



GROUP CBT FOR HARMFUL SEXUAL BEHAVIOUR: SOTSEC-ID & THE HASB-IDD TRIAL



THE HASB-IDD TEAM

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- UEA: CTU & Regi Alexander
- Birmingham Uni: Peter Langdon, John Rose & Chloe Russell
- KMPT Andy Inett
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NON-DISABLED SEX OFFENDERS

- Sex offences grossly under-reported to police (fewer than 50% of people ever tell anyone; around 20% are notified to police; few lead to conviction)
- Victim surveys (Britain and Ireland):
 - about 50% women have been victims of exhibitionism
 - around 20% of women (fewer men) victims of contact abuse
 - around 5-10% of women (fewer men) victims of rape
- 90-95% of sex offenders are men
- Most perpetrators are known in some way to victim
- Offenders often engage in grooming & stalking of victims; may do complex planning of offending.

TRADITIONAL COMPONENTS OF CBT (FROM MARSHALL ET AL, 1999)

- Enhancing self-esteem
- Challenging & changing cognitive distortions
- Developing victim empathy
- Developing social functioning
- Modifying sexual preferences
- Ensuring relapse prevention
- *Arguments about Risk and Responsivity approach (Andrews & Bonta) vs Good Lives Model – a more strengths-based approach (see eg Willis, Yates , Gannon & Ward, 2012)*

DOES IT WORK FOR NON-DISABLED MEN?

- Hanson et al, 2002: Meta-analysis of 43 CBT studies of sex offender treatment (over 9,000 men) - sexual offence recidivism rate: 12% (treated) vs 17% (untreated)
- Aos, Miller & Drake 2006: reviewed controlled CBT studies. CBT produced reduction in recidivism (31% reduction in community & 15% in prison)
- Kenworthy et al, 2006: Cochrane review of 9 RCTs (over 500 offenders)
- Hanson et al 2009: meta-analysis of 23 studies (n=>6000 men) : recidivism was 10.9% (treated) vs 19.2% (untreated)

RECENT SYSTEMATIC REVIEWS & META-ANALYSES: NON-DISABLED MEN

- Gannon, T., Olver, M.E., Mallion, J.S. & James, M. (2019) Does specialized psychological treatment for offending reduce recidivism: a meta-analysis examining staff and program variables as predictors of treatment effectiveness. *Clinical Psychology Review*, 73, 101752.
- Kim, B., Benekos, P.J. & Merlo, A.V. (2016) Sex offender recidivism revisited: Review of recent meta-analyses on the effects of sex offender treatment. *Trauma, Violence & Abuse*, 17, 105-117.
- Mews et al 2017 Impact evaluation of the prison-based core sex offender treatment programme

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/623877/sotp-report-print.pdf

- Schmucker, M & Losel F. (2015) The effects of sexual offender treatment on recidivism: an international meta-analysis of sound quality evaluations. *Journal of Experimental Criminology*, 11, 597-630.

MEN WITH IDD & HARMFUL SEXUAL BEHAVIOUR: CHARACTERISTICS

- Characteristics: often from violent, chaotic, neglectful families; frequently have other CB &/or convictions; often have mental health problems (Gilby et al, 1989; Day, 1994; Lindsay et al, 2002)
- Show cognitive distortions (Lindsay et al, 1998a,b,c)
- Recidivism: recidivism rate was 31% in convicted men with LD (Austr.) - about 2-3 X as high as that of non-disabled men - Klimecki et al (1994)
- History of abuse: Lindsay et al (2001) found 38% of sex offenders with LD had been abused c.f. 13% non-sex offenders with LD
- **Not** less knowledgeable about sex than other pwld (Langdon study & Lindsay study, both 2007)

MEN WITH IDD & HARMFUL SEXUAL BEHAVIOUR (CONT'D)

- Victims: mainly other people with LD, sometimes children (less often non-disabled adults); usually victims known to the perpetrator – Gilby et al 1989
- Offences more opportunistic & less planned (less grooming & stalking)
- Often long history of sexual problems & multiple placements
- Often 'offences' not reported to police & even when reported, men mostly not prosecuted nor treated (eg Thompson, 1997)

DOES GROUP CBT WORK FOR MEN WITH IDD?

