Treatment for those with Neurodevelopmental Disabilities who Sexually Offend.

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Today's Talk

- Prevalence of sexual offending behaviours in NDD populations
- Challenging behaviour vs. offending behaviour
- Sexual offending treatment for ID and autism
- Further considerations
- Considering the evidence-base
- Conclusions + Resources

Prevalence of Sexual Offending Behaviours in NDD Populations

- Difficulties in prevalence and incidence rates of NDD in forensic populations (McBrien & Murphy, 2006; Lindsay & Dernevik, 2013; Murphy & Melvin, 2021).
  - **But,** behaviour itself, social inequalities, sampling methods, sophistication of crimes, increased monitoring, etc.??
- **ID**
  - more likely to be sent to prison for property offences but less likely to be sent to prison for crimes against the person (inc. sexual offences) and far less likely for drug or drink driving offences (Cockram, 2005; Holland & Persson, 2011).
  - 50% of all referrals (n=307) to community forensic ID service over 10yrs were for sexual abuse/offending (Carson, Lindsay et al., 2010); O'Brien et al. (2010) found 29% of referrals to community ID services across three health regions in the UK (n=477), were for sexual offending behaviours.

Prevalence of Sexual Offending Behaviours in NDD Populations

- **Autism**
  - less likely to commit property offences, drug offences, or driving offences, and more likely to commit crimes against the person, when compared to people without autism (Cheely et al., 2012; Kumagami & Matsuura, 2009; Mouridsen, 2008)
  - Narrative around increased likelihood of committing sexual offence but lack of evidence to support (Alley & Murphy., 2023)
    - Viewing child sexual abuse images (Cutler, 2013; Allely, 2018, 2020; Mesibov, 2018)
- **ADHD**
  - Prevalence rates approx. 20-25% in prisoners (Young et al., 2015; Baggio et al., 2018)
  - Co-morbidity in NDDs – ID & AHDH 19.6% (La Malfa et al., 2008); autism & ADHD (30–80%, Lau-Zhu, 2019; Van der Meer, 2012; La Malfa, 2004).
    - Impact on treatment responsivity??

Sexual Behaviour: inappropriate, harmful, abusive, offending

- Challenging vs. Offending Behaviour
  - Severity of ID
  - mild-to-moderate and borderline ID more likely to be convicted, brought to the attention of the police and/or diverted to secure/forensic services (Lindsay et al., 2010; Melvin et al., 2022).
    - mens rea and fitness to stand trial
  - Percpetions of ADHD and autism compared to ID?
- **Risk**
  - **recognising, managing and reducing risk**

Sexual Offending & ID

- Largest evidence-base for sexual offending treatment in NDD populations
- Historically denied treatment
- Studies suggest positive outcomes following adapted group CBT (adapted for social, emotional and cognitive abilities) (Craig et al. 2006, 2012; Lindsay, 1998; SOTSEC-ID, 2010; Heaton & Murphy, 2014)
  - 12-24month modular, manualised programmes - **SOTSEC-ID (2010)**, ASOTP (1997), Becoming New Me (2009), Good Lives Model (Ward, 2004, 2007)
  - Used in a variety of settings - prisons, secure estate, inpatient care, community (Marshall, 1996; Lindsay et al., 1998; Rose et al., 2002; Melvin et al., 2020).
  - Combined with other therapies (Griffin-Shelley, 2010; Kohn et al., 1998; Milton et al., 2002)
- As with non-adapted evidence-based for sex offending treatment, still need large-scale RCTs
  - Same critiques of non-adapted SOTP programmes (Mews et al., 2017; Hanson, 2000)

