

# The Assessment & Treatment of Sexual Offenders. State Hosp. team

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# Principles of Treatment

- Sexual Offending Behaviour
  - Motivation
  - Self Regulation
  - Societal Context
  - Cognitive Therapy
  - Relapse Prevention
  - Pathways to offence and re-offence.

**A MODEL UNDERPINNING TREATMENT FOR SEX OFFENDERS WITH MILD INTELLECTUAL DISABILITIES** ( Lindsay 2005, *Mental Retardation*)

- |                                    |   |
|------------------------------------|---|
| 1. Motivation                      | <b><u>Conclusion</u></b>  |
| 2. Strategies for offending        | Good evidence for first 2 strands:  |
| 3. General theories of criminality | <ul style="list-style-type: none"><li>• Cognitive intervention</li><li>• Self-restraint</li></ul> |
| 4. Community engagement            | <ul style="list-style-type: none"><li>• Motivation and strategies</li></ul>                       |
|                                    | Good evidence for second 2 strands:   |
|                                    | <ul style="list-style-type: none"><li>• Community engagement</li><li>• Q.O.L.</li></ul>           |
|                                    | <b><u>CAUTION</u></b>   |
|                                    | R.P. and contact with victims   |

# PREDICTIONS

- Appropriate engagement alone will not produce reduction in recidivism
- Treatment in isolation (institution) is unlikely to produce gains in recidivism
- Both are needed – address primary motivation and social engagement
- **Conclusion** - We need to work across the managed forensic network

# Four Concatenated Programmes

- Core programme – developed from the SOTP prison programme
- Adapted programme – adapted from the IDDS programme and core programme to be suitable for men with intellectual limitations.
- IDDS programme – extensively researched but changing to align with the other programmes
- Relapse prevention programme – newly developed to take account of research published in the last 5 years

# Basic programme modules

- Introduction
- Disclosure and offences
- Cognitive distortions and excuses
- Behavioural scripts and routines (SIDs)
- Sexual preferences
- Relationships and attachments
- Occupation and engagement
- Victim empathy
- Risk
- Relapse prevention
- Pathways to offending and re-offending.

