Working with Sex Offenders who have Intellectual Disability

WHAT YOU NEED TO KNOW

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ID Offender Fact Sheet

- Individuals with ID represent 1-2% of the population at large, but 4-10% of the Population Incarcerated.
- Most Justice personnel are not trained to identify individuals with ID.
- Offenders with ID tend to mask their disability. Oftentimes, their disabilities are not discovered until they are incarcerated.

ID Offender Fact Sheet, cont’d

- ID clients are more likely to be convicted because they confess, or provide incriminating info.
- Some clients are incompetent to stand trial and don’t receive the appropriate restoration services.

ID Offender Fact Sheet, cont’d

- Due to lack of treatment programs, recidivism rates for ID offenders are higher.
- ID offenders are more likely to become correctional problems.
- When incarcerated our population has an increase in aggressive behaviors, resulting in higher security levels.

ID Offender Fact Sheet, cont’d

- Parolees with ID have little opportunity to participate in special programs, they are more likely to be placed on regular supervision, as a result re-arrest rates are higher.
- In summary, Offenders with ID do more time, do harder time, get less out of their time, and are more likely to return to prison.

Sex Offender Facts

- 747,408 registered SO in the US; 265,000 under correctional supervision
- Cost to incarcerate an SO- 22K

NCMEC, Prevent Abuse Now, 2013
Sex Offender Facts, Cont’d
- Percentage of Sex Offenders who will commit another sex offense- 2.7%
- Percentage of Sex Offenders who will commit another crime- 70%
- Percentage of sexual offenses that occur while living in a supervised setting- 60% 
  NCMEC, 2013

Common Traits of Sex Addicts
- Frequent fantasies/thoughts related to offending
- Centers lives around opportunities to offend
- Eager to control others and situations
  Patrick Carnes

Common Traits of Sex Offenders cont’d
- Lack of sexual knowledge/social skills
- Difficult identifying and expressing emotions
- Personality Disorders
- Poor impulsive control

Common Traits of Sex Offenders cont’d
- Lack of victim empathy
- Many anger issues
- Manipulate/dislikes responsibility
- Lies, Lies, Lies

Offender Patterns / Sexual Deviance

<table>
<thead>
<tr>
<th></th>
<th>Addict</th>
<th>Non - Addict</th>
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<tbody>
<tr>
<td>Offender</td>
<td>I</td>
<td>II</td>
</tr>
<tr>
<td>Non - Offender</td>
<td>III IV</td>
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Addiction/Offense Cycles
- Thinking Errors
- Fantasy Thoughts
- Grooming Rituals
- Offenses
- Thinking Errors

Safer Society Press
Treatment Needs - SO
- Sex Offender Group/Individual - both needed
- Vocational Training - sheltered/ increased supervision
- Community Service - give back
- Cognitive Behavioral Approaches

Treatment Needs - cont’d
- Honesty about past and current behavior
- Relapse Prevention
- Daily Feedback (points)
- Safety Issues - triggers; supervision defined per setting
- Behavior Support Plan

Treatment Needs cont’d
- Little down time
- Mental Health and medical monitoring
- Staff education
- Crisis Management

Case Study
- What would you recommend to be in the treatment plan?
- What is immediate priorities?

Oath of the Treatment Provider
“Respect the person, despise the crime.”

Treatment Paradigm
- Honesty
- Responsibility
- Accountability
Issues Related to Brain Development

- "Swiss Cheese Effect" - Henry Leland, Ph.D.
- Arrested development due to brain trauma delays and often stops learning opportunities following the insult
- Brain damage can be generalized and specific – therefore we get strange behaviors in our population: difficulty in organizing themselves and impulsivity (general) and odd skills (specific)

Staff Response to Brain Damage

- Repetition of requests
- Concreteness in giving requests
- Multiple senses to teach, ie. taste, smell, touch, see, hear
- Patience, patience, patience

Brain Damage not an Excuse

- Can explain need for special training and supports
- Can explain client not trusting their impulsivity
- Can explain difficulty with understanding and dealing with emotions
- Can explain why their body does not respond the same as others

Highest Priorities of Sex Offender Management:

PUBLIC SAFETY

VICTIM PROTECTION

Sexual Assault is a Human Rights Issue:

*protection from victimization considered a basic right of victims*

Sexual Assault is a Public Health Problem

We need to stop viewing sex offending as a problem that can be ameliorated by law, psychology, or medicine. Rather we should view it as a public health problem that is everybody’s business and everybody’s responsibility.