Sexual Offending & ID

- The HaSB-IDD trial: RCT of group CBT for men with intellectual and/or developmental disabilities and harmful sexual behaviour
  - Cluster randomised, single-blinded, controlled trial of the effectiveness and cost-effectiveness of SOTSEC-ID for harmful sexual behaviour in men with IDD.
  - Recruiting UK NHS Trusts and other private healthcare providers.
    - Men (18+ years) with IDD and HSB history in the last 5 years with good verbal comprehension and capacity to consent.
    - Open for recruitment until December 2023
      - Chief Investigator: Prof Glynis Murphy - g.h.murphy@kent.ac.uk (Tizard Centre, University of Kent)
      - Trial Managers: Lisa Richardson & Nadjet S. El-Mehidi – trialmanagershasbidd@kent.ac.uk
- Developing evidence-base for other treatment approaches for sexual offending e.g. EMDR, DBT, trauma-focused care (Sakdalan & Gupta, 2014; Hoor et al., 2013; Levenson et al., 2014, 2016, 2018) but scant evidence for offending NDD populations, particularly adults.
- Use of behavioural approaches and positive behavioural support in some forensic settings (Davies et al., 2015, 2019; Kelly et al., 2020).

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Sexual Offending and Autism

- Sexual offending appeared prominent in early research on offenders diagnosed with autism spectrum conditions (Allen et al., 2008 ; Siponmaa, 2001; Melvin et al., 2017) and still dominant in the literature.
- Potential of clinical features of autism to leave some individuals vulnerable to committing a sexual offence (Barry-Walsh, 2004; Dein & Woodbury-Smith, 2010; Higgs & Cater, 2015; Woodbury-Smith & Dein, 2005, 2014).
  - **social naivety**
  - **difficulties with victim empathy**
  - **inflexible thinking styles**
  - **difficulties with theory of mind**
  - **special interests or 'obsessions'**
  - **central coherence difficulties**
- Share characteristics with ID such as impulsivity, high rates of mental health problems and reduced social networks but some are more pertinent or specific to the cognitive profile and behavioural characteristic of autism.
  - Crimes related to their special interests do occur but seem to be rare (Woodbury-Smith et al., 2010).

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Sexual Offending Treatment and Autism

- Same features of ASC which potentially play a role in offending behaviour, could result in resistance to therapy and negatively impact treatment outcomes:
  - Social interaction and communication difficulties (Melvin et al., 2019; Payne et al., 2019)
    - Group nature of programme (Milton et al., 2002; Melvin et al., 2020)
  - Victim empathy and theory of mind difficulties (Melvin et al., 2017, 2020)
    - Increase victim empathy (Melvin et al., 2020)
  - Inflexible or concrete style of thinking (Higgs & Carter, 2015; Melvin et al., 2019, 2020; Ray et al., 2004)
    - Cognitive distortions
  - Central Coherence (Higham et al., 2016; Melvin et al., 2019, 2020; Payne et al., 2019)
    - Wider context and ability to generalise
    - Relapse prevention plan
- Developing evidence-base but again lacking controlled or prospective studies and as yet, no RCTs.

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Further Considerations.

Co-morbidities and Intersectionality

Further Considerations: Gender

- Cis-females intellectual disabilities who display harmful or abusive sexual behaviour towards others very rare (e.g. Lindsay et al., 2004, 9% of referrals for offending behaviour female, 0 for sexual abusive behaviours towards others).
  - Female offences rates lower than males (in NDD and non-NDD populations) (Lindsay et al., 2011; van der Put, 2013)
  - Female sexual offence rates lower than males (in NDD and non-NDD populations) (Vizard et al., 2007; Moultrie & Beckett, 2011; Cortoni et al. 2016))
  - But do exist (Fogden et al., 2016), with increased identification in youth populations. Female offenders with ID and without, higher prevalence of significant mental illness (Lindsay, 2004), higher instances of sexual abuse histories and trauma (Fogden et al., 2016; Lindsay, 2004, 2011).
    - Group CBT for female sexual offenders?
    - Trauma focused approach (McLeod et al., 2015)?
  - Adult females with autism who sexually abuse or offend?