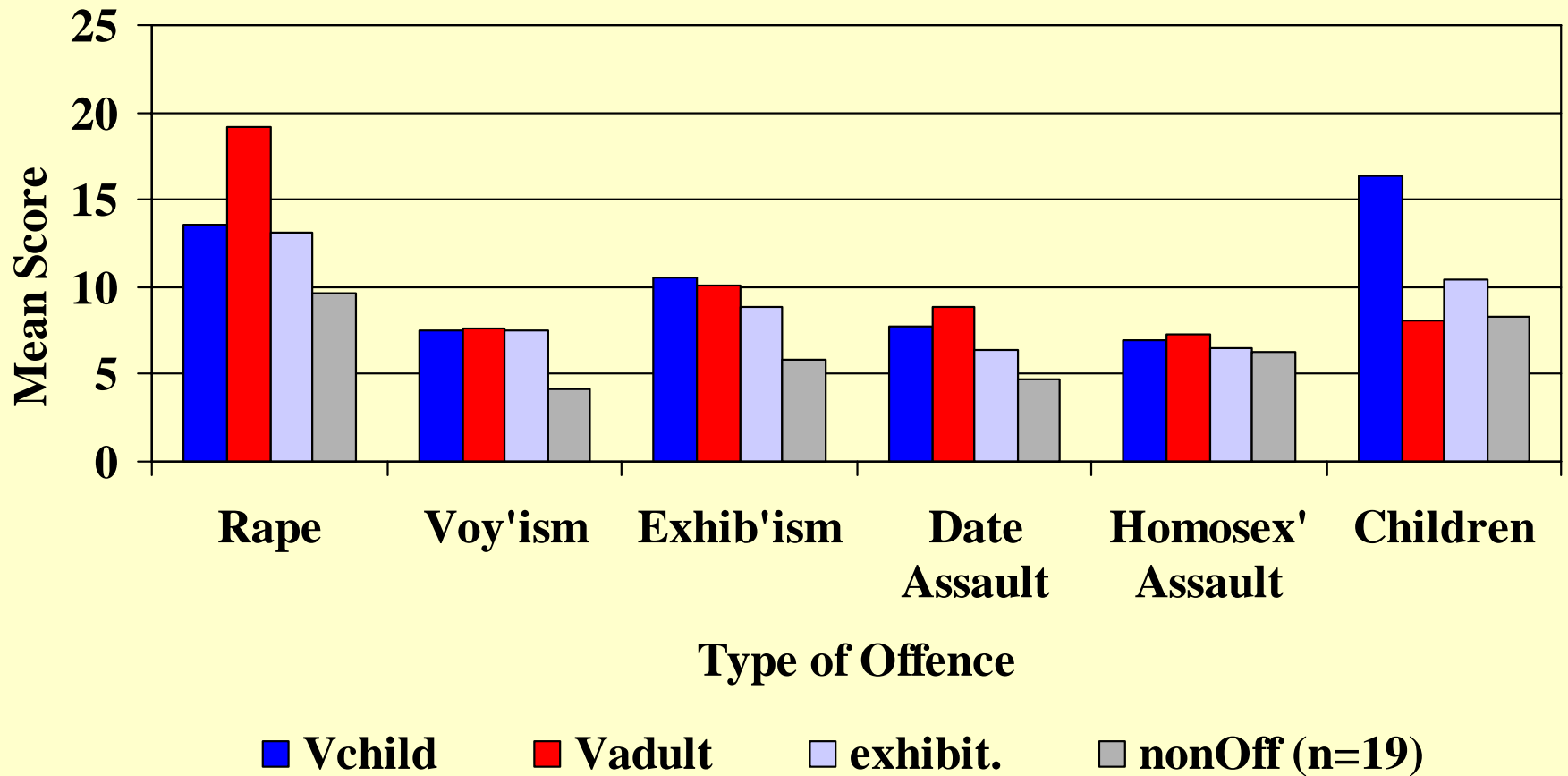
# Methods

- Disclosure & graded disclosure
- Repeated return to disclosure
- Notes for sessions
- Role play the offence cycle
- Administrative role plays.
- Cognitive challenge
  - Dissonance & metaphor
- Problem Solving
- Challenge – group members and therapists

# Methods

- Inductive reasoning/Socratic method
- Praise & positive reinforcement for success
- Review progress & gains
- Tangible reinforcement
- Relapse prevention
- Victim awareness
- Discussion.

# Lindsay et al (2005) Study 2: QACSO Scores (n=10, Sex Off. gps.)



# Assessments

- RAPE Scale (Bumby, 1996)
- MOLEST Scale (Bumby, 1996)
- QACSO (Lindsay et al., 2005)
- SSPI (Seto & Lalumiere, 2001)
- VRAG (Quinsey et al., 1996)
- SORAG (Quinsey et al., 1996)
- Static 99 (Hanson & Thornton, 1999)

	N	Min	Max	Mean	SD
VRAG	36	-7	19	<b>5.86</b>	6.905
SORAG	36	-8	29	<b>11.22</b>	9.129
Static-99	36	2	9	<b>5.39</b>	1.874
SSPI	36	0	5	<b>2.22</b>	1.858
Bumby-R Scale	36	36	114	<b>69.86</b>	21.066
Bumby-M Scale	36	38	124	<b>65.39</b>	22.874
QACSO Children	36	0	8	<b>1.81</b>	2.162
QACSO	36	0	35	<b>9.17</b>	8.726

		VRAG	SORAG	SSPI	Bumby-R Scale	Bumby-M Scale	QACSO Offence Against Children	QACSO Total	Static-99
VRAG	Cor.	1.000	.674**	.230	-.009	-.015	.080	-.045	.072
SORAG	Cor.	<b>.674**</b>	1.000	.290	.123	.027	.041	.038	.283
Static-99	Cor.	.072	<b>.283</b>	<b>.638**</b>	.114	.329	.387*	.158	1.000
SSPI	Cor.	.230	.290	1.000	.101	.383*	.484**	.113	.638**
Bumby-R Scale	Cor.	-.009	.123	.101	1.000	.801**	.359*	.791**	.114
Bumby-M Scale	Cor.	-.015	.027	<b>.383*</b>	<b>.801**</b>	1.000	.540**	.659**	.329
QACSO Children	Cor.	.080	.041	<b>.484**</b>	<b>.359*</b>	<b>.540**</b>	1.000	.559**	<b>.387*</b>
QACSO Total	Cor.	-.045	.038	.113	<b>.791**</b>	<b>.659**</b>	.559**	1.000	.158

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# Conclusions

- Scores on all assessments consistent with standardisation samples except QACSO
- Attitude to children scales correlate with SSPI
- Attitudinal measures do not relate to antisociality risk assessments
- Attitudinal measures may relate to sexual interest risk measures

# Relapse Prevention

- Risky situation
- Risky actions/behaviour
- Risky thoughts/cognitions

# RELAPSE PREVENTION/ PATHWAYS

- CYCLE OF OFFENDING
- AVOIDANT/ APPROACH
- MOTIVATION
- DISCLOSURE
- EMOTION/SELF EVALUATION
- CYCLE OF ABUSE
- NEWS AS EXAMPLE
- REVIEW DISPOSAL
- SELF-REGULATION OF ROUTINES
- REVIEW OFFENDING SCENARIOS
- ROLEPLAY MOMENTS IN OFFENDING CYCLE

# Relapse Prevention: old me/future me

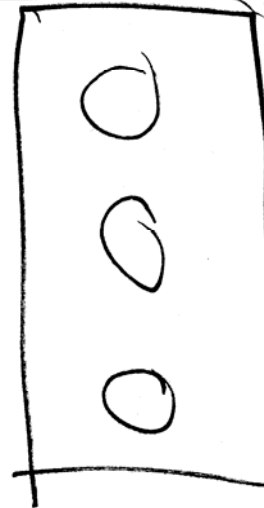
- Relapse Prevention (Laws & Colleagues)
- Cognitive Approaches (Hanson et al. 2002)
- PATHWAYS – Approach/Avoidance (Ward & Colleagues)
- Attachments/QOL

## Pathways – Ward et al (2002,2004)

- **Avoidant passive** – lacking coping skills to prevent it happening (poor mood, relationship problems, low problem solving)
- **Avoidant active** – ineffective/counterproductive attempts to control (use of drugs, unrealistic views of self control or masturbation)
- **Approach automatic** overlearned sexual scripts, impulsive, poor regulation (retribution, access to victims, entitlement)
- **Approach explicit** – desire to sexually offend ( careful planning, feeling positive, feeling wronged or unfairly treated.)



