

FORENSIC LD: LECTURE SERIES 2/12
**SEX OFFENDING IN PEOPLE WITH
INTELLECTUAL & DEVELOPMENTAL
DISABILITIES:**

**CLINICAL APPROACH TO
INAPPROPRIATE SEXUAL
BEHAVIOUR OR SEXUAL
OFFENDING**

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AIMS

- Define the key terms
- Highlight the challenges of effectively tailoring management
- Outline a clinical approach (or two)
- Explore risk assessment tools – both static and dynamic

DEFINITIONS

- One of the challenges of an evidence-based approach is that of definition.
- The definition of **Sexual Offending** differs from study to study.
- Inappropriate Sexual Behaviour – refers to all of the types of incidents that would be dealt with by the criminal justice system.
- Such as: rape, sexual assault, sexual offences against children, exhibitionism, voyeurism, sexual offences, stalking offences, and sexual offences perpetrated through telecommunications and social media.
- However, they have not been adjudicated – because they lack capacity, are already in care, or prosecuting authorities decide there would be nothing to gain from proceeding with the case.

CLINICAL VIGNETTES – EXAMPLE 1

- 29 year old man
- Diagnosis of borderline LD, ASC and a psychotic illness
- Long history of admissions to hospital
- Poor compliance and/or response to psychotropic medication
- Admitted to MSU following breach of Sexual Harm Prevention Order – having been found masturbating over a police car
- Continues to present with sexualised behaviour on the ward – exposing himself, masturbating in communal areas
- Remains troubled by ongoing psychotic experiences, despite antipsychotic medication prescribed to BNF limits

CLINICAL VIGNETTES – EXAMPLE 2

- 19 year old male
- Diagnosis of mild LD
- Admitted from prison; following threats with a weapon to staff at previous placement
- Significant history of sexual trauma
- Presents with sexualised behaviour on the ward – including masturbating in communal areas; with some more bizarre sexualised behaviour also (e.g. sniffing chairs)
- Attempts to engage fellow patient in sexual act
- Speaks to female staff about sexual urges in 1:1 sessions with suggestion he is doing so for sexual gratification
- Requests access to pornographic material – with a marked increase in sexualised comments when allowed access to this

CLINICAL VIGNETTES – EXAMPLE 3

- 45 year old male
- Diagnosis of borderline LD and ASC
- Features of ASC pronounced
- Detained under s3, following assault on fellow resident at care home
- History of inappropriate sexual behaviour, including alleged rape of sibling, but has not accrued any formal convictions
- Previously managed in LSU; but transferred to MSU as felt higher level of security required to engage in SOTP
- Has failed to consistently engage in SOTP on 3 separate occasions; and markedly lacking in insight into sexual risks
- Consideration given to antilibidinal medication

STRUCTURED APPROACH

- In the context of such a disparate group, we need a structured approach to both assessment and treatment.
- 10-point Treatment Programme – Alexander et al
- “Typical Pathway Approach” – Taylor and Morris

10-POINT TREATMENT PROGRAMME

- (1) a multi-axial diagnostic assessment
- (2) a collaboratively developed psychological formulation
- (3) risk assessments and management plans
- (4) a behaviour support plan
- (5) pharmacotherapy
- (6) individual and group psychotherapy, guided by the psychological formulation
- (7) offence-specific therapies
- (8) education, skills acquisition and occupational / vocational rehabilitation
- (9) community participation through a system of graded leave periods
- (10) preparation for transition

10-POINT TREATMENT PROGRAMME

- (1) a multi-axial diagnostic assessment**
 - **the degree of learning disability**
 - **cause of learning disability**
 - **pervasive developmental disorders**
 - **other developmental disabilities**
 - **mental illnesses**
 - **substance misuse or dependence**
 - **personality disorders**
 - **physical disorders**
 - **psychosocial disadvantage and trauma**
 - **types of behavioural problems**

TYPICAL PATHWAY FOR SECURE HOSPITAL PATIENT

Safety, containment and formulation



Motivation and Communication

Motivation Group

Communication Group



Skill development and emotional regulation

DBT

Cognitive skills



Offence/Personality Exploration

SOTP/VOTP

Schema Therapy/TC milieu



Relapse Prevention and consolidation

10-POINT TREATMENT PROGRAMME

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STATIC VS DYNAMIC RISK FACTORS

- (1) Static risk factors are those which happened in the past and cannot be changed. These include things like being male, having a history of substance misuse, or a history of violent offending.
- (2) Dynamic risk factors reflect changeable environmental variables and internal states that are temporary such as attitudes, cognitions or impulsivity. They can change, and may change with intervention, thus lowering risk.