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Further Considerations: Gender

- Gender identity and trans or self-identifying women, men or non-binary and genderqueer or diverse.
  - treatment approaches and options ...
    - Theoretically?
    - Conceptually?
  - Vulnerability , high occurrences of mental illness and abuse histories (Tobin & Delaney, 2019; Arayasirikul et al., 2022; Kussin-Shoptaw et al., 2017) in gender non-conforming populations.
  - Increased prevalence of gender non-conformity in neurodiverse populations (Moore et al., 2022; Balaam & Melvin, in preparation).
- Male trauma
  - Although lower than female rates, high rates of abuse histories and ACE in males with NDD (Emerson, 2013; Hulbert-Williams et al., 2013; Cook & Hole, 2021) and in males with NDD who sexually offend (van der Put, 2013; Hackett et al., 2013).
  - **But** not typically addressed as part of the SOTP
    - For adults or youth who sexually offend/display harmful sexual behaviours.
    - But are for females?

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Further Considerations: Young adults with NDD

- Proportion of children and young people with NDD who display sexually abusive behaviours will go on to sexually offend as adults.
- Sexual behaviours in children and young people with NDD denied, minimised or pathologized (Tudiver & Griffin., 1992) – negative impact on development good sexual health and pro-social intimate behaviours.
  - **18 years = Legally adult**
- Adolescent programmes for addressing harmful sexual behaviour.
  - Group and Individual therapies
  - **Be safe (Bristol)**, NSPCC (McCroy, 2011), **GMAP** (Greater Manchester).
  - Adapted for Adolescents with IDD e.g. **Keep Safe (ySOTSEC)**, Good Way Model, (Ayland & West, 2006).
- Multi-systemic approach and include family therapy or sessions for young people who sexually offend (Letourneau et al., 2009; Borduin et al. 2009).
- Early stages/developing evidence-base for use of adapted youth programmes and/or youth approaches for young adults with NDD (ages 18-24yrs).

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The Evidence-base for Treatment of Sexual Offending Behaviours in NDD Populations

PROs	CONs
Male ID and autistic evidence-base for CBT programmes suggests promising outcomes for some individuals.	Questions over treatability of some male sexual offenders with autism with currently available treatment options.
Developing evidence-base with suggestions of positive outcomes from other approaches to increase treatments options for clinicians to offer.	Lack large RCTs to establish optimal treatment for reductions in recidivism for any NDD population.
Evidence-base include views and experiences of individuals with NDDs who have sexually offended and/or undergone treatment.	Lack of evidence-base and study into treatment for ADHD sexual offending populations.
Adapted resources and programmes available for those with NDD, including guidance/suggestions for autistic offenders and a small number of adapted youth programmes with the potential to be used with young adults with NDDs.	Absence of theory, evidence and practice guidance for females and gender diverse individuals with NDD who display offending or abusive sexual behaviours

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Practice Resources + Guidance

Social interaction and communication difficulties may create challenges in the **group delivery** of treatment. e.g. anxiety regarding size of group/other members (i.e. that it is not individual therapy), issues with social etiquette, turn taking, reading the room' and vibe or mindset of the group i.e. the need to show sensitivity during disclosure, etc.

Literal understanding of information may lead to confusion over some session material, particularly in discussing hypothetical situations or 'what if' scenarios.