SHE DOESN'T LOVE ME  
SHE HITS ME  
SOMEONE WILL TAKE  
INTEREST  
STOP THAT IT A EXCUSE

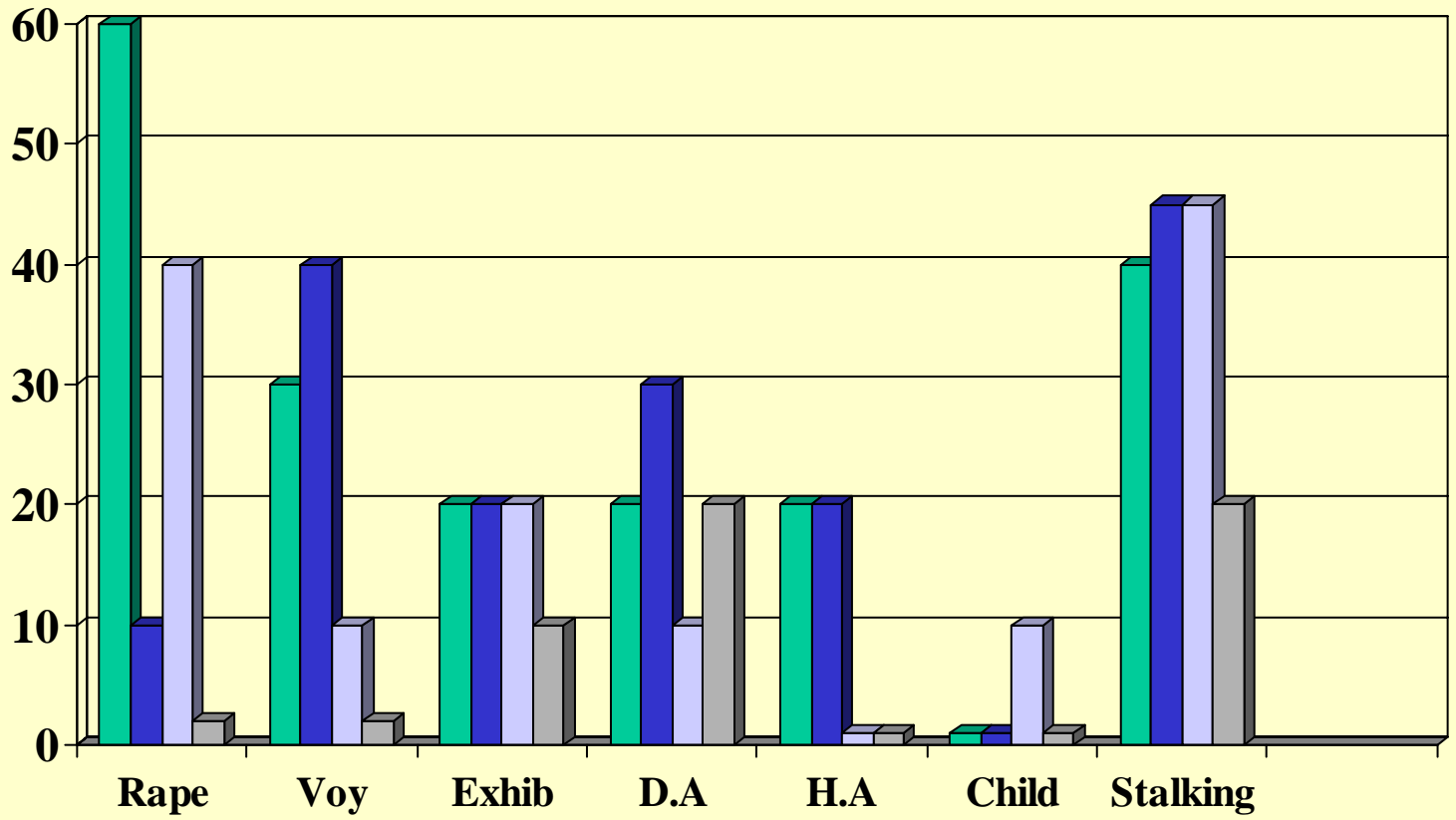


STOP  
THINK  
AGREE TO WALK AWAY

SPEAK TO PROBATION OFFICER  
AND GROUP WORKERS +  
