

Sex Offender Treatment with Learning Disabled Patients

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Aims of the workshop

- Characteristics of standard sex offender treatment
- Needs of sex offenders with a Learning Disability
- Learning from research literature
- Addressing these needs & requirements in adapted programmes
- Programme delivery

Standard Sex Offender Treatment

The aims of most programmes are:

- Life Histories
- Establishing cycles of offending
- Dealing with denial & minimisation
- Modifying deviant sexual arousal
- Victim empathy
- Challenging offence related attitudes
- Identifying and building pro-social coping skills
- Relapse prevention
- Good lives



Sex Offenders with LD – Research

- Generally agreed that sexually abusive behaviour overrepresented in LD populations
(Hayes 1991; Cockram et al 1992; Lindsay et al 2004)
- But less likely to be charged and convicted for sexually abusive behaviour
(Holland 2004; Thompson & Brown 1997)
- Fine line between “challenging behaviour” and “offending behaviour” in generic LD settings

Sex offenders with LD – Programme

- Haaven et al 1990 - secure hospital UK
- Prison Service ASOTP
- Janet Shaw Clinic - MSU
- SOTSEC - LD Community and Secure Units
- Tayside Community Forensic Service

Characteristics of SOLDs

- Other mental health diagnoses e.g. Autistic Spectrum Disorders, Personality Disorder, Mental Illness
- Long history of institutional care
- Disadvantaged family circumstances
- Minimal social / professional support systems
- Unlikely to live independently in the community
- Experience of not being valued or listened to
- Angry/embarrassed when seen as less able or different from others
- Expected to fail (historically)
- Used to being last on the list



Characteristics of SOLDs

- Lack positive sexual experiences
- Experience of being constantly restricted in sexual, social and familial relationships
- History of sexual, physical and emotional abuse
- Less selective about victim
- Less use of violence, less penetrative sex
- Offending is more visible
- Poor social adjustment
- Poor sexual knowledge
- Not homogenous group – individual treatment needs

Treatment Needs of SOLDs: Content

In addition to standard SO needs:

- Understanding of what constitutes sexual offending
- Skills deficits: emotional coping, relationships, social skills, self esteem
- Skills generalisation
- Sexual knowledge
- Sexual identity awareness

Treatment Needs of SOLDs: Process

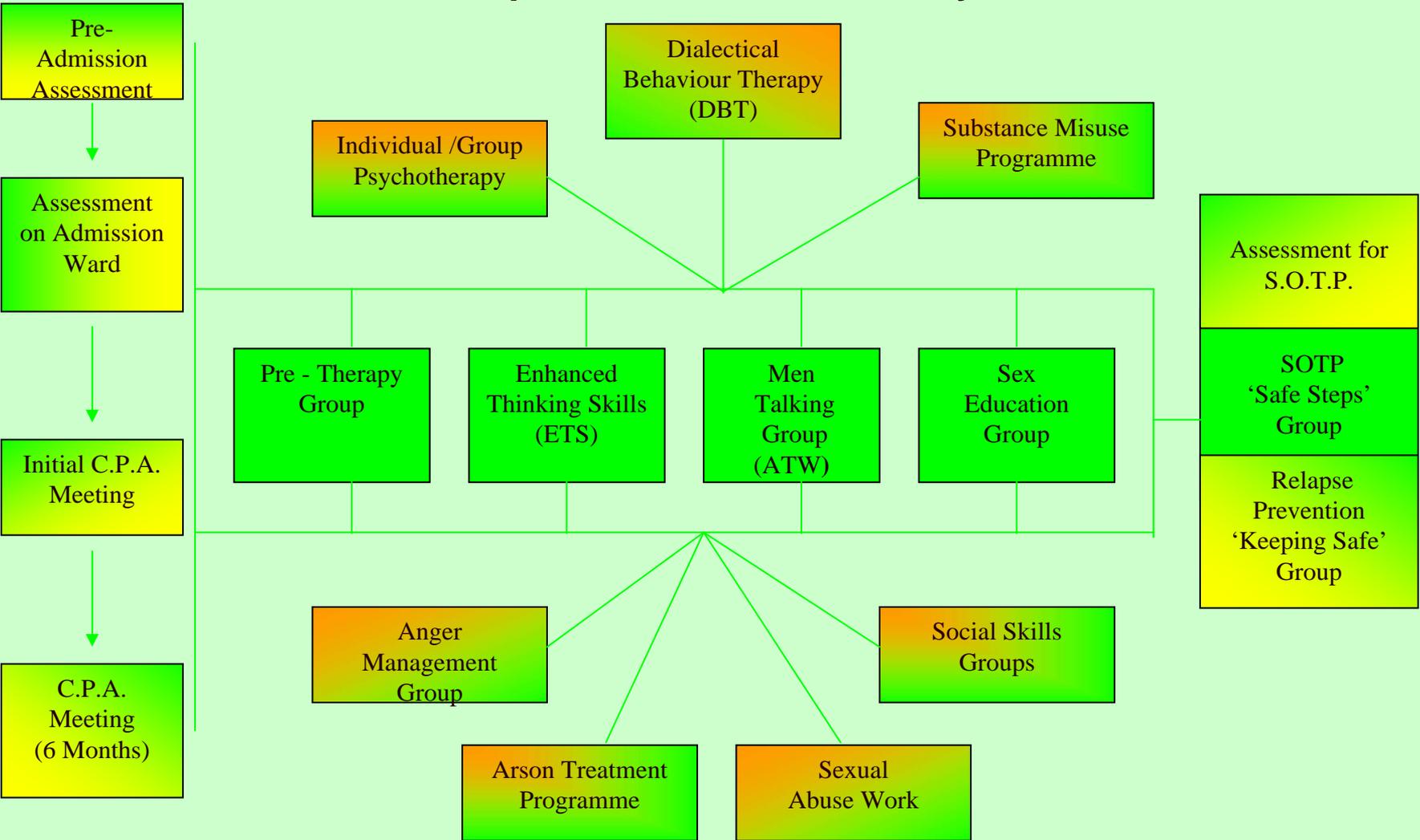
- Potential to change – they CAN learn
- Flexibility of both approach and time scale
- Simplification of language and concepts
- Reduced focus on written material
- Use of varied and creative approaches
- Exercises, games & roleplays
- Visual material: pictures, symbols, videos
- Repetition of material and high level of support
- Focus on generalisation of skills
- Focus on reward and praise