STATIC RISK FACTORS – ACTUARIAL RISK ASSESSMENT

- Risk assessment of violence towards others based purely on clinical opinions have been shown to be poor and inaccurate - hence the drive to develop actuarial risk assessment instruments based on static risk factors.
- Actuarial = “a statistically calculated prediction of the likelihood that an individual will pose a threat to others or engage in a certain behaviour (e.g., violence) within a given period.” (Dictionary of Psychology, American Psychological Association)
- These instruments relied on a smaller and more relevant set of factors that predicted future violence in populations and combined them using a statistical model that was highly reliable and free from personal bias.
- This has been shown to be superior to clinical judgement when predicting violence.

STATIC RISK FACTORS – ACTUARIAL RISK ASSESSMENT

- The applicability of these tools for offenders with learning disability is affected by the fact that many people with learning disability do not get formal convictions
- e.g. a long term follow-up of discharges from a forensic unit showed that while the reconviction rate was only around 11%, 59% reportedly had offending behaviour that did not attract a formal conviction (*NB: all offending*)
- Notwithstanding these limitations, the actuarial risk assessment instruments recommended for this group, have reasonable predictive validity

RRASOR

- Rapid Risk Assessment for Sexual Offence Recidivism (RRASOR) scale
- Considered 4 variables:
 - (1) prior sex offences
 - (2) age at release
 - (3) victim gender
 - (4) relationship to victim.
- RRASOR's predictive efficacy for offenders with learning disability was modest.

STATIC-99

- Static-99 is a ten item instrument for use with adult male sexual offenders who are at least 18 year of age at time of release to the community. In 2012, the age item for the scale was updated, creating Static-99R.

- Its ten items include:
 - (1) age at release from index sex offence
 - (2) ever lived with a lover
 - (3) index non-sexual violence- any convictions
 - (4) prior non-sexual violence- any convictions
 - (5) prior sex offences
 - (6) four or more prior sentencing dates
 - (7) any convictions for non-contact sex offences
 - (8) any unrelated victims
 - (9) any stranger victims
 - (10) any male victim.

STATIC-99

- It generates 5 risk levels: very low risk, below average risk, average risk, above average risk and well above average risk.
- The tool was found to have good predictive efficacy for offenders with learning.
- Available online: <http://www.static99.org/>
- Coding form; details of online training.

Static-99R – TALLY SHEET

Assessment date: _____ Date of release from index sex offence: _____

Item #	Risk Factor	Codes		Score
1	Age at release from index sex offence	Aged 18 to 34.9 Aged 35 to 39.9 Aged 40 to 59.9 Aged 60 or older		1 0 -1 -3
2	Ever lived with a lover	Ever lived with lover for at least two years? Yes No		0 1
3	Index non-sexual violence - Any convictions	No Yes		0 1
4	Prior non-sexual violence - Any convictions	No Yes		0 1
5	Prior sex offences	<u>Charges</u> 0 1,2 3-5 6+	<u>Convictions</u> 0 1 2,3 4+	0 1 2 3
6	Four or more prior sentencing dates (excluding index)	3 or less 4 or more		0 1
7	Any convictions for non-contact sex offences	No Yes		0 1
8	Any unrelated victims	No Yes		0 1
9	Any stranger victims	No Yes		0 1
10	Any male victims	No Yes		0 1
	Total Score	Add up scores from individual risk factors		

Nominal Risk Levels (2016 version)	<u>Total</u>	<u>Risk Level</u>
	-3, -2,	I - Very Low Risk
	-1, 0,	II - Below Average Risk
	1, 2, 3	III - Average Risk
	4, 5	IVa - Above Average Risk
	6 and higher	IVb - Well Above Average Risk

There [was, was not] sufficient information available to complete the Static-99R score following the coding manual (2016 version). I believe that this score [fairly represents, does not fairly represent] the risk presented by Mr. XXXX at this time. Comments/Explanation:

(Evaluator name)

(Evaluator signature)

(Date)

Item #	Risk Factor	Codes		Score
1	Age at release from index sex offence	18 – 34.9 35 – 39.9 40 – 59.9 60 or older		1 0 -1 -3
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DYNAMIC RISK FACTORS

- Dynamic factors reflect changeable environmental variables and internal states that are temporary such as attitudes or cognitions.
- These dynamic risk factors are also sometimes called criminogenic needs.