+ GIRL FRIEND  
WORKING ON A BUILD  
PEOPLE

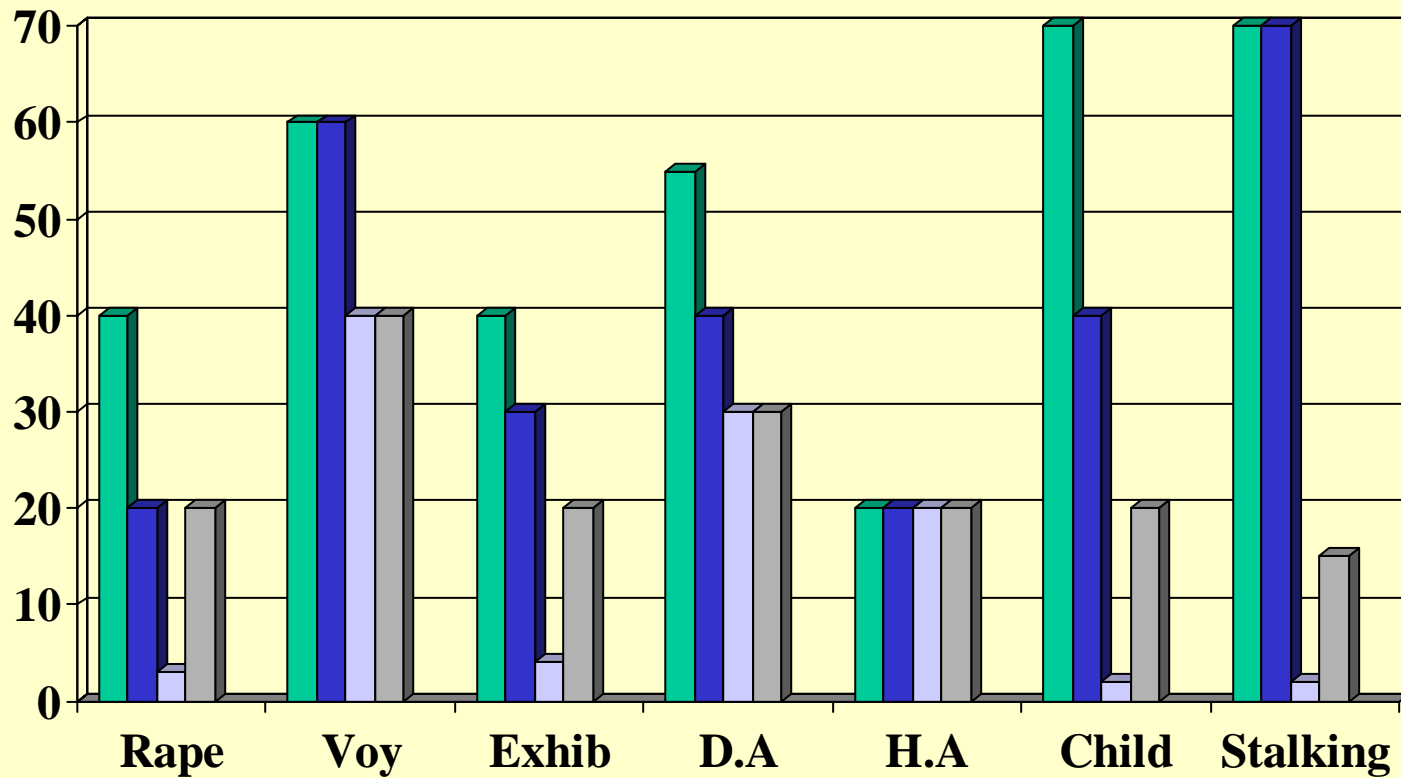
# C2

## QACSO

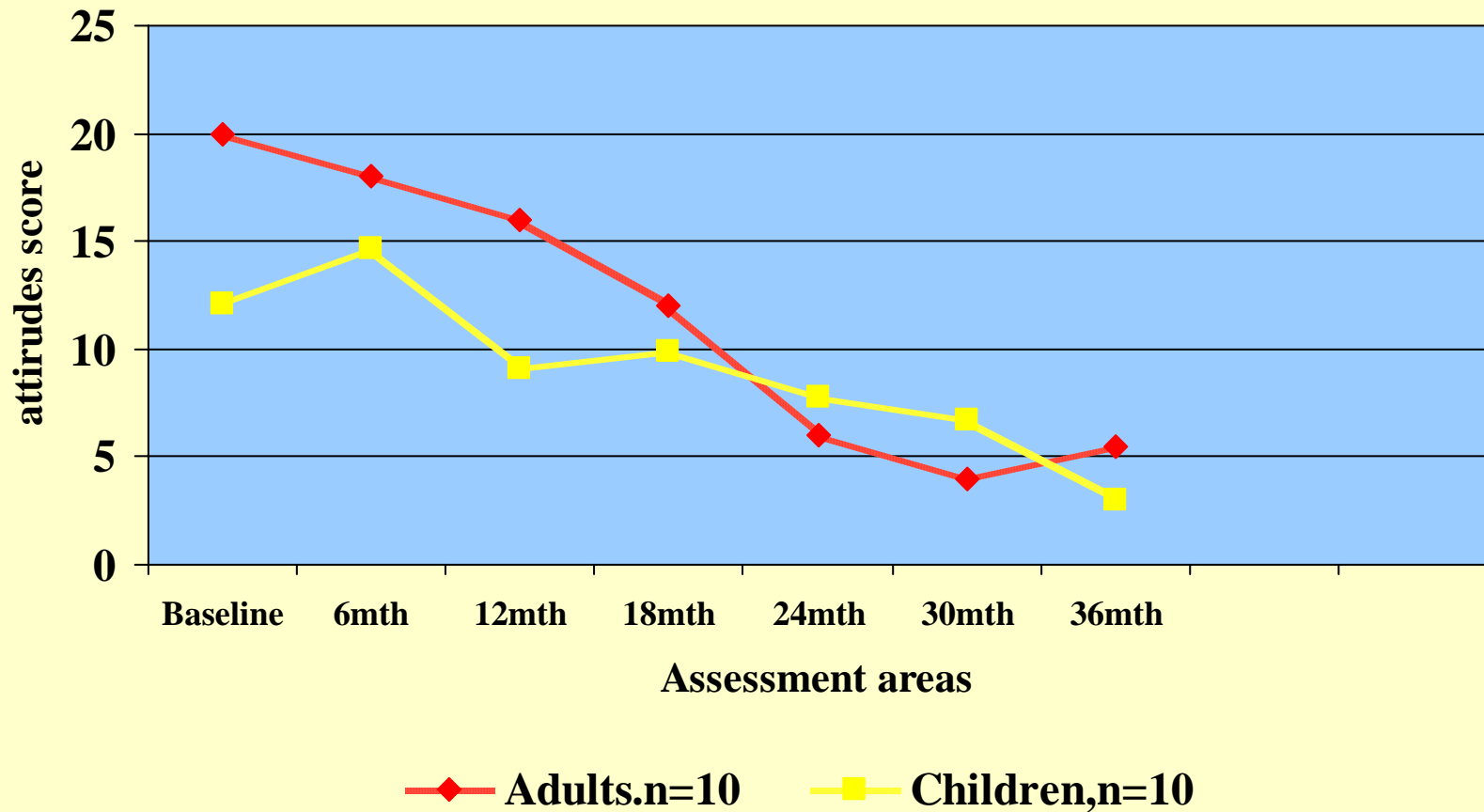


# C1

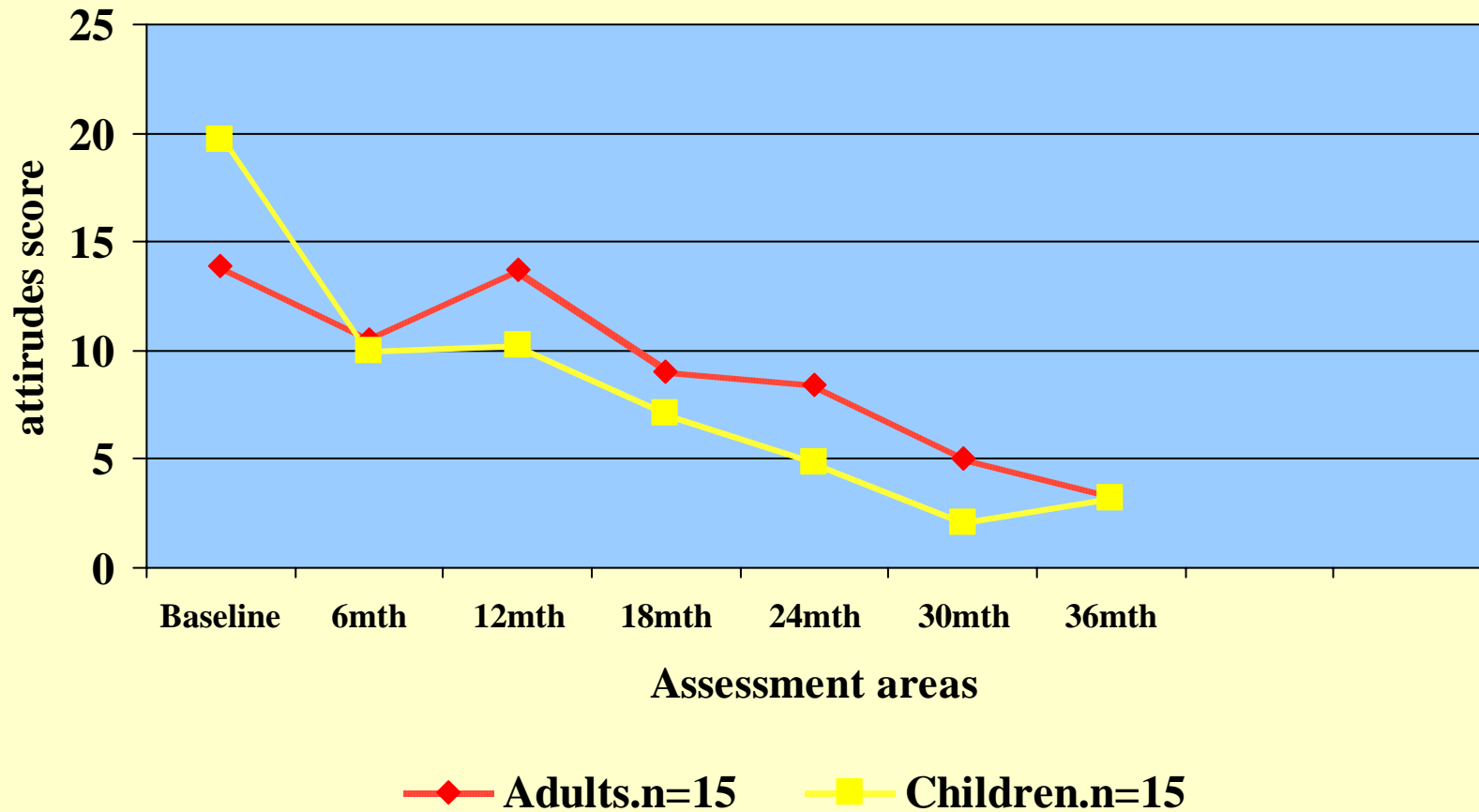
