Assessment and Treatment of Sexual Offenders with Intellectual Disabilities: A Handbook

Edited by

Leam A. Craig, William R. Lindsay and Kevin D. Browne
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Dedication

Leam A. Craig: For my parents and family

William R. Lindsay: For the colleagues, staff and clients who have helped me in my work over the years

Kevin D. Browne: For children with disabilities, I hope the time I have invested in this book will offer better care and protection from the problems they suffer
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Foreword

Historically, the sexual behavior of individuals with intellectual disabilities has been viewed as reflective of their underlying mental health issues, criminality, sexual dangerousness and lack of common moral standards. In fact, studies, conducted by Hubert Goddard (Goddard, 1912) in the United States, following the turn of the century, led him to conclude that intellectual delay was the cause for persons becoming prostitutes, criminals, perverts and whorehouse madams. As a result, he proposed a systematic solution of separating these individuals from society and barring them from reproduction. These ‘scientific’ conclusions, and others like them, led to sterilisation laws and a movement to institutionalise individuals with intellectual disabilities that persisted into the late 1970s and early 1980s within the United States and beyond. Institutionalisation allowed for complacency and an ‘out of sight, out of mind’ attitude in addressing their sexually challenging behaviours. At the same time, reproductive laws were viewed as making the world safer for future generations. It was not until the ‘deinstitutionalisation’ movement of the 1960s that attention was finally directed to the rights and needs of intellectually disabled individuals. While the steps were small and going was slow, this marked the beginning of a recognition that intellectually disabled individuals’ sexuality could be supported in a positive manner with a combination of social skills training, behavioral interventions and sexual education. Winifred Kempton, a therapist, said that by the 1970s, without precedents to follow, resources to use, research or experts to consult, we had to try to convince the public that persons with intellectual disabilities were sexual human beings with rights and, also, that we had to address sexually challenging behaviors of this population (Griffiths, Quinsey & Hingsburger, 1989). Still, in the early 1980s there were no theoretical models to give direction to the treatment of intellectually disabled sex offenders. It was not until the 1990s that there was a significant emphasis on developing sexual offender treatment programming for persons with intellectual disabilities that was tailored to their unique characteristics, rather than ‘simplified’ versions of adult offender treatment strategies.

Despite the phenomenal increase in attention focused on sex offender assessment and treatment since the 1980s, relatively little effort has gone into developing parallel programming for intellectually disabled sex offenders. A variety of barriers have limited work in this area. Initially professionals in the field were limited by their own isolation, which slowed the development of theories and tailored strategies for working with disabled sex offenders. Further, professionals had serious concerns that focusing attention on sexual offending behavior with this population would further label them as dangerous and increase their
rejection by members of the wider community. A central and significant barrier to addressing sexual offending was the reluctance associated with viewing intellectually disabled individuals as ‘sexual beings’. It was not uncommon, even among professionals, for there to be considerable apprehension and discomfort in advocating for intellectually disabled individuals’ rights to sexual expression. This matter was complicated by our longstanding historical propensity to treat these individuals as perpetual children who are asexual or, conversely, are sex crazed, lacking any ability to control themselves. These barriers have contributed to societal and professional norms that have made it easy to put the needs of this population on the ‘back burner’.

The success of the deinstitutionalisation movement created its own set of challenges. As community integration became the norm, we were forced to address the complexities of intervening in sexually challenging behavior perpetrated by intellectually disabled individuals in a broad array of community settings. The greater the integration of these individuals into the community the higher the stakes and the greater the challenge. One might argue that our earlier forays into the treatment of this population were based on a certain degree of naivety and that we were guilty of minimising the potential risks to the community as well as to other individuals with intellectual deficits. In the late 1970s and the 1980s the watchwords in working with this population were ‘close supervision’ and ‘containment’. The focus on public safety and the creation of group living environments in the community drove the development of intervention and supervision strategies, which were inextricably linked to the characteristics of these settings. As a result, one of the greatest dilemmas we currently face in working with this population is the unwitting development of ‘institutions’ for housing offenders with intellectual disabilities in the community. The institutional nature of these settings and the tight controls provided by the containment model have reduced community safety concerns. However, they have also obviated the need to develop more effective self-management approaches that can be used by intellectually disabled offenders. In essence, this combination of forces runs the risk of perpetuating a new era of ‘institutionalisation’ for this group of individuals.