Laws (1998)
Myths and Realities About Sex Offenders And Their Victims

**Myth**
Most sexual assaults are committed by strangers.

90% of child victims know their offender, with almost half being a family member.

76% of adult women were raped by a current or former husband, live-in-partner, or date.

National Violence Against Women Survey

**Myth**
Most child sexual abusers use physical force or threat to gain compliance from their victims.

In most cases, abusers gain access through grooming, deception and enticement.
Grooming is often subtle

Grooming is part of the offense cycle after an offender gets triggered. Grooming prepares an offender to start targeting the victim for a potential sexual encounter. Some offenders are very patient in grooming until the time is right to offend.

ID/ Grooming

- “Poor little ID person”- gains them access to trusted places
- “He does not know enough to hurt anyone”- underestimate risk
- “His IQ is much too low”- IQ and manipulative savvy are not the same

Grooming Types

- Gifts-food, toys, games, money
- Time spent with victim
- Trust built up by making the victim feel special
- Manipulation: “I will do this for you if you ____”
- If it feels creepy it probably is
- Power and control get played out

Staff Response to Grooming

- Firm response
- Quick response
- Specific expectations for offender

Staff Response to Grooming

- Info shared across all shifts
- Plan to disrupt chances to groom between offender and victim
- Consequences spelled out

Myth

Most child sexual abusers find their victims by frequenting such places as schoolyards and playgrounds.
Most abusers offend against children they know and have established a relationship.

**Myth**

*Risk rarely changes in an offender with intellectual disability.*

Risk can change frequently depending on an offender's mental health, physical health, living situation, supervision level, and mood.

**Vital Assessment Areas**

- Mental Health
- IQ
- Adaptive Behavior
- Personality
- Understanding of Sexual Terms/Topics
- Responsiveness to Treatment
- Understanding and Cooperation with Supervision

Risk Predictors in Pedophiles

- Degree of Sexual Preoccupation
- Number of Paraphilias—bunch together
- Number of Previous Sexual Offenses
- Cooperation with Supervision
- Ability to Follow Relapse Prevention Plan

**Myth**

*Child sexual abusers are only attracted to children and are not capable of appropriate sexual relationships.*
There is a small subset who are exclusively attracted to children, but the majority are or have previously been attracted to adults.

Myth

If someone sexually assaults an adult, he will not target children as victims; and if someone sexually assaults a child, he will not target adults.

Most sex offenders prey on different types of victims. No assumptions can be made about an offender’s victim preference.

CROSSOVER

There are no pure categories within sexual offending categories alone. Colorado study:
25.7% assaulted both genders
50% crossed over juvenile/adult

Myth

Drugs and alcohol cause sexual offenses to occur.

Drugs and alcohol are often involved in an assault, but do not cause offenders to commit the assault. They serve as disinhibitors.
Myth

The majority of sex offenders are caught, convicted, and in prison.

- The majority of sex offenders either have not been caught or have done their time and are living in our communities

Myth

Sexual offense rates are higher than ever and continue to climb.

National Crime Victimization Survey - Rapes

- 1979: 280 rapes per 100,000 people
- 2010: 30 rapes per 100,000 people

ID Population are Victims of Violent Victimization

- In 2010 age adjusted victimization rate for persons with disability was 28 violent victimization per 1000 people nearly twice the rate of persons without disability (15 violent victimization per 1000 people)

Number of Substantiated Child Sexual Abuse Cases

- 1992: 150,000
- 2003: 90,000

Office of Juvenile Justice and Delinquency Prevention
Myth
Sex offending is rare in offenders with intellectual disability.

There are more sex offenders and inappropriate sexual behaviors with this population than with the general prison population.

Myth
Risk in sexual offenders with intellectual disability is low since sex offender recidivism is low.

Due to impulsivity, attention deficit, and criminal personality risk can be high in many life areas.

Risk areas for ID Sex Offenders
- Assault
- Fire Setting
- Animal Torture

Risk Areas, Cont’d
- Property Destruction
- Internet Importuning
- Downloading underage pictures
Myth
There are few Paraphilias (sexual deviance) in offenders with intellectual disability.