- Several small studies pre 2005
- Lindsay et al 2006: 70% harm reduction in 29 repeat sexual offenders with ID, after CBT
- Williams et al, 2007: significant improvements in scores from pre-group to post-group in 150 men following CBT in ASOTP programmes in prisons (not all ID)
- SOTSEC-ID (2010 & 2023) – info to follow
- Recently: 4 systematic reviews of treatment in LD men: Marotta 2017; Jones & Chaplin, 2017; Cohen & Harvey, 2016; Heppell et al 2020

SOTSEC-ID

- Sex Offender Treatment Services Collaborative - Intellectual Disability, set up by myself & Neil Sinclair
- Originally (2000) about 12 sets of therapists providing sex offender treatment for men with intellectual disabilities in England (**& WL controls**)
- Ran training events & (used to) meet every few months
- Set up sex offender treatment groups, shared treatment manual to guide therapy (ttmt lasts 1 yr; 2hr sessions, once per week, closed groups)
- Sharing core assessments measures
- Research funded by DoH, Care Principles, Bailey Thomas fund

Core assessments

- Once only: measures of IQ, adaptive behaviour, language, & autism
- Pre & Post group treatment:
 - Sexual Knowledge & Attitude Scale (SAKS)
 - Victim Empathy scale, adapted (Beckett & Fisher)
 - Sex Offender Self-Appraisal Scale (Bray & Foreshaw's SOSAS)
 - Questionnaire on Attitudes Consistent with Sex Offending (Bill Lindsay et al.'s QACSO)
- Recidivism – further sexually abusive behaviour

Treatment content

- Group purpose, rule setting, Good Lives
- Human relations & sex education
- The cognitive model (thoughts, feelings, action)
- General empathy & victim empathy
- Sexual offending model (based on Finklehor model)
- Relapse prevention

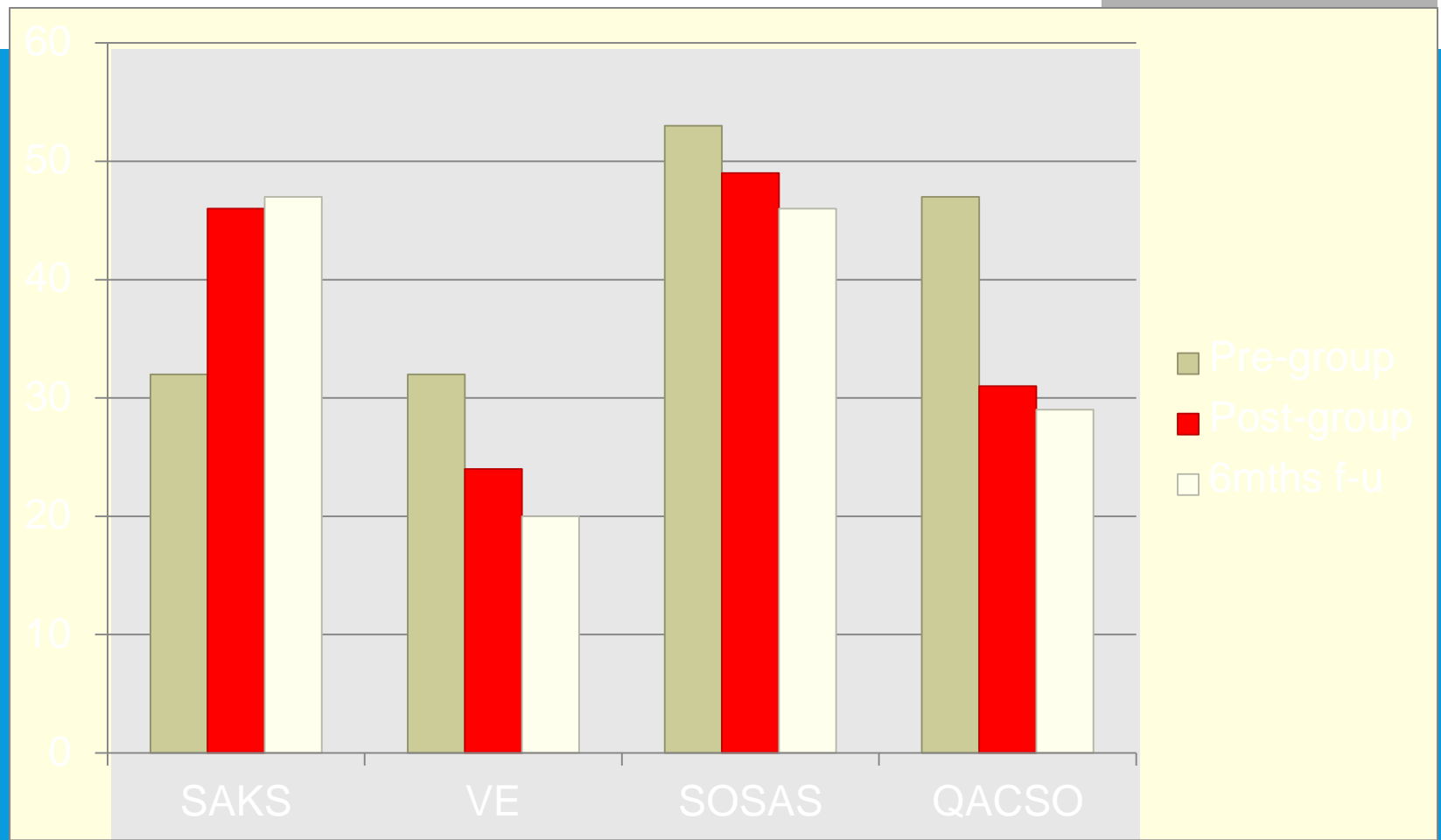
Compared to non-LD programmes: Far more slow offence disclosure; more on sex education; far more pictorial material & less sophisticated on cognitive side; more on Good Lives

