000

Northgate SOTP Pre- and Post-Treatment QACSO Scores (N = 28)

	Pre-treatment Mean (SD)	Post-treatment Mean (SD)	*t*	*p*
QACSO Total Score	49.14 (25.73)	39.68 (24.78)	3.82	.001*
Rape & attitudes to women	11.43 (6.46)	9.93 6.90)	1.52	.140
Voyeurism	7.43 (4.40)	5.36 (4.31)	2.66	.013*
Exhibitionism	5.50 (4.44)	4.40 (4.10)	1.47	.154
Stalking and sexual harassment	8.10 (4.50)	6.11 (4.60)	3.22	.003*
Dating abuse	3.43 (3.30)	3.11 (4.10)	0.53	.600
Homosexual assault	7.20 (3.54)	6.36 (3.01)	1.31	.202
Offences against children	5.70 (5.03)	4.71 (5.30)	1.43	.165

Chapter 9

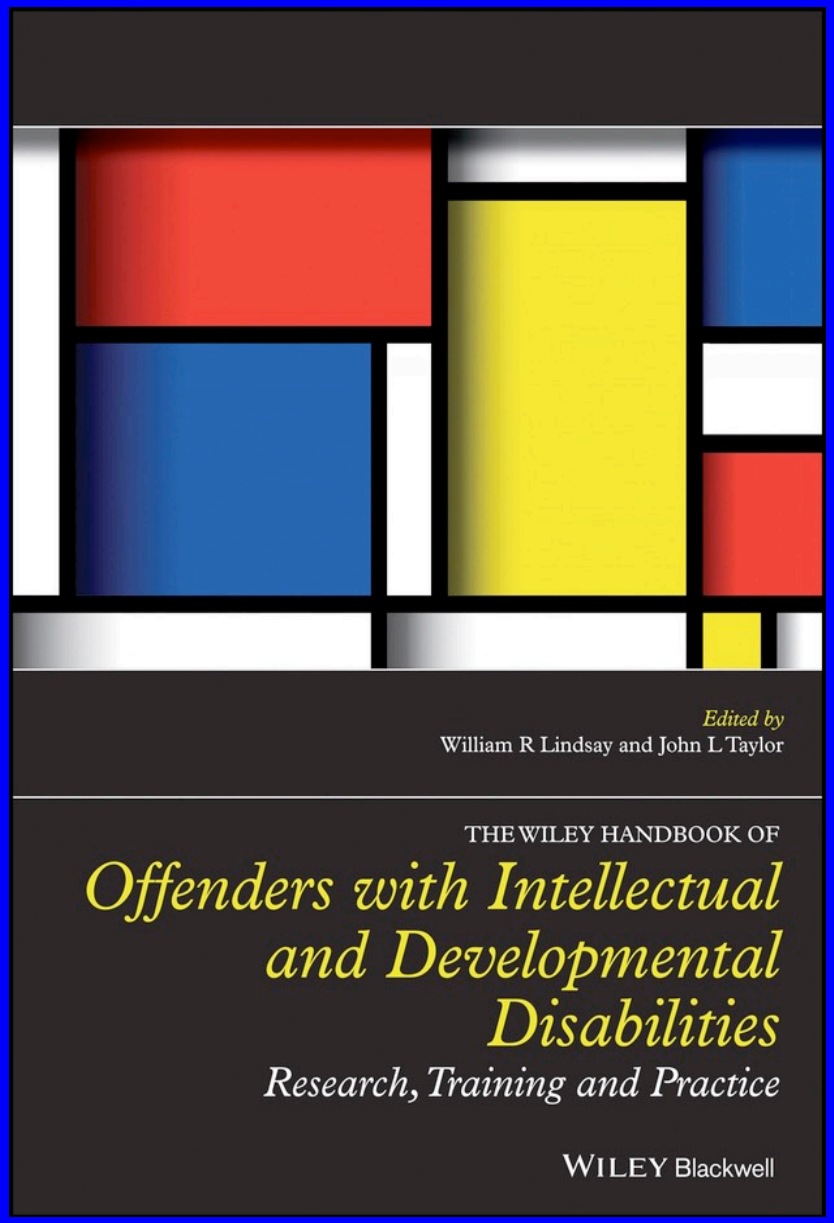
Assessment of Inappropriate Sexual Behaviour and Sexual Offending