Paraphilias in this population bunch together and usually throughout treatment more are discovered.

Myth
Children who are sexually assaulted will sexually assault others when they grow up.

Most sex offenders were not sexually abused as children and most who are assaulted do not sexually assault others.

Myth
Sex Offender recidivism rates are very high.

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<thead>
<tr>
<th></th>
<th>5 years</th>
<th>10 years</th>
<th>15 years</th>
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<tbody>
<tr>
<td>All sex offenders</td>
<td>14%</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>Rapists</td>
<td>14%</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>“Girl Victim” Child Molesters</td>
<td>9%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>“Boy Victim” Child Molesters</td>
<td>23%</td>
<td>28%</td>
<td>35%</td>
</tr>
<tr>
<td>Over 50 years old at release</td>
<td>7%</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Under 50 years old at release</td>
<td>15%</td>
<td>21%</td>
<td>26%</td>
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Harris and Hanson (2004)
Myth
As providers we should only be concerned with sexual behaviors that are criminal.

There are many fringe behaviors in this population which pose serious threats: aggression, theft, nuisance behaviors, fire setting, etc.

Myth
There are no effective ways to assess risk with offenders who have intellectual disabilities.

Risk assessments can be very effective in identifying areas to manage.

Myth
With a good assessment we can predict who will commit a sexual crime.

No assessment can predict sexual offenses, only manage risk.
Myth

Treatment is not effective with offenders who have intellectual disability.

Cognitive/behavioral approaches and Relapse Prevention can be very effective with this population.

Myth

Supervision of sexual offenders is only concerned about policing them and not letting them out of your sight.

Supervision is concerned with teaching the offender to be responsible and proactive at staying out of tempting situations and engaging in safe situations.

NON-CONTACT SEX OFFENSES

- Exhibitionism
- Voyeurism
- Obscene phone calls
- Frotteurism
- Computer downloads-social media

RISK FACTORS

- Prior sex offenses
- Diverse sex crimes
- Deviant sexual interest
- Sexual preoccupation
- Antisocial orientation/psychopathy
- Victim characteristics (male, stranger, unrelated)
RISK FACTORS, Cont’d

- History of rule violations (non-compliance with supervision, violation of conditional release)
- Attitudes tolerant of sex crimes
- Emotional identification with children
- Conflicts with intimate partners or lack of intimate partner
- Psychopathy and deviance combined

Who are the stakeholders?

- Criminal justice system personnel such as judges, prosecutors, defense attorneys, and law enforcement officers
- Correctional officials responsible for the reentry of sex offenders into the community as well as those supervision officers who monitor offenders in the community
- Victim advocates and victim treatment providers

Stakeholders, cont’d

- Sex offender treatment providers
- Families
- Anyone who has a stake in preventing sexual abuse: polygraph examiners, social service providers, child protective agencies and school administrators

Do’s and Don’ts of Supervision

- Do opt for initial close supervision, then gradually withdraw it as the offender consistently demonstrates the ability to choose pro-social behaviors
- Don’t underestimate or minimize the risk posed by offenders with DD

Do’s and Don’ts of Supervision

- Do hold the offender accountable for all of his/her behaviors
- Don’t just focus on the behaviors which got the offender in trouble

Do’s and Don’ts of Supervision

- Do make sure all agencies and staff are aware of the offenders risk factors and have a safety plan
- Don’t try to protect the offender – focus on protecting the next victim
Do’s and Don’ts of Supervision

- Do allow natural consequences to occur
- Don’t get into power struggles with the offender unless community safety is at risk

Define Supervision Concretely

- At home
- At work
- In the community
- Transition times/down times

Do’s and Don’ts of Supervision

- Do make residential and vocational placement decisions with a great deal of caution and consideration
- Don’t place a Pedophile next to a daycare center or place an offender somewhere the temptation will naturally be great

Do’s and Don’ts of Supervision

- Do match up your most difficult offenders with your most competent staff—take higher risk offenders out in smaller groups—know the supervision plan before leaving = Preparation
- Don’t wing it if you are unsure of safety just to meet a schedule

Exercise: Supervision

Handout: How would you supervise this person?

Summary

Success depends on:
1. Long-term perspective
2. Understanding and preparing for risk
3. Strong team of committed staff
4. Measuring progress by client’s quality of life, not by amount of supervision or number of behaviors
References


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