## QACSO Subscales over time



# Treatment progress. Responses on QACSO Rape and Sexual assault scale ( Michie and Lindsay 2004 unpublished)

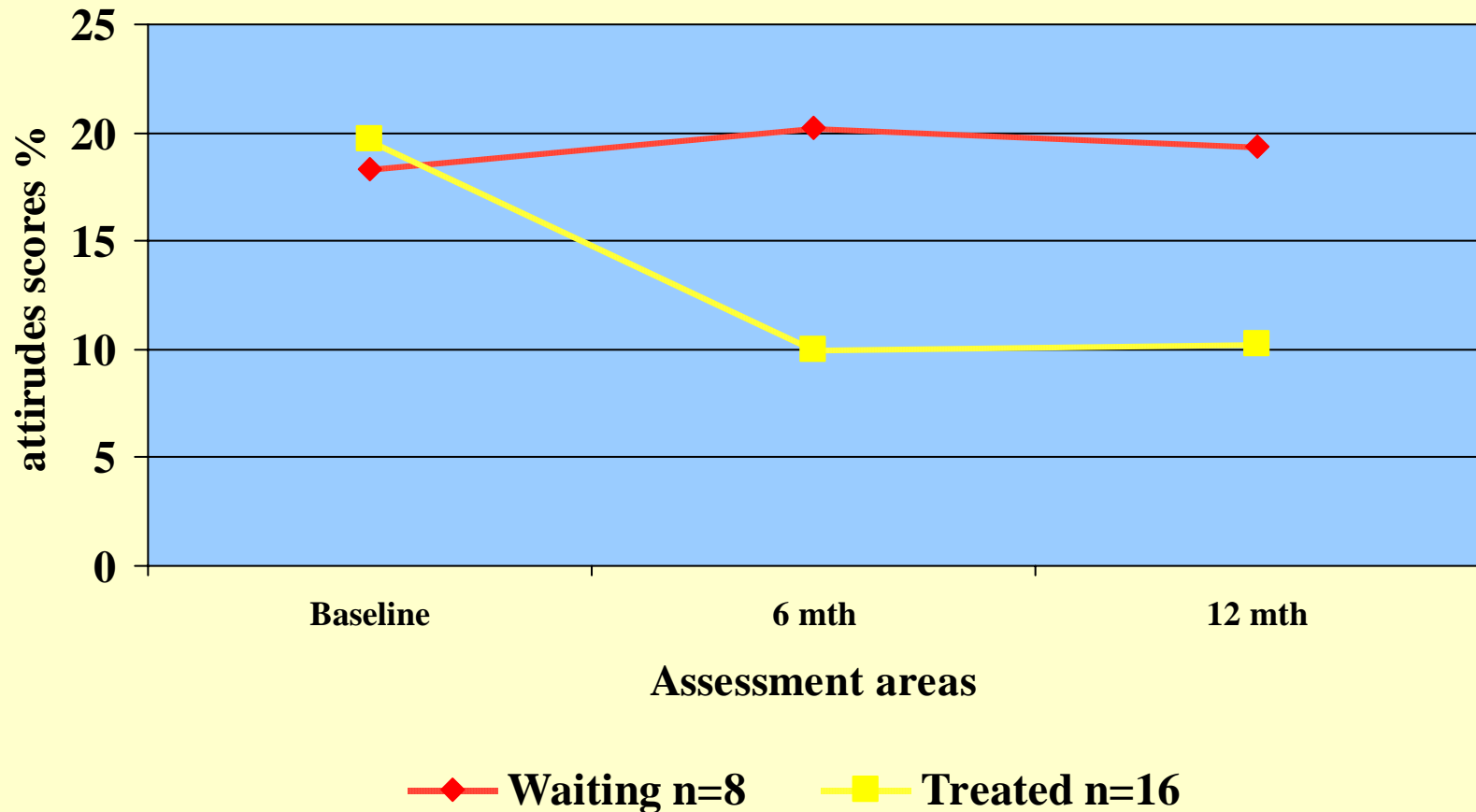


# Treatment progress. Responses on QACSO Offences against children scale (Michie and Lindsay 2004 unpublished)



# Treatment progress. Responses on Attitudinal Measures (Bumby and QACSO)

(Lindsay, Scott, Wilson, Morgan & Todd 2005 unpublished)



