The Assessment and Treatment of Sex Offenders in Community Settings.

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Why the community? Deinstitutionalisation

- Access to an ordinary life.
- Communities, GP surgeries, sports, public transport, shops, pubs, entertainment, education.
- Courts, criminal justice, disposals.
- Vulnerabilities, exploitation.

Referral source percentages by year.

Lindsay, Haut and Steptoe, *J Foren. Psychiat Psychol.* 2011

N=309
Characteristics – change setting only (Hogue Lindsay, Taylor et al 2006 Criminal Behaviour and Mental Health)

Offences across lifespan.

N=212

Characteristics – change setting only (Hogue Lindsay, Taylor et al 2006 CBMH)

Index offence

N=212
1988-2008 Lindsay, Steptoe, Haut, Brewster (2013) CBMH 20 year follow up of 309 p community forensic ID service

Percent of each cohort reoffending (any reported incident) up to 20 year follow up. Lindsay, Haut et al (2013), CBMH
Harm Reduction (Lindsay, Haut, Steptoe and Brewster 2013):
Reduction in number of incidents (total cohort)

Assessment Issues in Inappropriate Sexual Behaviour (ISB)

- Cognitive ability
- Sexual Knowledge
- Abuse in childhood
- Mental health issues
- Social background and family attachment issues
- Emotional stability
- Cognitions consistent with ISB
Inappropriate Sexual Behaviour

- SSKAAT (Griffiths & Lunsky 2002).
- ASK (Galea, Butler, Lambrick et al.. JIDD, 2004, 350-65).
- Puberty, parts of the body, sexual health, contraception, having sex, relationships, use of alcohol, safety, pregnancy and childbirth, masturbation, legal issues (ASK).

Counterfeit Deviance

Counterfeit Deviance - Sexual Knowledge. Sex Offenders V Non Sex Offenders.
(Michie et al 2006 Sexual Abuse. Lunsky et al 2007 JIDD)
Abuse in childhood in Offenders with ID.  


![Bar chart showing incidence of CSA and NAI among different groups.]

Cognitive Distortion – Faulty Thinking Mechanisms

*(Ward et al., 1997. Clinical Psychology Review)*

- Denial of an offence
- Denial of intent
- Mitigation of responsibility through victim action - *victim shares the blame, victim encouragement*
- Mitigation of responsibility through life events - *life stress, lack of sexual outlets, work stress*
- Minimisation of incident/consequences - *little harm, victim enjoyed experience, learning experience for victim*
- Denial of normal state - *alcohol, mental illness*
Lindsay, Whitefield & Carson (2006), *Legal & Criminological Psychology*

![Bar chart showing QACSO scores for different types of offenses.](chart1.png)

**QACSO Scores (n=10, Sex Off. gps.)**
*Lindsay et al (2006) JARID*

QACSO results replicated by:
- Rose et al 2002, 2012
- Langdon et al 2007
- Craig et al 2013
- Murphy et al 2011
- Heaton and Murphy 2013

![Bar chart showing QACSO scores for different types of offenses with replication results.](chart2.png)
**Sex offending pathways (Hudson and Ward)**

- Avoidant active
- Avoidant passive
- Approach explicit
- Approach automatic

**Keeling and Rose (2005) Sexual Abuse**

Hypothesis: passive and automatic pathways

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![Bar chart showing sex offending pathways](chart.png)

**Mainstream**
Bickley and Beech (2002), n=87

**Special needs**

- Avoid A
- Avoid P
- Appr. Ex
- Appr. Au

**Sex offending pathways**
Keeling, Rose and Beech (2006) Sexual Abuse (n=16)

**Active V Passive**
**Approach V Avoid**
**Sex offending pathways**  
*Langdon, et al. (2007 JIDD) Lindsay et al 2009 SAJRT*

**Active V Passive**  
Approach V Avoid

**Active/Ex**  
- Higher IQ  
- Greater sex K  
- Lower QACSO

**Approach**  
- Higher IQ  
- Greater denial

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**Risk of Re-offending**  

- 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, $r=415^*$
- Allowances made by staff, $r=0.409^{**}$
Risk Prediction – Receiver Operator Characteristics (ROC)

- Auc = .5 – toss a coin
- Auc = 1 - perfect
- Auc = .65 - ok
- Auc = .75 - good
- Auc = .85 – very good
ARMADILLO - Boer, Tough & Haaven (2004)
Journal of Applied Research in Intellectual Disabilities

• First complete the Static-99
• Stable Client Items - 12 Items
• Stable Environment Items – 5 items
• Acute Client Items – 9 Items
• Acute Environment Items – 4 Items

• All of the validating research has been done on this version. The 2010 vision retains the original structure but changes the items.