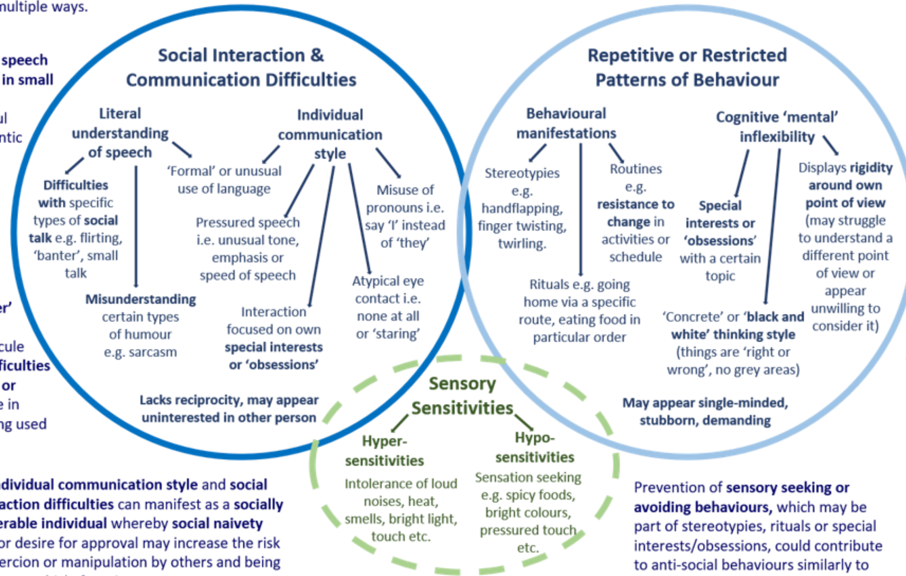
Individual communication style and/or **misunderstanding social communication** may lead to **vulnerability in a group** and **risk of bullying** and potentially interfere with therapy.

Difficulties with emotion recognition or regulation (including impulse control) may impact on ability to self-manage behaviours or utilise relapse prevention plans in high risk (heightened emotional) situations.

Concrete or inflexible thinking styles may result in challenges in addressing thought patterns and attitudes consistent with offending. **Difficulties assimilating new information** or **generalising information to novel situations** may lead to persistence of criminal behaviours.

Reluctance to change, if criminal behaviour is **associated with a special interest/ obsession** may thwart therapeutic attempts to reform behaviour.

Difficulties with **theory of mind** may contribute to rigidity around, and prominence of, own point of view. Increases in **empathy** may be minimal due to



Social naivety may create the need for repetition or supplementary work regarding social roles and relationships i.e. of particular relevance in treating sexual offenders however may also be necessary in order to protect the individual with autism against being coerced or manipulated into committing a crime.

If criminal behaviour is linked to **sensory needs**, behavioural interventions may need to be considered (possibly as an adjunct therapy) and informed by a thorough functional analysis.

A **black and white thinking style** may impact an individual's perception of a crime (i.e. whether it was justified) and their **understanding of the risks of 'parallel' or 'risky' behaviours** which are not illegal but may be associated with future criminal behaviour.

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Practice Resources + Guidance

University of Kent | Safer-IDD | Home | Information on the CJS | Harmful Sexual Behaviour | Other Programmes | Training | Keep Safe | Research

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Harmfu

ASSESSMENT TREATMENT SEXUAL OFFE WITH INTELL DISABILITIES
A Handbook
Edited By Leam A. Craig, William R. Lindsa
WILEY-BLACKWELL

Received: 31 May 2018 | Revised: 18 May 2019 | Accepted: 4 June 2019
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JARID WILEY
SPECIAL ISSUE

"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 sex offender treatment programmes: Views of service users with autism spectrum disor

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"They're the hardest group to treat, that changes the least". Adapted sex offender treatment programmes for individuals with Autism Spectrum Disorders: Clinician views and experiences

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Number of reviews completed is 2
Keywords:
Intellectual disabilities
Autism spectrum disorder
Autism spectrum condition
Sexual offending treatment
Asperger's syndrome
Qualitative research
Clinician interviews
Professionals' interviews

