

# Group CBT for men with IDD & harmful sexual behaviour: the SOTSEC-ID model & the HaSB-IDD trial

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# Plan

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- Treatment for non-disabled men & HSB
- Treatment for men with IDD & HSB
- Evidence from the SOTSEC-ID model
- The HaSB-IDD trial
- Conclusions

# Treatment for non-disabled sex offenders

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- 1960s & 1970s: Sexual abuse seen as result of deviant sexual interests & arousal (also some occasional recognition of role of poor social skills)
- Led to behavioural techniques eg aversion therapy, orgasmic reconditioning & covert sensitisation
- Belief in medical model & anti-androgens
- Little evidence of effectiveness; under-provision of treatment
- Move to CBT approach – partly due to recognition of importance of cognitive distortions in the 1980s (e.g. Wolf's cycle of offending, Abel on cognitive distortions, Finklehor's 4 stages & Marshall & others)

# 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](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.

# Cognitive behavioural treatment for men with & without LD in UK in about 2000

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- For men without LD, group CBT already recognised as leading method of treatment (Hanson et al)
- Beckett, Beech et al. had evaluated: CBT for convicted sex offenders in prison sentenced to 4yrs+ (SOTP) & community-based programmes, run by probation, clinical psych & SW
- **Men with LD mostly excluded from these:** group CBT in few places only - some prisons (ASOTP), Janet Shaw clinic in Solihull (ASOTP), Northgate hosp programme near Newcastle, Bill Lindsay's programme in Scotland

# Did group CBT work for men with IDD & HSB?

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- Lindsay et al (1998a, b): some improvements in 6 men with ID & paedophilic offences & 4 men with ID & exhibitionism, after CBT
- Lindsay & Smith (1998): showed 2 years CBT was more effective than 1 yr CBT for men with ID on probation
- Rose et al (2002): CBT 2hrs/week for 16 weeks, for 5 men; found reduced (improved) scores but changes not significant
- Craig et al 2006: no changes in cognitive distortions in 7mth CBT

# Does group CBT work for men with LD?

- 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)
- Murphy et al 2007; SOTSEC-ID (2010)
- 3 systematic reviews of treatment in LD men: Marotta 2017; Jones & Chaplin, 2017; Cohen & Harvey, 2016

# Research in this field: problems (2000)

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- Small numbers of potential participants
- Geographically dispersed
- Difficulty of establishing a control group
- Difficulty in obtaining ethical approval for research on vulnerable participants



# SOTSEC-ID

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- Sex Offender Treatment Services Collaborative - Intellectual Disability, set up in late 1990s
- About 25 sets of therapists providing sex offender treatment for men with intellectual disabilities in England (& WL controls)
- Run training events & meet every few months
- Set up sex offender treatment groups, shared treatment manual to guide therapy (tmt lasts 1 yr; 2hr sessions, once per week, closed groups)
- Sharing core assessments measures
- Research in past funded by DoH, Care Principles, Bailey Thomas fund

# SOTSEC-ID members

## with data in the next slides

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- Glynis Murphy, Sarah-Jane Hays, Kathryn Heaton, Nancy Hampton, Univ of Kent
- Neil Sinclair & colleagues, S.E. Kent
- John Williams & John Stagg, Southampton
- Geetha Langheit & colleagues, Surrey
- Tessa Lippold & Janina Tufnell, Surrey/Hamps
- Peter Langdon & colleagues, Norfolk
- Kim Mercer & colleagues, York
- Jenny Scott & colleagues, Middlesborough
- Guy Offord & colleagues, W. Kent
- Simon Powell & colleagues, Bexley & Greenwich
- Wendy Goodman & Janice Leggett, Bristol
- Frank Baker & colleagues, Cornwall

# Core assessments

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- 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