Treatment Needs of SOLDs: Preparation

- Externalising of responsibility for behaviour
- Limited motivation to change
- Poor sexual knowledge
- Obstacles to talking about sex: vocabulary, embarrassment
- Lack of “psychological head” / ability to reflect
- Limited group work experience / skills
- Limited understanding of thoughts and emotions
- Poor emotional coping
- Therapy interfering behaviours

SEX OFFENDER ASSESSMENT AND TREATMENT SERVICE

Example of Treatment Pathway



Emotions Exercise

One person takes an emotions card from the pack and mimes the emotion to the other members of the group.

The group must:

- a. Guess the emotion
- b. Describe the clues they had to the emotion (eg pursed lips, wide eyes etc)

SAFE STEPS Programme Content

- Introduction – group boundaries and foundations
- Thinking Skills –essential base component
- Sexual Behaviour and Taking Responsibility
- Building blocks for understanding offences- Risky things and Safe things
- Risky Me (offending self) – Safe Me (current & future non-offending self)
- Safe Me Tactics – Safe Me Practice
- Victims, e.g. victim empathy & victim consequences
- Planning for the Future: Staying as Safe Me

Examples of Innovative Approaches

- Analysis of the offence by drawing pictures
- Individual offence disclosure
- Use of symbols common across programmes
- Concept of 'Risky Me', 'Safe Me', used throughout
- 'Safe Me' role plays emphasised (ASOTP approach)
- Use of material that the patients can relate to
- Patient portfolios

Tricky concepts: Consent

Who can consent to sex?

What circumstances might prevent someone from being able to give consent?

Thinking about the LD population....

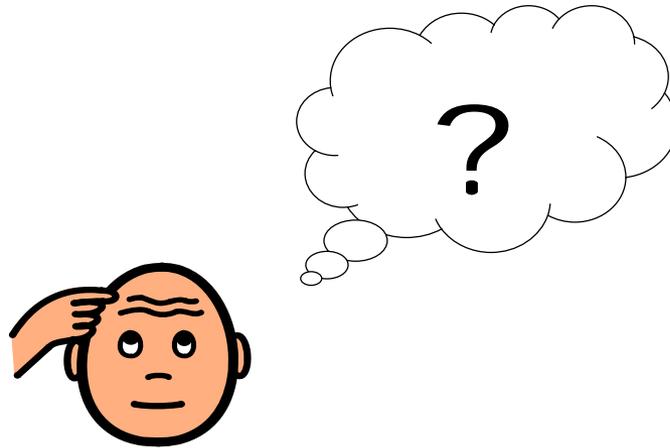
What would hinder understanding of consent?