As the field has devoted more attention to the sexual offending behavior of persons with intellectual disabilities it has relied heavily on research and intervention strategies based on non-intellectually disabled adult sex offenders. Not surprisingly, there has been considerable debate in the field as to the merits of this approach. Does it make sense to adapt research findings and programmatic materials from non-disabled offenders, or would we be best served by encouraging the separate development of a research foundation specifically related to the characteristics, needs and nuances of the intellectually disabled sex offender? While it has been expedient to borrow from an existing literature, certainly the answer lies in a comprehensive understanding of the characteristics, nature and development of offending by persons with intellectual disabilities. This will likely require patience as we strive to strengthen both the theoretical foundation for our work with this population and the strategies that flow from these conceptualisations. At the same time, the need for strongly grounded, evidence-based approaches to therapeutic interventions with this population offers the promise of more effective treatment programming.

Drs Craig, Lindsay and Browne have created a book that critically considers the progression of work in this field, recognises the complexities of the tasks associated with treating intellectually disabled sex offenders, and incorporates promising research in the development of interventions tailored to the needs and characteristics of this population. This book provides critical information on how we can improve the quality of life for individuals with intellectual
disabilities who exhibit sexually challenging behaviors, without compromising community safety. This book offers strategies for increasing the disabled offender’s ability to actively participate in their treatment, without losing a victim centered focus. It also encourages the judicious use of containment and supervision strategies where indicated. It does, however, point out that using containment as the primary method to manage sexual offending behavior is costly and does not lend itself to long-term offender change. Similarly, the authors suggest that supervision should be prescriptively used where risk dictates its value. In contrast, by using ‘blanket’ containment approaches as an overall primary management strategy is unnecessary and financially burdening.

The authors have also done an exceptional job of highlighting an exciting movement in the field that embraces the advantages of collaboration. Of particular note are the partnerships that involve experts who have previously published outside of the area of intellectual disability or outside the sex offender assessment and treatment arena. These collaborations brought new ideas to the area and led to an ‘explosion’ of publishing on issues related to the assessment and treatment of sexually disabled sex offenders. The inclusion of these individuals in this book brings with it the incorporation new paradigms and new perspectives. Moreover, it offers the opportunity to consider methods and interventions used previously in other fields and only recently utilised with intellectually disabled sex offenders. As such, work in this area will begin to inform the broader sex offender treatment literature.

Leam Craig, Bill Lindsay and Kevin Browne have done an impressive job of organising and editing this book around the issues most relevant and timely for addressing sexually offending issues with intellectually disabled individuals. They have gathered a ‘who’s who’ of experts in the field to create a collection of chapters that covers theory, research and practical intervention approaches designed for the practitioner. This book provides an up-to-date review of the research literature pertaining to theories; prevalence; offender characteristics; sexual offending behavior; and cutting edge assessment and treatment strategies appropriate for use in institutions and community settings. These approaches create a strong foundation for the development of effective interventions that are a better fit for our systems of care, that are cost effective and make sense for the intellectually disabled sex offender population that we serve. This book is destined to become a primary resource for practitioners committed to high quality treatment that promotes greater offender responsibility and autonomy, without compromising community safety.

James Haaven

Portland, United States
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REFERENCES

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The authors are privileged to have the intellectual companionship of a number of world renowned practitioners and researchers in the field of violent and sex offender assessment, treatment and research both in the UK and overseas. We are grateful to the contributors of this volume for sharing their experience and expertise and working tirelessly on this project alongside their hectic schedules.

We should like to thank all those at Wiley-Blackwell for allowing us the opportunity to produce this book; a special thank you to Karen Shield for all her hard work and patience.

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PART ONE

Introduction
Overview and Structure of the Book

LEAM A. CRAIG, WILLIAM R. LINDSAY AND KEVIN D. BROWNE

INTRODUCTION

The relationship between behavioural disturbance and forensic problems in people with intellectual disability (ID) is subtle. There is no doubt that many behaviour problems in people with severe and profound ID would be construed as offences in more able individuals. One of the determining characteristics of an ‘offence’ is that the perpetrator is aware of behaviour that is socially sanctioned or censured. Even when someone with mild ID may understand the nature of the offence, the criminal justice response and the response of carers is diverse across cases and situations (Clare & Murphy, 1998; Swanson & Garwick, 1990).