DYNAMIC RISK FACTORS

- In line with the risk-needs-responsivity model of understanding risk...
 - static risk factors may be seen as determining ‘who’ should be treated (i.e. by identifying the higher risk offender),
 - dynamic measures as determining ‘what’ should be treated (i.e. by identifying the criminogenic needs to be targeted)
 - and the responsivity principle as determining ‘how’ to deliver that treatment (i.e. by targeting the individual’s unique characteristics).

ARMIDILO-S

- **Assessment of Risk and Manageability for Individuals with Developmental and Intellectual limitations who Offend Sexually (ARMIDILO-S)**
- **An instrument designed specifically for use with individuals with a borderline or mild intellectual impairment, with or without learning disabilities, who have offended sexually or have displayed sexually offensive behaviour.**
- **A 30 item tool that covers four categories of risk factors:**
 - **Stable Client Items**
 - **Stable Environmental Items**
 - **Acute Client Items**
 - **Acute Environmental Items**
- **Each item is given a “Risk Rating” and a “Protective Factor” rating – each scored on a 3 point scale**

ARMIDILO-S

- Has been shown to have good predictive validity with different samples of sex offenders and has been positively evaluated in qualitative studies as a case management instrument.
- Available online: <http://www.armidilo.net/>
- Made available the ARMIDILO-S for no charge to developmental disability service, mental health, and correctional professionals
- “Practitioners who wish to use the ARMIDILO-S are not required to hold a university degree, but should have a basic understanding of risk factors related to sexual offense recidivism and principles of psychological assessment.”
- “The practitioner also should have specific training related to the use of the particular actuarial test that will be implemented as part of this assessment process.”

ARMIDILO-S¹ SCORING SHEET²

Web Version 1.1 (2013)

Client name: _____ Age: _____ Client residence: _____

Evaluator: _____ Specify time period for evaluating recent change: _____

Date of assessment: _____ Data Source(s): Client Interview File review Proxy Interview (Position) _____

OVERALL RATINGS

Actuarial Risk Rating (Static-99 or RRASOR) LOW MODERATE HIGH

Risk Rating: LOW MODERATE HIGH

Protective Rating: LOW MODERATE HIGH

Overall Convergent Risk Estimate LOW MODERATE HIGH

INDIVIDUAL ITEM RATINGS

Risk Rating: N = Not a problem; S = Somewhat of a problem; Y = Yes, is definitely a problem;

Protective Factors Rating: N = Not a protective factor; S = Somewhat of a protective factor; Y = Yes, this is a definite protective factor

¹ The ARMIDILO-S (Boer, Haaven, Lambrick, Lindsay, McVilly, and Frize) is a structured risk and management guideline instrument. It is intended for use with intellectually disabled (ID) individuals (adults) for whom there are concerns regarding sexually violent behavior which may or may not have been adjudicated.

² Revision date: May 28, 2013

ARMIDILO-S

Stable Client Items:

1. Supervision Compliance
2. Treatment Compliance
3. Sexual Deviance
4. Sexual Preoccupation/Sexual Drive
5. Offence Management
6. Emotional Coping Ability
7. Relationships
8. Impulsivity
9. Substance Abuse
10. Mental Health
11. Unique Considerations - Personal and Lifestyle
(e.g., neglect, physical or sexual abuse, antisocial tendencies)

ARMIDILO-S

Stable Environmental Items

1. Attitude Towards the ID Client
2. Communication Among Support Persons
3. Client Specific Knowledge by Support Persons
4. Consistency of Supervision/Intervention
5. Unique Considerations (e.g., level of supervision, behaviour reinforced, staff modelling)

ARMIDILO-S

Acute Client Items

1. Changes in Compliance with Supervision or Treatment
2. Changes in Sexual Preoccupation/Sexual Drive
3. Changes in Victim-Related Behaviours
4. Changes in Emotional Coping Ability
5. Changes in Use of Coping Strategies
6. Changes to Unique Considerations (e.g., mental health symptoms, medication changes)

Acute Environmental Items

1. Changes in Social Relationships
2. Changes in Monitoring and Intervention
3. Situational Changes
4. Changes in Victim Access
5. Unique Considerations (e.g., access to intoxicants, a new roommate)

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	Total Score	Add up scores from individual risk factors		7

**Nominal Risk Levels
(2016 version)**

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STABLE CLIENT ITEMS

1. Supervision Compliance

Definition:

Client's degree of cooperation with Court orders or conditions/guidelines/plans within the residential services, vocational services, occupational settings, or other support services.

Sample Questions for Staff:

- Does he follow expectations at home and/or in the community?
- Does he generally follow the rules in the institution?
- Does he evade supervision in any settings? Has he eloped from home or work?
- What supervision rules is he most likely to test or violate?
- Does he attempt to manipulate or secretly violate rules?
- How does he work with staff regarding supervision?
- What is his greatest strength regarding supervision compliance?
- How does he persist even when expectation is difficult?