By 2020: 109 men thru treatment

see Murphy et al in BJClinPsy 2023

- 18 sites; 27 groups
- Mean age 35 yrs (sd 11.7), approx. 40% in secure units
- Mean full scale IQ 66 (sd 6.4); mean BPVS 9yrs 7mths
- 96% of men who agreed to join research completed ttmt
- Process measures:
 - all $p < 0.001$ for changes pre-group to post-group
 - all $p < 0.01$ for changes pre-group to 6 mth follow-up
- 10% showed further harmful sexual behaviour (6mths)
- Further HSB not related to age, IQ, personality disorders pre-group & post-group scores on any process measure.
- Again: those with ASD did somewhat less well

N=109 data



Longer follow-up data (Heaton & Murphy, 2013)

- 34 men (sub-sample of 46 men in 2010 paper)
- Mean length of follow up 3yrs 8mths
- Significant improvements in SAKS, VE and QACSO during treatment (pre to post) were all maintained at follow-up – testing post-grp to f-u (SOSAS different)
- 8 out of 34 (24%) men showed further sexually abusive behaviour – but much less severe than pre-treatment; 2 of 34 (6%) re-convicted
- ‘Dodgy’ or ‘chain’ behaviours: 17 of 34 men
- Only late chain behaviours and ASD diagnosis related to further sexually abusive behaviour

Service user views

Best things

- 'Having support every week'
- 'We ... talked about feelings about things, sorting the problems out'
- 'Working together, helping each other'
- 'We helped each other discuss ... work on ways of preventing problems in the future'

Worst things

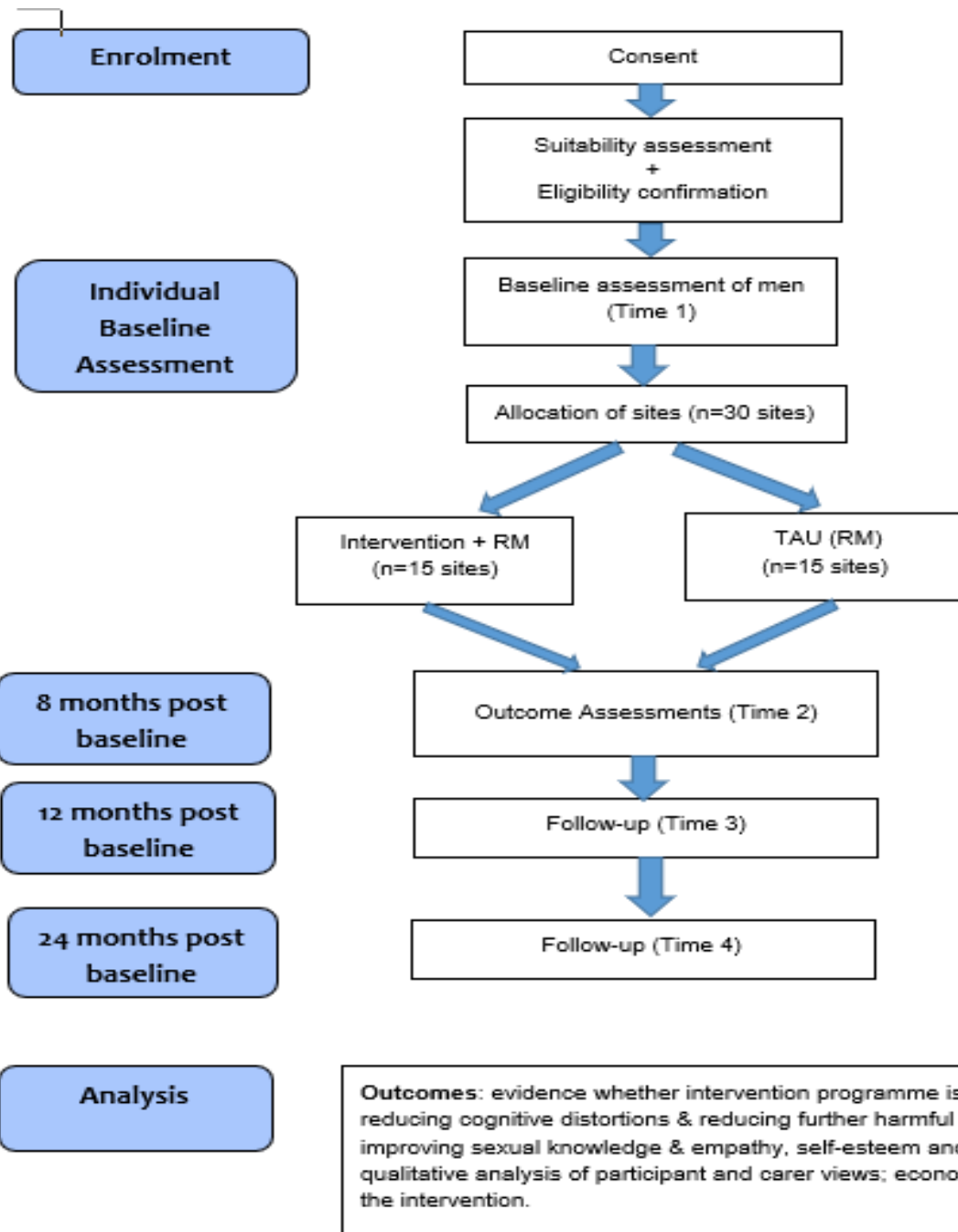
- 'Telling people very private stuff, keeping people on trust'
- 'Some didn't talk'