William R. Lindsay, Leam Craig, Amanda M. Michie, and Danyal Ansari

Chapter 13

The Treatment and Management of Sex Offenders

William R. Lindsay, John L. Taylor, and Glynis H. Murphy



Evidence – for SOTP and People with ID
1. Case Studies/Series

- O'Connor (1996)
- Lindsay et al. (1998 a,b, c)
- Lindsay et al. (1999)
- Singh et al. (2011)

- CBT based interventions (incl. mindfulness for Singh)
- Evidence of changes in beliefs and attitudes (QACSO)
- Low reported re-offending rates
- Confound of increased supervision

Evidence – for SOTP and People with ID
2. Uncontrolled Group Studies

- Rose et al. (2002)
- Rose et al. (2012)
- Craig et al. (2012)

- CBT based group interventions
- Evidence of changes in beliefs and attitudes (QACSO), locus of control, victim empathy and sexual knowledge
- Low reported re-offending rates
- Confound of increased supervision

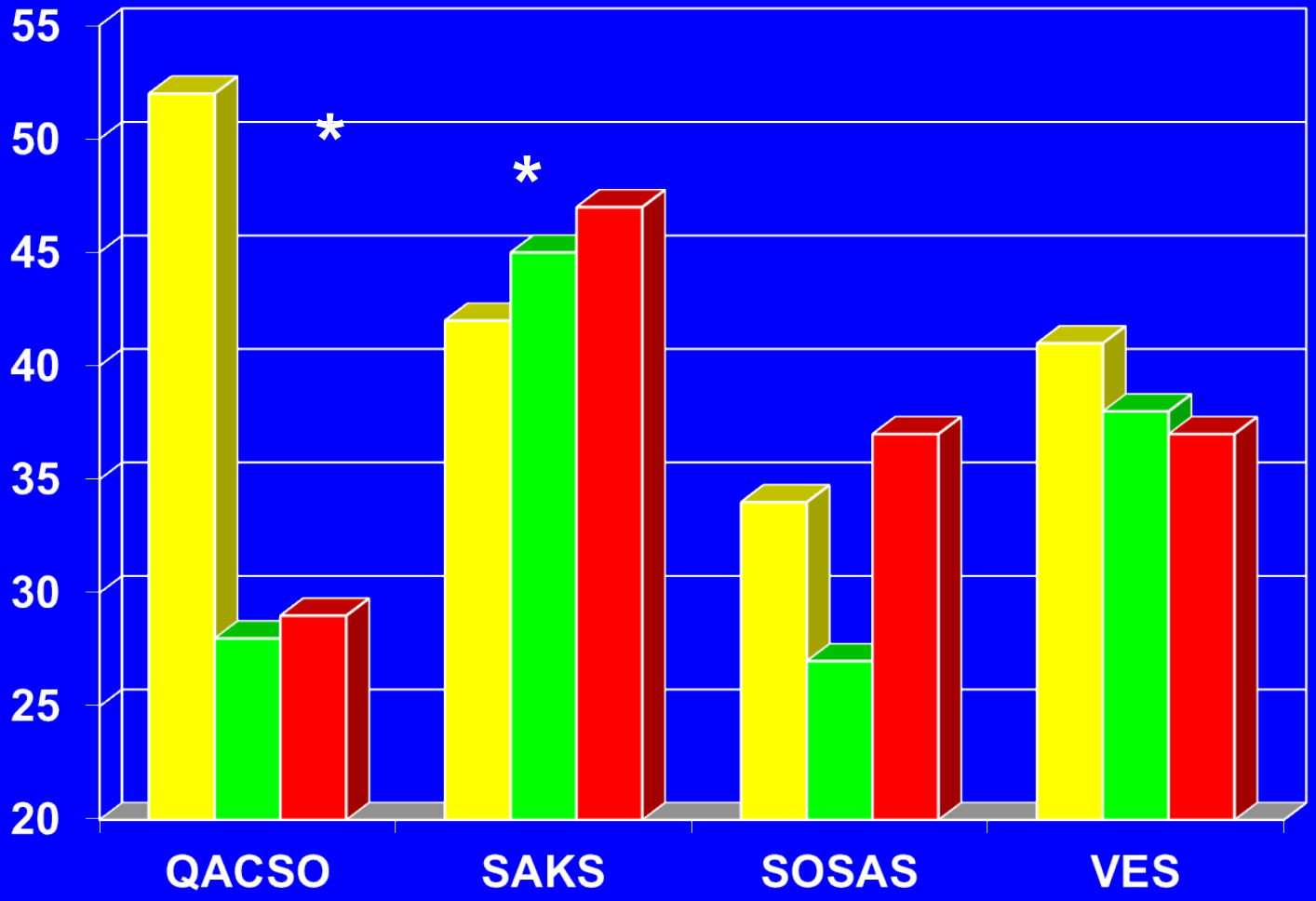
Evidence – for SOTP and People with ID
3. Group Studies involving Comparison Groups