SUPERVISION COMPLIANCE - RATING

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:

- N – Client usually follows supervision expectations (e.g., follows rules).**
- S – Client has some violations of limits or defiance of some directives.**
- Y – Client has high level of non-cooperation with rules, refusing directives, manipulative or deceptive with custodial and supervisory staff.**

Protective Ratings:

- N – Client demonstrates no evidence of following rules, or making any effort to facilitate or utilize supervision.**
- S – Client generally follows rules and attempts to facilitate and associate with staff.**
- Y – Client almost always follows directions of custodial and supervision staff including when they are not physically present.**

SUPERVISION COMPLIANCE – CAUTIONARY NOTES

Cautionary Notes:

- Non-compliant behaviour is problematic whether intentional or not intentional.
- Client may be non-compliant by attempting to assert autonomy.
- Client may be non-compliant due to misunderstanding or confusion of expectations.
- Client may be reacting to over-control or unnecessary restrictions.
- Staff may be responding to problems of the long past or one particular incident.
- Client may verbalize non-compliance, yet, behaviour is compliant.

ACUTE CLIENT ITEMS

2. Changes in Sexual Preoccupation/Sexual Drive

Definition:

Change in a client's absorption with appropriate and inappropriate sexual thoughts and behaviours and/or change in their intensity of sexual urges.

Sample Questions:

- Have there been any changes regarding his sexual behaviour or sexual comments recently?
- What is causing these changes?
- What seems to trigger these changes?
- Has he had this change in the past?

CHANGES IN SEXUAL PREOCCUPATION/SEXUAL DRIVE - RATING

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:

N - Client has no change in the past two to three months from his baseline behaviour of the past year (or he has shown a decrease from his baseline level of sexual preoccupation/sex drive).

S - Client has somewhat of an increase in frequency of sexual behaviours and interests or somewhat of an increase in intensity of sexual urges.

Y - Client has a large increase in frequency of sexual behaviours and interests or large increase in intensity of sexual urges.

Protective Ratings:

N - Client has no change in the past several months from his baseline behaviour of the past year (or he has shown an increase from his baseline level of sexual preoccupation/sex drive).

S - Client has somewhat of a reduction of sexual behaviours, interests, or sexual urges. This may be evidenced by somewhat of an observable increase in his use of management strategies for his sexual behaviours, interests or sexual urges.

Y - Client has a large reduction of sexual behaviours, sexual interests, or sexual urges. This may be evidenced by a definite observable increase in his use of management strategies for his sexual behaviours, interests or sexual urges.

CHANGES IN SEXUAL PREOCCUPATION/SEXUAL DRIVE – CAUTIONARY NOTES

Cautionary Notes:

- An increase in appropriate sexual preoccupation/sexual drive due to the presence of an appropriate sexual stimuli should be viewed as less risk-relevant than an increase in inappropriate sexual preoccupation/sexual drive to inappropriate sexual stimuli.

ACUTE ENVIRONMENTAL ITEMS

3. Situational Changes

Definition:

Changes in the environment or circumstances that have affected the daily functioning of the client.

Sample Questions:

- What changes have happened in the client's living situation that may have affected his ability to manage his life?
- Have there been any changes in the client's occupational or day program(s) that may have had an emotional impact on him?

SITUATIONAL CHANGES - RATING

Scoring Key: Give a risk rating and a protective factor rating for each item.

Risk Rating:

N – Client has not had any noticeable negative impact on his life due to environmental changes in past several months (there may have been positive risk-reducing changes)

S – Client has had changes in his supports, job, home, medication, physical conditions, etc. that has had somewhat of an aversive impact on his life

Y – Client has had changes in his supports, job, home, medication, physical conditions, etc. that has had a large aversive impact on his life.

Protective Ratings:

N – Client has had no improvements in past several months from changes that have affected his life situation.

S – Client has had improvements in his life situation that has resulted in somewhat of an increase in satisfaction with his life.

Y – Client has had improvements in his life situation that has resulted in a large increase in satisfaction with his life.

CONCLUSION

- Defined the key terms – esp. Sexual Offending and Inappropriate Sexual Behaviour
- Highlighted the challenges of effectively tailoring management – by exploring some clinical examples
- Outlined a clinical approach (or two) – including 10-point treatment plan and “typical pathway”
- Explored risk assessment tools – both static and dynamic – including STATIC-99 and ARMIDILO
- Applied worked examples to case vignettes