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

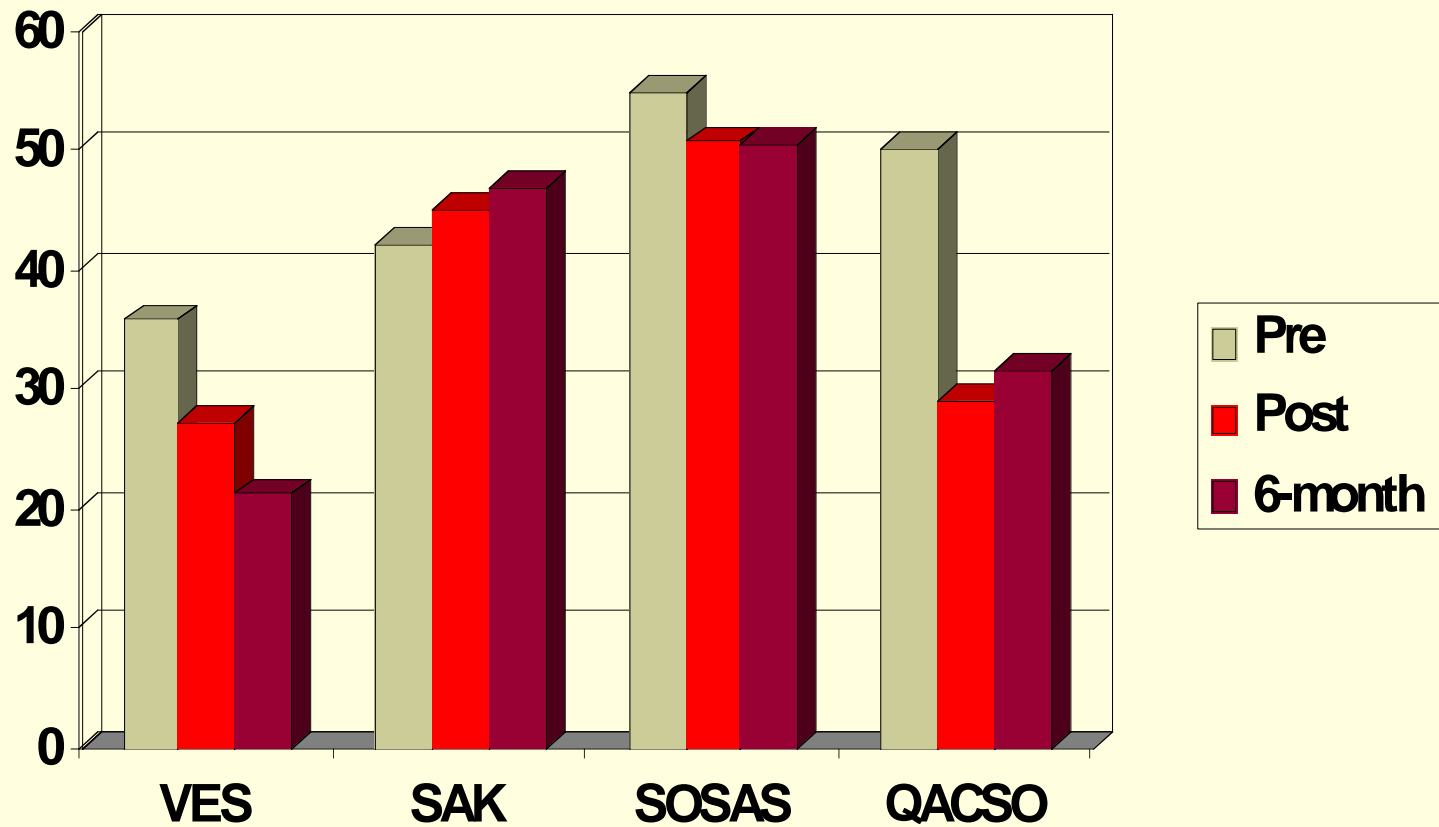
*Compared to non-LD programmes: Far more slow offence disclosure; more on sex education; far more pictorial material & less sophisticated on cognitive side*

# 2010 results: 13 groups (46 men)

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- About 40% men who enter treatment are not required to come by law (60% on MHA or CRO)
- Mean age 35 yrs; mean IQ 68 (range 52-83); mean BPVS 10.9yrs
- ASD diagnoses: 23%; personality disorders 28%; mood disorders 23%; mental illness 9%
- Offences: stalking, sexual assault, exposure; rape; victims children and adults, male / female
- Most have long history of similar behaviour (35 with 3 or more such behaviours known)
- 55% were sexually abused themselves in past

# Cognitive distortions, sexual knowledge & empathy



# Further sexually abusive behaviour

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- During the year of the treatment group: 42 men NO further sexually abusive behaviour; 4 men DID show non-contact 'offences'
- In the 6 mths follow-up: 41 men NO further sexually abusive behaviour; 5 men DID show non-contact 'offences' or sexual touch through clothing
- Re-offending: No relationship with pre- or post- group scores; IQ, presence of mental health problems, personality disorder, living in secure setting, being victim of SA, history of offending.
- Poor prognosis: Concurrent therapy & diagnosis of ASD
- See SOTSEC-ID 2010 paper