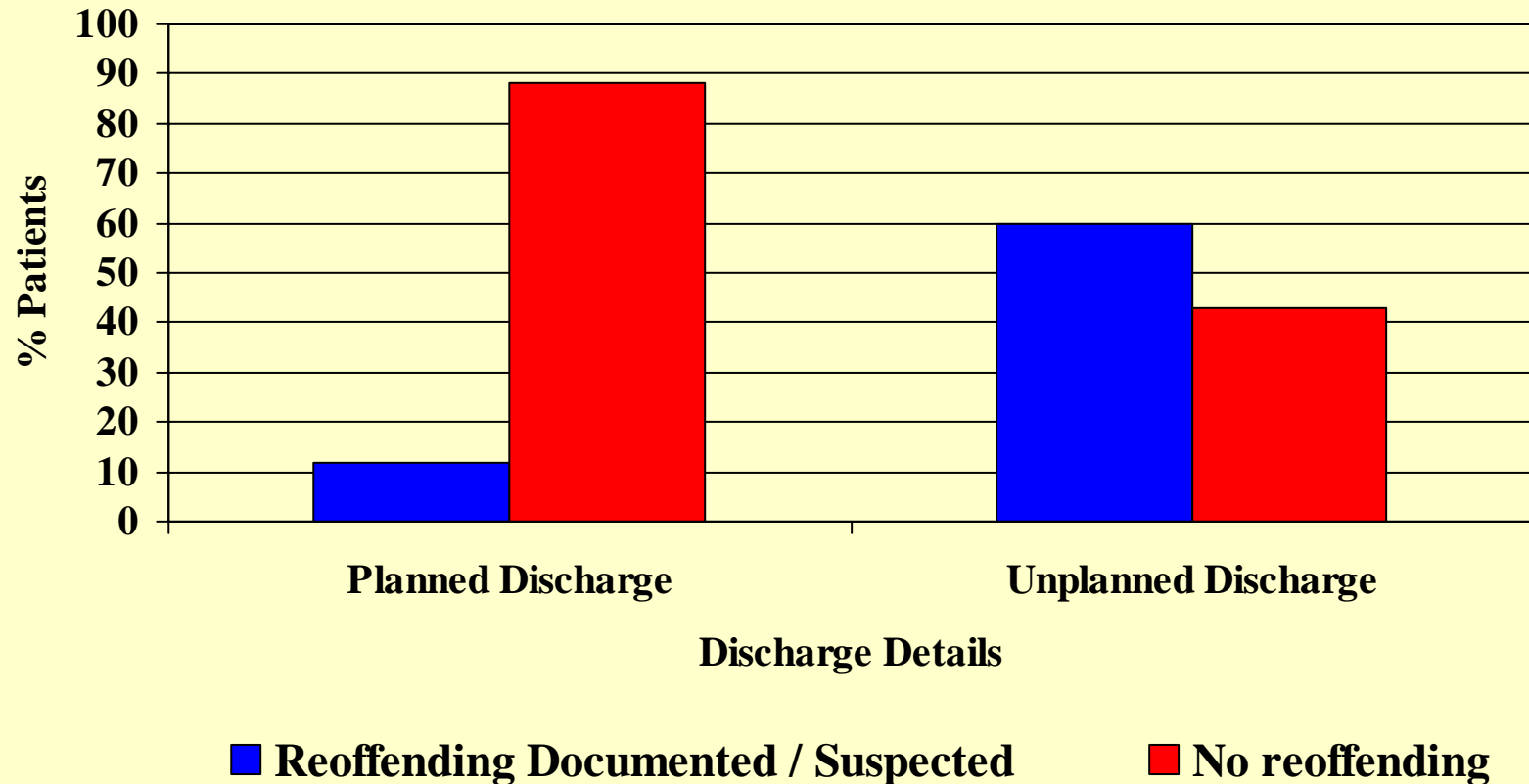
# Risk of Re-offending

( Lindsay, Elliot & Astell, 2004, J.App.Res.Int.Dis.)