A problem encountered in researching the topic of sex offenders with ID is the range and interchange of terms used to describe individuals or groups of individuals with intellectual disabilities. Some authors use the term ‘learning disability’, ‘learning impairment’, ‘learning disorders’, ‘learning difficulties’, ‘intellectual disabilities’ and ‘developmentally delayed’. This confuses and blurs the applicability of the research findings as sample sources vary, even though the aim is to encapsulate the same group. For the purpose of this chapter the term ‘intellectual disability’ will be used, which can be defined as:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence). A reduced ability to cope independently (impaired social functioning);
- Arising before adulthood (under 18 years of age) and having a lasting effect on development.


The Department of Health (2001) note that this encompasses a large range of disabilities, with a basic categorisation into four groups, based on IQ scores; which is the method most
studies utilise: 50–70 – mild; 35–50 – moderate; 20–35 – severe; < 20 - profound. Assessments are usually conducted using the Wechsler Intelligence Scale for Children – Third Edition (WISC-III: Wechsler, 1991) or the Wechsler Adult Intelligence Scale – Third Edition (WAIS-III: Wechsler, 1999) with less than 70 indicating a level of intellectual disability. The assessment of social functioning causes more difficulty for research because of varying assessments and the inconsistent use of the term (O'Callaghan, 1999). Highlighting methodological problems with studies, Murphy, Harnett & Holland (1995) found none of the prison sample of sex offenders investigated had an IQ assessed under 70 but 21 percent had been referred to special schools, which may be an indication for some authors to classify these individuals as intellectually disabled.

General methodological difficulties with work in this area are that offenders with ID are only mentioned as part of larger offender cohorts. Where studies are specifically directed towards offenders with ID many studies are small in subject numbers (Johnston & Halstead, 2000). This is particularly true for sexual offenders with ID (Courtney, Rose & Mason, 2006; Craig, Stringer & Moss, 2006; Lindsay, Olley, Baillie & Smith, 1999). Under the auspices of The Prison Reform Trust (PRT), Loucks (2007) examined the attitudes and resources for people with ID within the criminal justice system in England and Wales. From this review it was estimated that 20–30 per cent of offenders have ID that interfere with their ability to cope within the criminal justice system. The Motttram (2007) research estimates that approximately 30 per cent of offenders within the prison system have an IQ less than 80. It is generally considered that the prevalence rates for offenders within the population of individuals with ID may be higher than those in the general population.

In his report, The Incidence of Hidden Disabilities in the Prison Population, Rack (2005) suggests that 20 per cent of the prison population has some form of hidden disability. Further research reported in the July 2006 edition of Community Care suggests that up to 7 per cent of the prison population is learning disabled and a further 23 per cent of prisoners are ‘borderline’ (PRT, 2006). On the other hand, Holland and Persson (in press) studied the prison population in Victoria, Australia and found a prevalence rate of around 1 per cent which is consistent with the prevalence of people with ID in the general population.

Many of the characteristics that are attributed to sexual offenders often overlap with those individuals categorised with ID. For example, research highlights the impulsive actions of individuals with ID, and this may increase the chances of them being involved in sex offences. However, these factors may also increase the likelihood of detection and give a biased picture of the relative prevalence of individuals with ID involved in sex offences.

The need for competent assessment and treatment of sexual offenders with ID has never been greater. The population in custody in England and Wales on 31 May 2008 was 82,822 (2 per cent more than a year earlier), with 82,372 in prison. In May 2009 this figure rose to 83,300 in custody, of which, 82,900 were in prison. Among the sentenced prison population, sexual offences saw an increase by 4 per cent from May 2007, rising to 7,573 sexual offenders (Ministry of Justice, 2008). In May 2009 this rose to 7,907 sexual offenders (Ministry of Justice, 2009) an increase of 4 per cent on the previous year. However, of these figures, it is not clear how many sexual offenders with ID are currently held in prison. While initial screening of prisoners at reception into prison or during induction may highlight problems, such testing is not systematic (Murphy, Harrold, Carey & Mulrooney, 2000) nor are these tools specific enough to identify intellectual disabilities (Williams & Atthill, 2005). The true estimate of the number of people with ID in prison remains unknown. Assuming an equal distribution in IQ