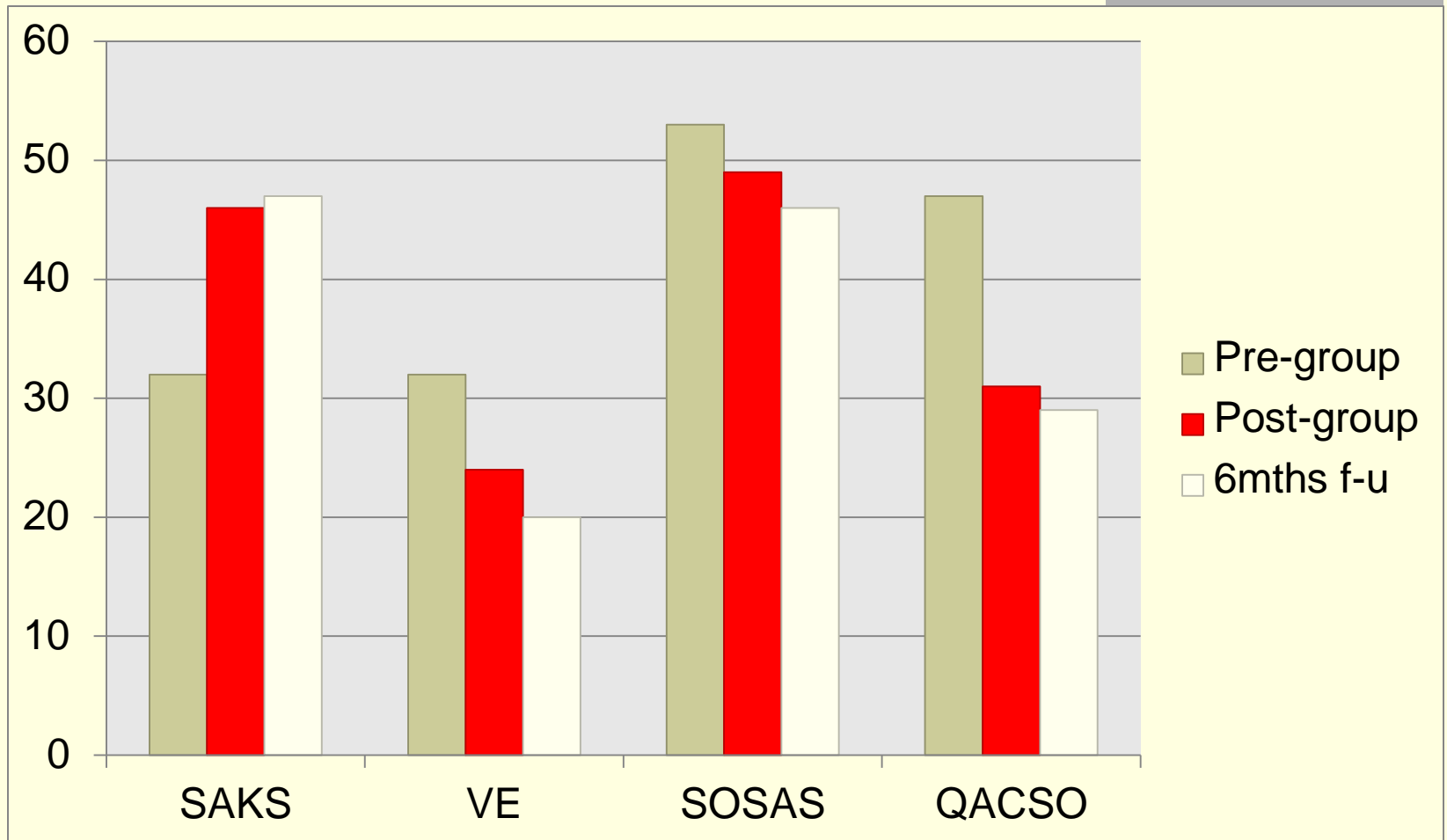
# Now 109 men through treatment

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- 18 sites; 27 groups
- Mean age 35 yrs (sd 11.7)
- 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 sexually abusive behaviour (6mths)
- Further SAB not related to age, IQ, personality disorders, pre-group & post-group scores on any process measure.



# New data (n=109)



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

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- 34 men (n.s. different in characteristics from 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 from first group

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- Good understanding why referred: 'Because of my sex offence to see if it would do me any good'  
'To help my sex urges, keep them under control; to be a better person when meeting women'  
'To help us stop getting into trouble with the police; because I go out to masturbate'

What they learnt:

- 'Stopped me touching girls'
- 'How people feel about us masturbating' (in public)
- 'Learnt not to go after women'

Lots but not all could name the four stages of sexual offending (not OK sexy thoughts, making excuses, planning it, doing it)

# Service user views (cont'd)

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## **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'

# Strengths & weaknesses

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- Multi-site study with sufficient N
- Early results look promising for changes in sexual knowledge, cognitive distortions and empathy
- Establishment of a long-term data base to track recidivism and other relevant data on this group
- SOTSEC-ID established: supporting clinical research in an under-serviced and under-researched area
- Problem with obtaining sufficient controls
- Non-randomised assignment to treatment/control grp
- Problem of getting clinicians to collect data when they are very busy
- This treatment is only suitable for men with good verbal skills (i.e. mild learning disabilities)

# HaSB-IDD trial

- NIHR HTA funded, starting April 1<sup>st</sup> 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
- Assessing: cognitive distortions, frequency of harmful sexual behaviour, sexual knowledge, victim empathy, self esteem, locus of control, quality of life, costs and cost effectiveness of the treatment.

# Key references

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- 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

## Systematic reviews:

- Jones, E. & Chaplin, E. (2017) A systematic review of the effectiveness of psychological approaches in the treatment of sex offenders with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*. DOI: 10.1111/jar.12345
- 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 of behavioral health interventions for sex offenders with intellectual disabilities. *Sexual abuse: a journal of research and treatment*, 29, 148-185