- Offence involving violence,  $r=0.295^*$
- Juvenile crime,  $r=0.284^*$
- Sexual abuse,  $r=0.327^*$
- Poor relationship with mother,  $r=0.346^*$
- Anti-social attitude,  $r=0.309^*$
- Low self-esteem,  $r=0.374^{**}$
- Poor response to treatment,  $r=0.45^{**}$
- Denial of Crime,  $r=0.335^*$
- Low treatment motivation,  $r=0.303^*$
- Poor compliance with man/treat routine,  $r=0.415^*$
- Allowances made by staff,  $r=0.409^{**}$

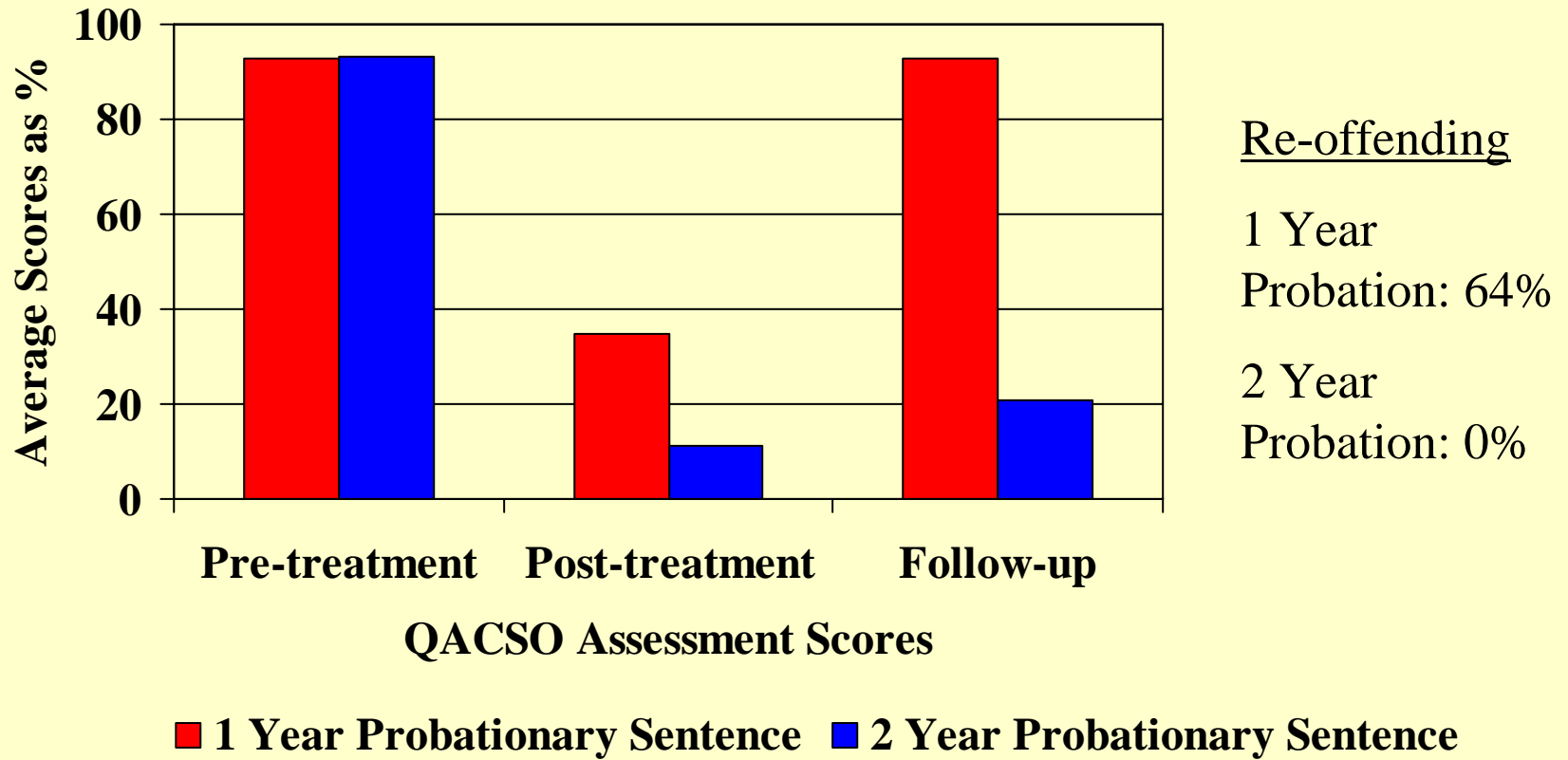
# Status Following Discharge From Treatment

(Lindsay et al., 2002. Journal of Applied Research in Intellectual Disability)



# Sex Offender Response to Treatment

(Lindsay & Smith, 1998. Journal of Intellectual Disability Research)



# Future Directions

- Clinical

- Dissemination of material methods and programmes across managed care network.
- Development of training programmes for staff.
- Integration with managed forensic network.

- Research

- RISK ASSESSMENT: high, medium, low and no security. (Hogue, Lindsay, Taylor, Smith, Mooney, Steptoe)
- PATHWAYS INTO SERVICES: community, hospital, secure. (O'Brien, Lindsay, Holland, Taylor, Smith, Carson)
- PROXIMAL RISK ASSESST: Dynamic risk assessment and management system (DRAMS) (Lindsay, Murphy, Smith, Young)
- INFORMATION PROCESS: (Whitefield, Carson, Lindsay)
- Relationship between dynamic and static risk variables.
- Continuing evaluation of outcome.