Stable Client Items
Attitude towards compliance with supervision and treatment
Knowledge of faulty thoughts/crime cycle/risk factors/relapse prevention plan

Stable Environment Items
Attitudes towards sex offenders with ID
Communication amongst supervisory staff

Acute Client Items
Changes in social support
Changes in substance use

Acute Environment Items
New supervisory staff
Monitoring of offender by staff
**Blacker, Beech, Wilcox & Boer. Psychology Crime & Law, 2011**

- ARMIDILLO-S stable unofficial AUC 0.56; Official AUC 0.61 n=44
- ARMIDILLO-S Acute unofficial AUC 0.76; Official sexual AUC 0.73

All special needs sex offenders but Offenders with ID n=10 (IQ < 75)

ARMIDILLO-S stable AUC 0.86. ARMIDILLO-S acute AUC 0.75

**Sindall & Murphy, unpublished**

N=16
- Stable client. - Auc= .85
- Acute client. - Auc = .46
- Stable environment – Auc=.41
- Acute environment Auc =.50
- Armadilo total - Auc= .83

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**Lofthouse, Lindsay, Totsika, Hastings et al. JARID, 2013.**

- 64 sexual offenders with ID
- Average age 32
- 94% referred through community services
- Average IQ 67; range 54-75
- 4% were in-patients
- 96% lived in the community
- 21 engaged in ISV throughout follow-up
- Follow up – 6 years+-
- VRAG .55
- STATIC .72
- ARMADILLO .91
Treatment studies

Early work was case studies case studies

Lambrick and Glaser (2002)
Rose et al (2002)
O’Conner (1996)
Lindsay et al (1998)

Lindsay et al. (1998), Research in Developmental Disabilities

FIGURE 2. Mr. C’s scores on the Attitudes Toward Exhibitionism Questionnaire. Baseline assessments, assessments throughout treatment and follow-up assessments are shown.
Sex Offender Response to Treatment
(Lindsay & Smith, 1998. Journal of Intellectual Disability Research)

Average Scores as %

Pre-treatment Post-treatment Follow-up
QACSO Assessment Scores

Re-offending
1 Year Probation: 64%
2 Year Probation: 0%

Status Following Discharge From Treatment
(Lindsay et al., 2002. Journal of Applied Research in Intellectual Disability)

% Patients

Planned Discharge Unplanned Discharge
Discharge Details

Reoffending Documented / Suspected No reoffending
Murphy et al SOTSEC ID  
*J. App.Res.Int.Dis., 2010*

![Chart showing reoffending rates](chart1.png)

* N = 46  
9% reoffending

Responses on QACSO Offences against children scale  
*Lindsay, Michie et al 2011 JARID*

![Chart showing reoffending rates](chart2.png)

* F. U., 6 Years  
Reoffending – 23%

Assessment areas  
- Adults, n=15  
- Children, n=15
A MODEL UNDERPINNING TREATMENT FOR SEX OFFENDERS WITH MILD INTELLECTUAL DISABILITIES
(Lindsay 2005, Int. & Dev. Dis., 2009)

1. Motivation
2. Strategies for offending
3. General theories of criminality
4. Community engagement

Conclusion
Good evidence for first 2 strands:
- Cognitive intervention
- Self-restraint
- Motivation and strategies

Good evidence for second 2 strands:
- Community engagement
- Q.O.L.

CAUTION
R.P. and contact with victims
Community engagement
why would we tolerate sexual offenders in the community?

• Sex offenders have a lower reoffending rate than violent offenders. 20% V 75%
• We are more afraid of stranger rape than most other crime.
• We are more afraid of child abduction than most other crime
• Stranger rape is relatively uncommon. If you are raped it is most likely to be by a friend or acquaintance.
• A child is far more likely to be sexually abused by her/his father, brother, uncle or grandad.

Attachments, Relationships and QOL
Steptoe, Lindsay, Forrest & Power, (2006) JIDD

Significant Other Scale
(Power et al., 1988)

L. E. C.
(Ager, 1988)
Relationships and Personal wellbeing

Wheeler et al, (2013) JARID

- Personal Wellbeing Index (Cummins)
- L. E. C. (Ager, 1988)

Community Engagement – GLM (Tony Ward)

- Control theory – masses of evidence to support the importance of community engagement to cut crime.
- Good Lives Modal (GLM) – Ward’s theory of human needs and sexuality. The importance of fulfilling human needs without diminishing risk management.
- QOL
- Most sex offenders live in the community anyway.
- Treatment in the community is far more realistic. Treatment in secure settings is always second best.
- Even if we wanted to the cost of locking everyone up for life is prohibitive.
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
Harm Reduction (Lindsay, Haut, Steptoe and Brewster 2013):
Reduction in incidents (total cohort)

Responsivity to criminogenic need.
Lindsay, Carson, Holland, Taylor et al 2013,
Journal of Intellectual Disability Research

Referred
ISB Violence Alcohol Firesetting

Treatment 12 mths
Treatment 24 mths
CONCLUSIONS.

- Research has been developing at a steady pace across the field.
- This research has high social validity and is in response to cultural and societal changes – very important.
- Research suggest treatment is highly effective.
- Important to develop reliable, valid assessments.
- Risk assessment research has been conducted and seems promising.
- Treatment work on sexual offending has long follow up.
- Treatment is most likely to happen in a designated forensic community service.
- We should consider comprehensive service evaluations as legitimate and theoretically sound research.
The assessment and treatment of sex offenders with ID in community settings.

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