HASB-IDD TRIAL

- NIHR HTA funded, starting Oct 1st 2021
- RCT across 30 sites, approx 15 getting SOTSEC-ID model of group CBT, approx 15 getting TAU
- Treatment is six months at 2 sessions/week
- Follow-up: 2 years from baseline
- Training in SOTSEC-ID: free

Trial Design

- ❖ Cluster
- Randomised
- ❖ Single blinded
- ❖ Multicentre



TRIAL ASSESSMENTS – BY RA

Procedure	Who with?	Time 1 Baseline	Allocation of sites to groups and then Inter- vention	Time 2 Month 8	Time 3 Month 12	Time 4 Month 24
QACSO	Man with IDD	+		+	+	+
Record of harmful sexual behavior	Carer & case notes	+		+	+	+
Sexual knowledge	Man with IDD	+		+	+	+
Victim empathy (VES-A)	Man with IDD	+		+	+	+
Self esteem	Man with IDD	+		+	+	+
Locus of control	Man with IDD	+		+	+	+
Modified CSRI	Carer & case notes	+		+	+	+
EQ-5D-5L	Man with IDD	+		+	+	+

WHERE ARE WE UP TO?

- 20 sites set up and recruiting (of these 13 have had BSLs & are randomised; and 4 of these 13 already completed)
- 7 more sites in set up (3 close to ready to recruit)
- 3 more needed!
- Formal application to NIHR for no-cost extension

DIFFICULTIES

- Enormous bureaucracy of NIHR (60 page protocols; 50 page contracts, GCPs etc)
- Resources: especially psychologists leaving/going on mat leave; shortage other team members
- Forensic LD teams: some only commissioned to remove people from hospital, not to provide treatment; several being reorganised/disbanded
- Psychologists not believing we need RCTs!

THANK YOU TO THE TEAM!

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Key references – up to 2013

- Craig, Leam A., Lindsay, W. R., Browne, K. D. (2010) Assessment and treatment of sexual offenders with intellectual disabilities: A handbook. Wiley-Blackwell.
- Heaton K.M. & Murphy G.H. (2013) Men with intellectual disabilities who have attended sex offender treatment groups: A follow-up. *Journal of Applied Research in Intellectual Disabilities*, 26 489-500.
- SOTSEC-ID collaborative (2010) Effectiveness of Group Cognitive- Behavioural Treatment for Men with Intellectual Disabilities at Risk of Sexual Offending. *JARID* 23, 537-551
- Williams, F., Wakeling, H. & Webster, S. (2007) A psychometric study of six self- report measures for use with sexual offenders with cognitive and social functioning deficits. *Psychology Crime and Law*, 13, 505-522.

KEY REFERENCES – 2014 ONWARDS

- Jones, E. & Chaplin, E. (2017) A systematic review of the effectiveness of psychological approaches in the treatment of sex offenders with ID. *Journal of Applied Research in Intellectual Disabilities*.
- Cohen, G. & Harvey, J. (2016) The use of psychological interventions for adult male sex offenders with a learning disability: a systematic review. *Journal of Sexual Aggression*, 22:2, 206-223.
- Marotta, P. L. (2017). A systematic review ofinterventions for sex offenders with intellectual disabilities. *Sexual abuse: a journal of research and treatment*, 29, 148-185
- Melvin, C., Langdon P.E. & Murphy G.H. (2020) “I feel that if I didn’t come to it anymore, maybe I would go back to my old ways and I don't want that to happen”. Adapted SOTPs: Views of SUs with ASD. Journal of Applied Research in Intellectual Disabilities, 33, 739-756
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