- Lindsay & Smith (1998) – community, Scotland
- Keeling et al. (2007) community, England
- Lindsay et al. (2011) community, Scotland
- McGrath et al. (2007) community, USA
- Murphy et al. (2010) SOTSEC, community/secure, England
- Heaton & Murphy (2013) SOTSEC, community/secure, England
- Lindsay et al. (2013) community, Scotland

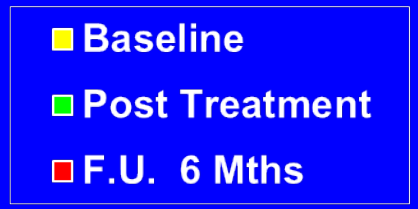
- CBT based group interventions
- Evidence of changes in beliefs and attitudes (QACSO), locus of control, victim empathy and sexual knowledge
- Variable reported re-offending rates (0% - 23%)
- Significant harm reduction effects reported
- Confound of increased supervision

Sex Offender Treatment Services Collaborative (SOTSEC) ID Study

Murphy et al. (2010) JARID

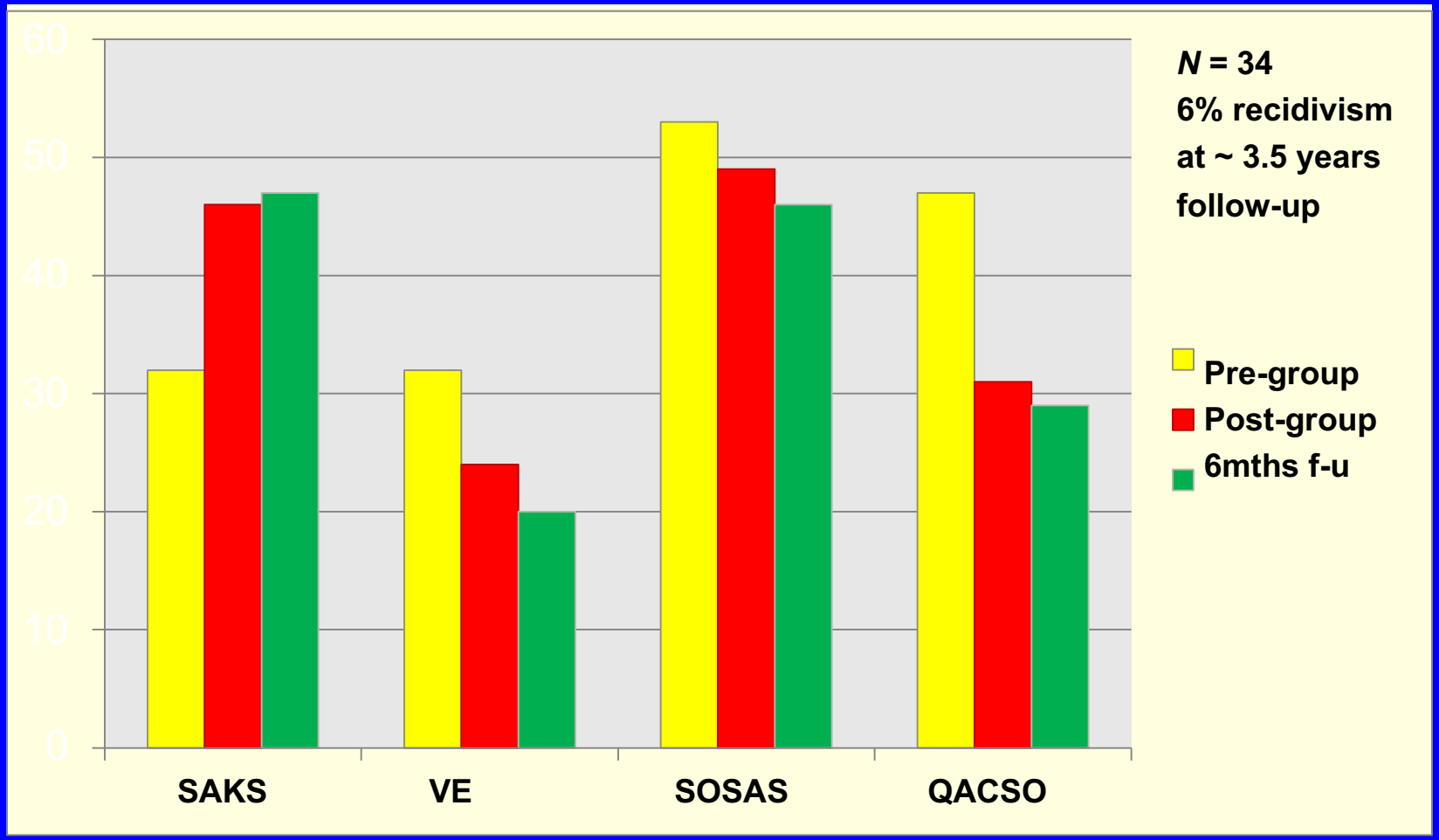


N **= 46**
9% re-offending at 6-months follow-up



Sex Offender Treatment Services Collaborative (SOTSEC) ID Study

Heaton & Murphy (2013) JARID



Evidence – for SOTP and People with ID
4. Reviews

- Courtney & Rose (1994) – narrative review, 19 studies
- Cohen & Harvey (2006) systematic review, 10 studies
- Jones & Chaplin (2017) systematic review, 12 studies
- Marotta (2017) systematic review, 18 studies

➢ Primarily CBT based group interventions
➢ Improvements on measures of sexual knowledge, victim empathy and cognitive distortions
➢ Low recidivism rates ~ 8%

✓ *All studies lacked control conditions*
✓ *Variable follow-up rates*
✓ *Confound of increased monitoring/supervison*
✓ *Variable definitions of recidivism, relapse, reoffending*

Harmful Sexual Behaviour – IDD (HaSB-IDD) Trial

- A multi-centre cluster randomised controlled trial of group CBT (SOTSEC) for men with ID and harmful sexual behavior
- Aims to determine whether the SOTSEC-ID group CBT programme, combined with risk management:
  - reduces cognitive distortions in men with ID and HSB
  - prevents or reduces further HSB
  - improves sexual knowledge, empathy, locus of control, and self-esteem in comparison to treatment-as-usual (TAU)
- It also aims to examine the costs and cost-effectiveness of this treatment, as well as examining therapist, carer and service user views of treatment (through smaller qualitative studies)