ABSTRACT
Aims: Clinicians working with individuals with autism spectrum disorders (ASD) who display sexual offending behaviours may face challenges during treatment, as a result of the cognitive and behavioural profile associated with ASD. This research explored the views and experiences of those running adapted sex offender treatment groups with men with ASD.
Method: Semi-structured interviews with group facilitators (n = 12) focused on service user engagement and response to the core components of the treatment programme (e.g. increasing victim empathy, addressing cognitive distortions, etc.), and gathered the experiences of those working with men with ASD who display sexual offending behaviours.
Results: Grounded Theory was used to develop a model conceptualising the potential impact of ASD on treatment outcomes, and this emerged predominantly through clinician's views of risk of re-offending. Benefits of attending a group included: the presence of other group members

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Information on the CJS

The Criminal Justice System is very complex and many people with learning disabilities/autism, their families and professionals find it incomprehensible. We are sometimes contacted by people with learning disabilities and/or autism, their families and their professionals for help in understanding where they are in the system, and how to get help. We hope these guides will assist everyone in this situation and we welcome how to improve them or a

Zoom Out [z]

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RESEARCH ARTICLE

Group CBT for men with intellectual disabilities and/or autism who have harmful sexual behaviour

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Abstract
Objectives: Men with intellectual disabilities and/or autism sometimes engage in harmful sexual behaviour (HSB), but it may be harder for them to access treatment, than it is for non-disabled men. The aim of this study was to evaluate the effect of attending an adapted CBT group, known as SOTSEC-ID, on men with intellectual disabilities and/or autism who had HSB.
Method: Ninety-eight men from intellectual disability services, who had ID and/or autism and a history of HSB were recruited, and they received group CBT for a year (46 of these men have been previously reported). Harmful sexual behaviour, sexual knowledge, distorted cognitions and victim empathy were measured before and after treatment, and at 6 month follow-up.
Results: There were low levels of further harmful sexual behaviour: 12% of men engaged in further HSB during the 1-year period of the group, and 8% engaged in further HSB in the 6-month follow-up period. There were also significant improvements in sexual knowledge, distorted

Thank you.

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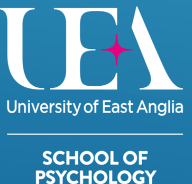

The HaSB-IDD trial

RCT of group CBT for men with intellectual and/or developmental disabilities and harmful sexual behaviour

Chief Investigator: Prof Glynis Murphy, Tizard Centre, University of Kent
Trial Managers: Lisa Richardson & Nadjet S. El-Mehidi
Trial sponsor: University of Kent

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Trial objectives

HaSB-IDD trial: cluster randomised controlled trial of Group CBT for men with IDD and harmful sexual behavior.

To determine whether the SOTSEC-ID group CBT programme, combined with risk management:

- reduces cognitive distortions in men with IDD and HSB
- prevents or reduces their further harmful sexual behaviour and
- improves their sexual knowledge, empathy, locus of control, and self-esteem

in comparison to men in the control group receiving Treatment As Usual (TAU).

We also aim 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).

Design & measures

- **30 sites** will be involved (large Trusts may have more than one site) – each with up to 8 men
- Sites will be randomized so that approx 15 sites get **SOTSEC-ID model of group CBT**, with risk management, while approx 15 get TAU (**Treatment As Usual** - likely to be risk management)
- **Measures** at baseline and 3 further timepoints: cognitive distortions, frequency of harmful sexual behaviour, sexual knowledge, victim empathy, self-esteem, locus of control, quality of life, health economics measures
- **Qualitative studies-** therapists, men and carers

Trial team & contacts

Tizard Centre, University of Kent

Chief Investigator: Prof Glynis Murphy - g.h.murphy@kent.ac.uk

Trial Managers: Lisa Richardson & Nadjet S. El-Mehidi – trialmanagershasbidd@kent.ac.uk

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

Trial statistician: Prof Lee Shepstone

Head of data management: Martin Pond

Health Economics: David Turner & Adam Wagner

Other team members (co-applicants)

Prof Pete Langdon, Prof John Rose, Prof John Taylor, Dr Regi Alexander, Andy Inett, Viv Cooper

References included in attached word document
(because technology hates me)

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