How might you simplify / explain the concept?

SAFE STEPS Programme delivery

- ‘SAFE STEPS’ – a positive approach
- Detailed session by session manual with handouts
- High degree of flexibility in terms of time-scale & content in order to achieve treatment goals
- Concurrent individual therapy
- Resources - High ratio of group facilitators to patients
- Mixed gender facilitators

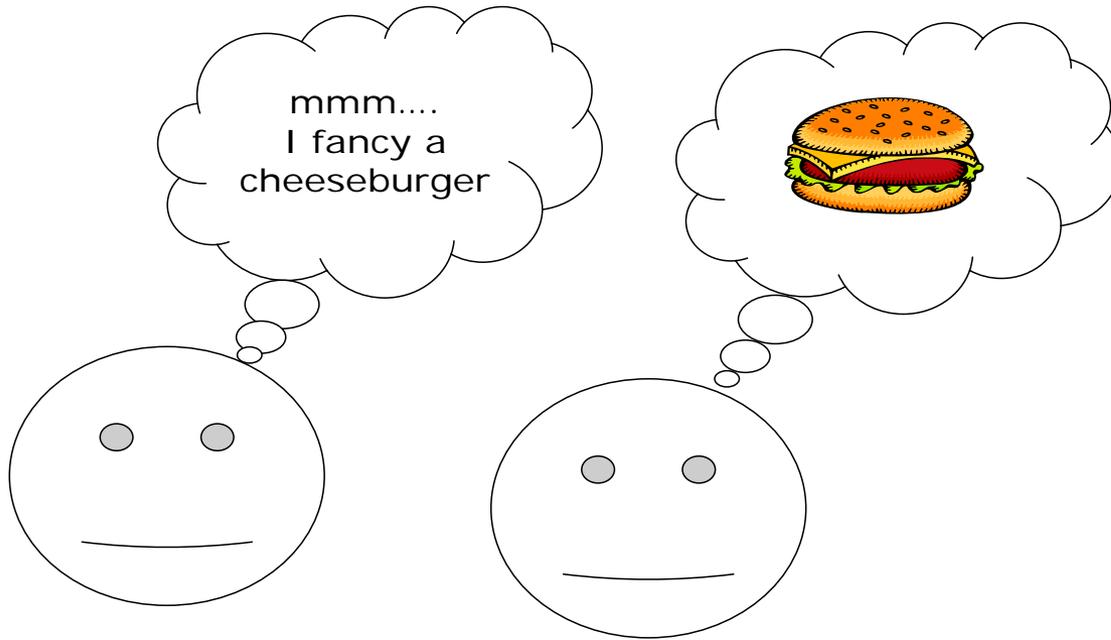
THOUGHTS



WORDS OR PICTURES IN OUR
HEAD.