Harmful Sexual Behaviour – IDD (HaSB-IDD) Trial

- Funded by NIHR HTA programme: https://fundingawards.nihr.ac.uk/award/NIHR128550
- Award ID:NIHR128550
- £1.55m over 4.5 years
- Starting October 2021 - ending April 2026
- Trial sponsor: University of Kent

HaSB-IDD Trial – *Trial Team*

Tizard Centre, University of Kent

- Chief Investigator: Prof Glyn Murphy
- Trial Managers: Lisa Richardson & Nadjet S. El-Mehidi
- Research Assistant: Josephine Collins

Norwich Clinical Trials Unit (NCTU), University of East Anglia

- Trial statistician: Prof Lee Shepstone
- Health Economics: David Turner & Adam Wagner

Principal Investigators

Prof Pete Langdon, Warwick University

Prof John Rose, Birmingham University

Prof John Taylor, Northumbria University

Andy Inett, Kent & Medway

HaSB-IDD Trial – *Study Plan and Design*

- 30 sites will be involved – up to 8 men per site – total =240
- SOTSEC-ID delivered two sessions per week over 6 months
- Intervention delivered by registered psychologists and/or accredited therapists – all trained on SOTSEC manual
- Sites will be randomised so that ~ 15 sites get SOTSEC-ID group CBT, plus risk management and ~ 15 get TAU (usually risk management)
- Follow-up: 2 years for each group (from baseline)

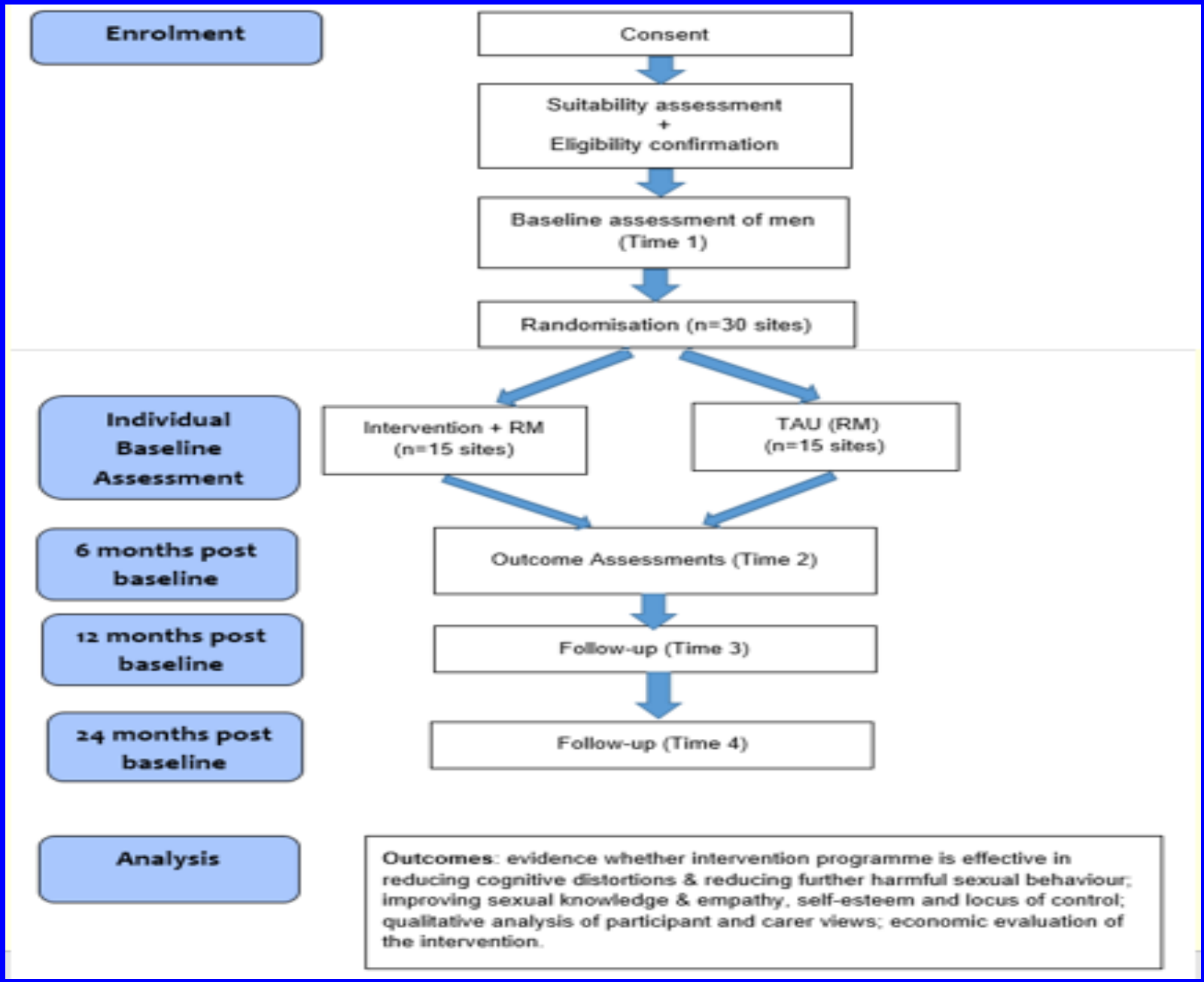
HaSB-IDD Trial – *Inclusion/Exclusion Criteria*

- ✓ Adult men ≥ 18 yo with borderline/mild intellectual disability (IQ < 80) and deficits in adaptive behaviours, with or without autism
- ✓ History of one or more incidents of HSB in the last 5 years, regardless of whether convicted
- ✓ Relatively good verbal comprehension (to be judged by clinicians)
- ✓ Capacity to provide informed consent
- X Has completed a HSB treatment group previously
- X No major mental health problems that would prevent participant from taking part in group CBT
- X Prisoners, high secure hospital patients or those on probation orders

HaSBIDD Trial – *Study Measures*

- **Study measures include: cognitive distortions (QACSO), frequency of harmful sexual behaviour, sexual knowledge, victim empathy, self esteem, locus of control, quality of life, CSRI (health economics measure)**

- **Independent research workers collect the measures at:**
  - **Baseline (T1)**
  - **6 months after baseline (T2)**
  - **12 months after baseline (T3)**
  - **24 months after baseline (T4)**

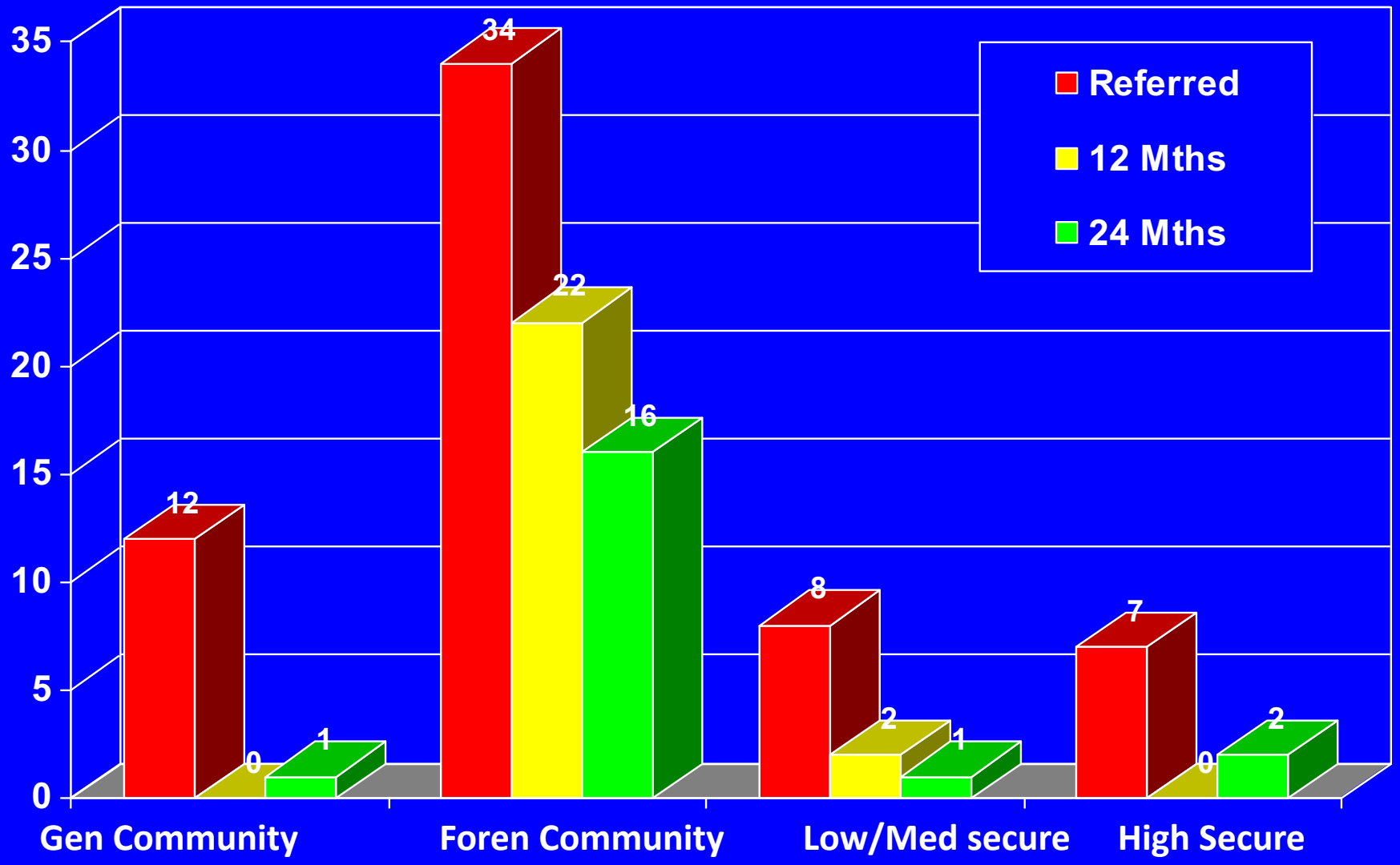

Enrolment
Consent
Suitability assessment
+
Eligibility confirmation
Baseline assessment of men
(Time 1)
Randomisation (n=30 sites)
Individual
Baseline
Assessment
Intervention + RM
(n=15 sites)
TAU (RM)
(n=15 sites)
6 months post
baseline
Outcome Assessments (Time 2)
12 months post
baseline
Follow-up (Time 3)
24 months post
baseline
Follow-up (Time 4)
Analysis
Outcomes: evidence whether intervention programme is effective in reducing cognitive distortions & reducing further harmful sexual behaviour; improving sexual knowledge & empathy, self-esteem and locus of control; qualitative analysis of participant and carer views; economic evaluation of the intervention.

Summary and Conclusions

- The prevalence (and recidivism) rates for sex offending behaviour amongst men with ID is unclear
- HSB is one of most common reasons for referrals to forensic LD services
- There is some indicative evidence that sexual knowledge, cognitions/attitudes towards offending and offending rates can be improved following treatment
- Structured group-based CBT interventions result in better outcomes than drug, counselling or regime-based interventions
- Studies to date are quite limited – with no controlled trials and small and heterogeneous samples
- A multi-centre cRCT is currently underway (HaSB-IDD)

Treatment Over 24 Months – Sexual Offences

Lindsay et al. (2012) Psychiatry, Psychology & Law



john.taylor@cntw.nhs.uk