WHAT GOES THROUGH OUR MIND

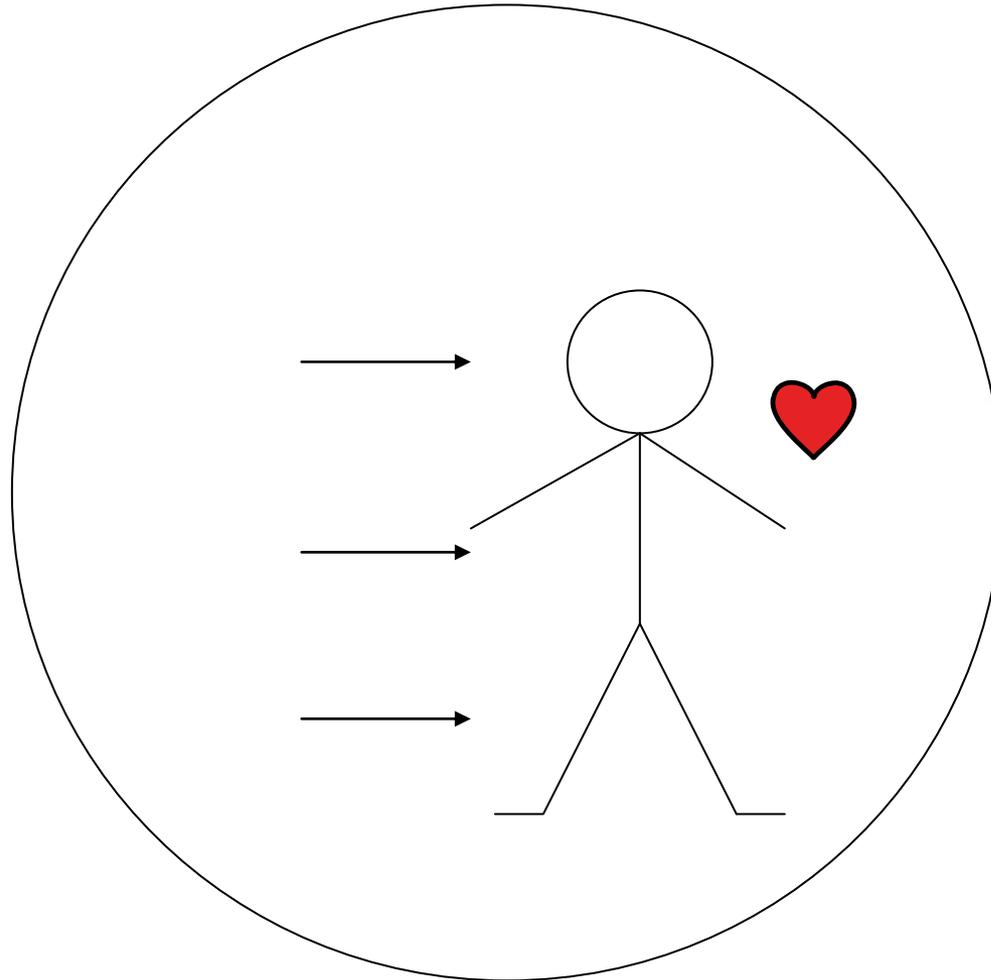
THOUGHTS



WORDS OR PICTURES IN OUR HEAD.

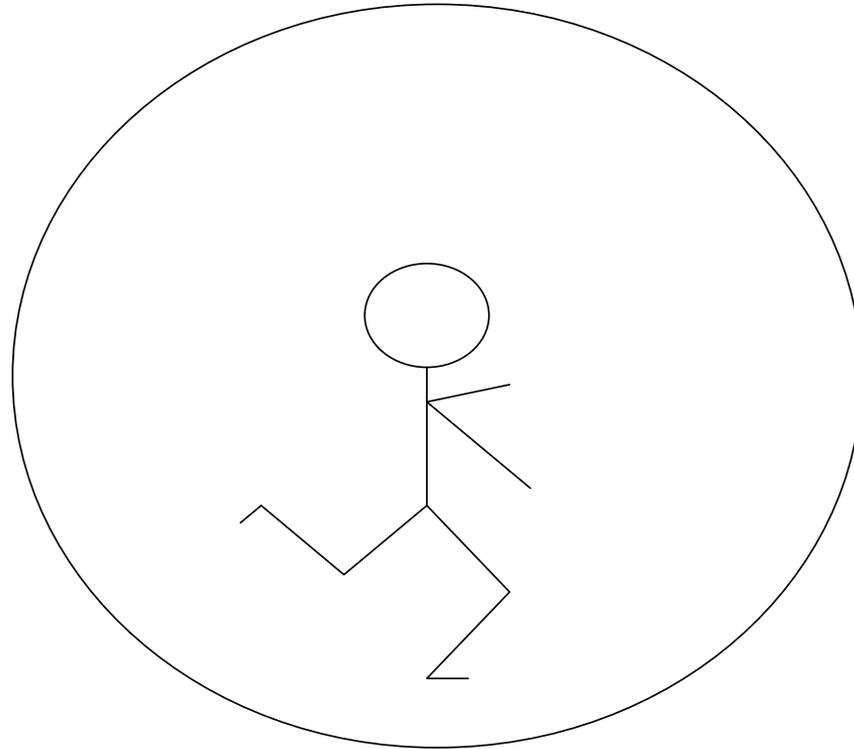
WHAT GOES THROUGH OUR MIND

FEELINGS



THESE CAN BE **PHYSICAL**, E.G. PAIN, CRAMP, BUTTERFLIES IN STOMACH
OR
THEY CAN BE **EMOTIONAL**, WHAT YOU FEEL LIKE INSIDE, E.G. HAPPY,
SAD, ANGRY, EXCITED

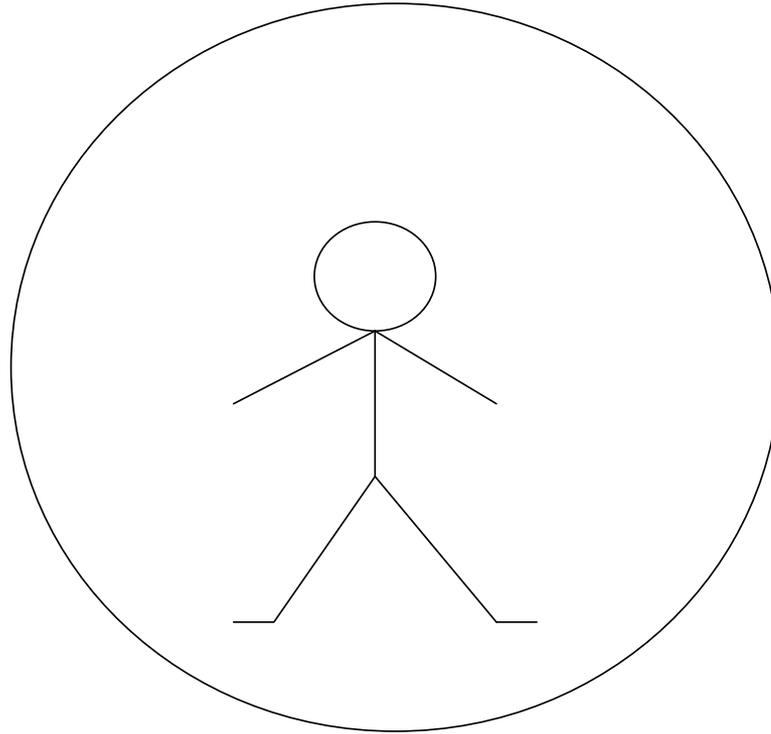
BEHAVIOUR



THE WAY YOU ACT

SOMETHING THAT YOU DO OR SAY

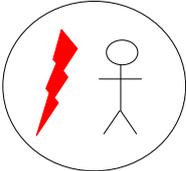
SITUATION



THE PLACE YOU ARE IN
THE PEOPLE YOU ARE WITH
WHAT'S GOING ON AROUND YOU

LEARNING DISABILITY SEX OFFENDER TREATMENT GROUP

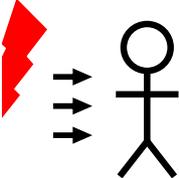
RISKY THINGS



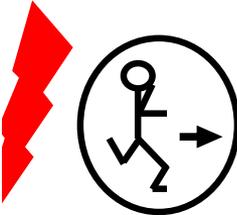
RISKY SITUATION



RISKY THOUGHTS



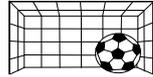
RISKY FEELINGS



RISKY BEHAVIOUR

PRACTICE RULES

1. Set a goal.



2. No physical contact (touching).



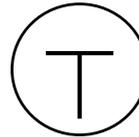
3. No props.



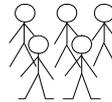
4. The director controls the action.



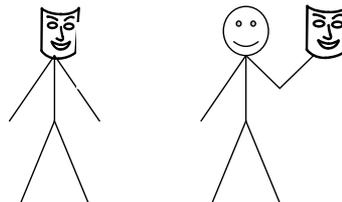
5. Anyone can stop the role play (time out).



6. The rest of the group can be involved.



7. De-role and de-brief.

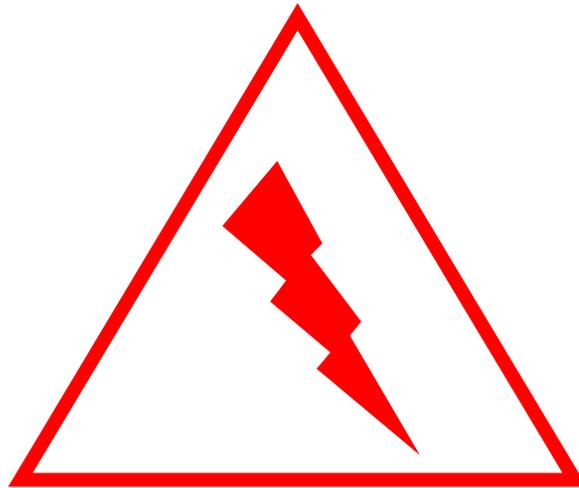


WHAT IS RISK?

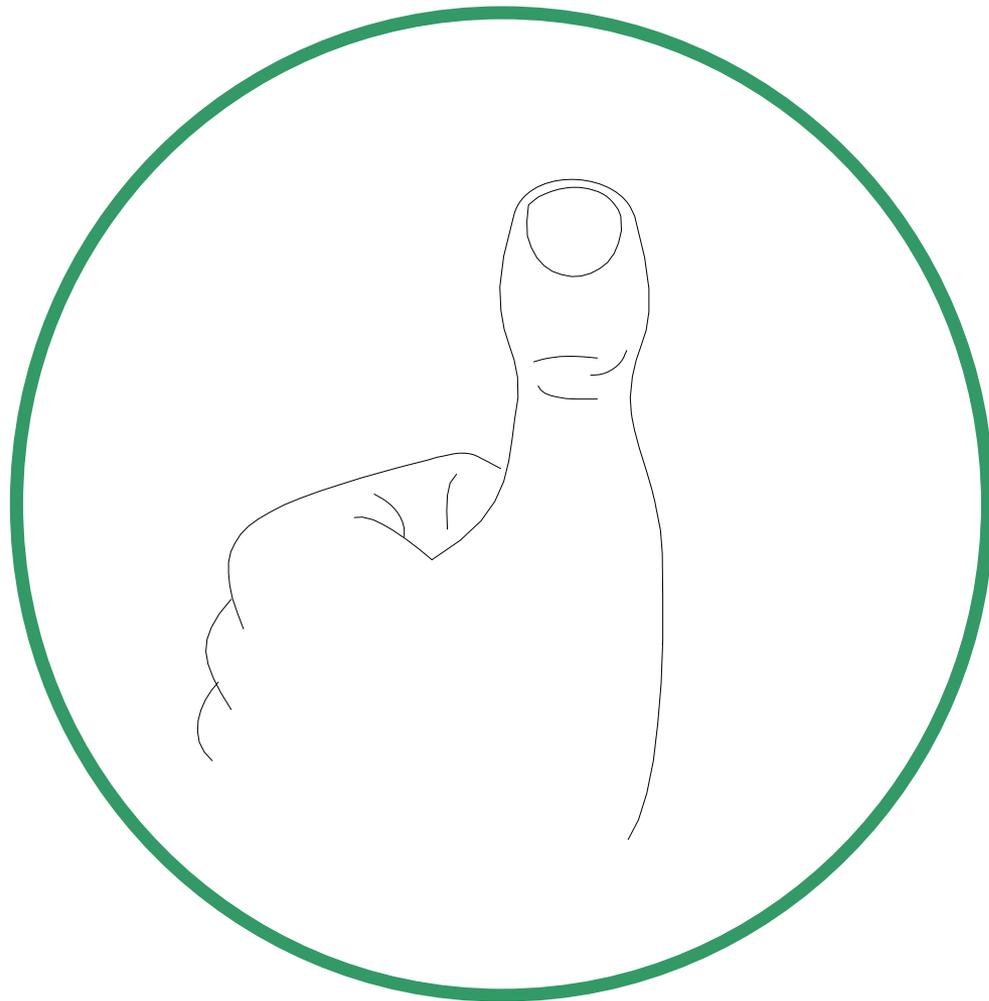
DANGER = RISK

RISK = DANGER

DANGER OF OFFENDING AGAIN



SAFE



WHEN YOU ARE AT RISK OF OFFENDING.....

STOP and THINK!

THEN ASK YOURSELF THESE QUESTIONS:

1. What would 'SAFE ME' think, feel or do? (Safe Me)



2. What will happen if I do this (Consequences – Think first)



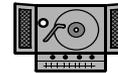
3. How will other people feel?
(Victims – Put yourself in their shoes)



4. How can I move away from the situation? (Escape/ Avoid)



5. How can I control my thoughts and feelings? (control, e.g surfing the urge, distracting yourself, self-talk)



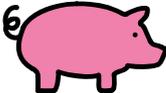
IF YOU HAVE MANAGED NOT TO OFFEND GIVE YOURSELF PRAISE/ REWARD FOR DOING SO WELL.



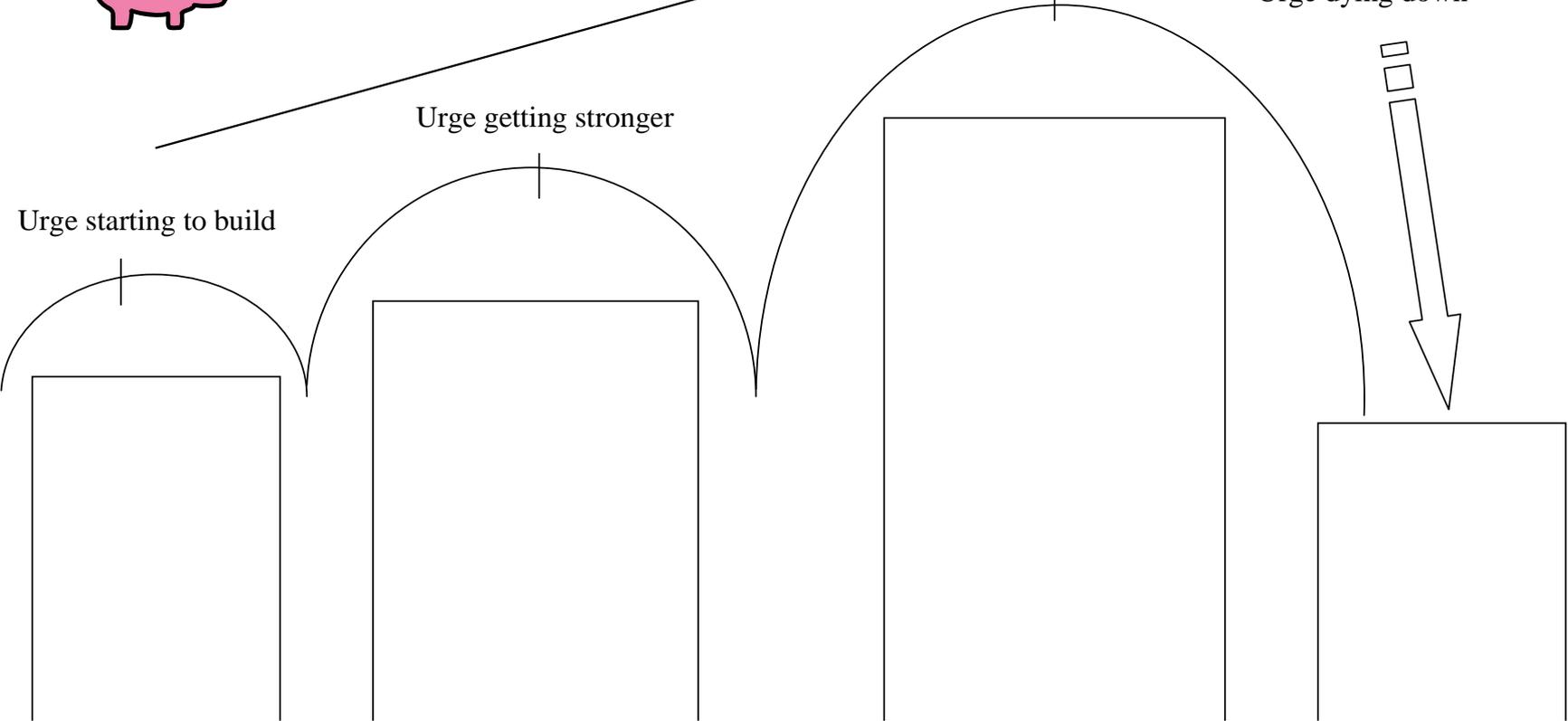
SURFING THE URGE

What can you do or say to yourself at each stage?

Peak of Urge



Urge dying down

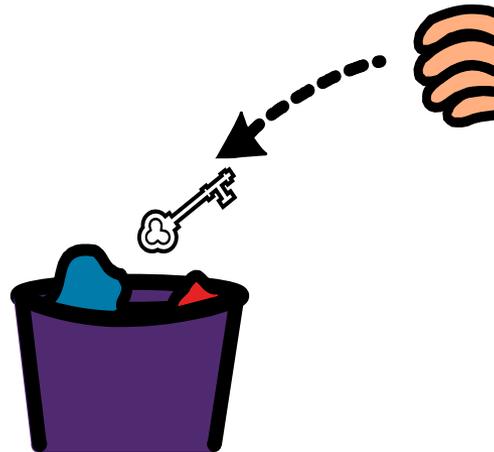


WHAT ARE THE CONSEQUENCES?

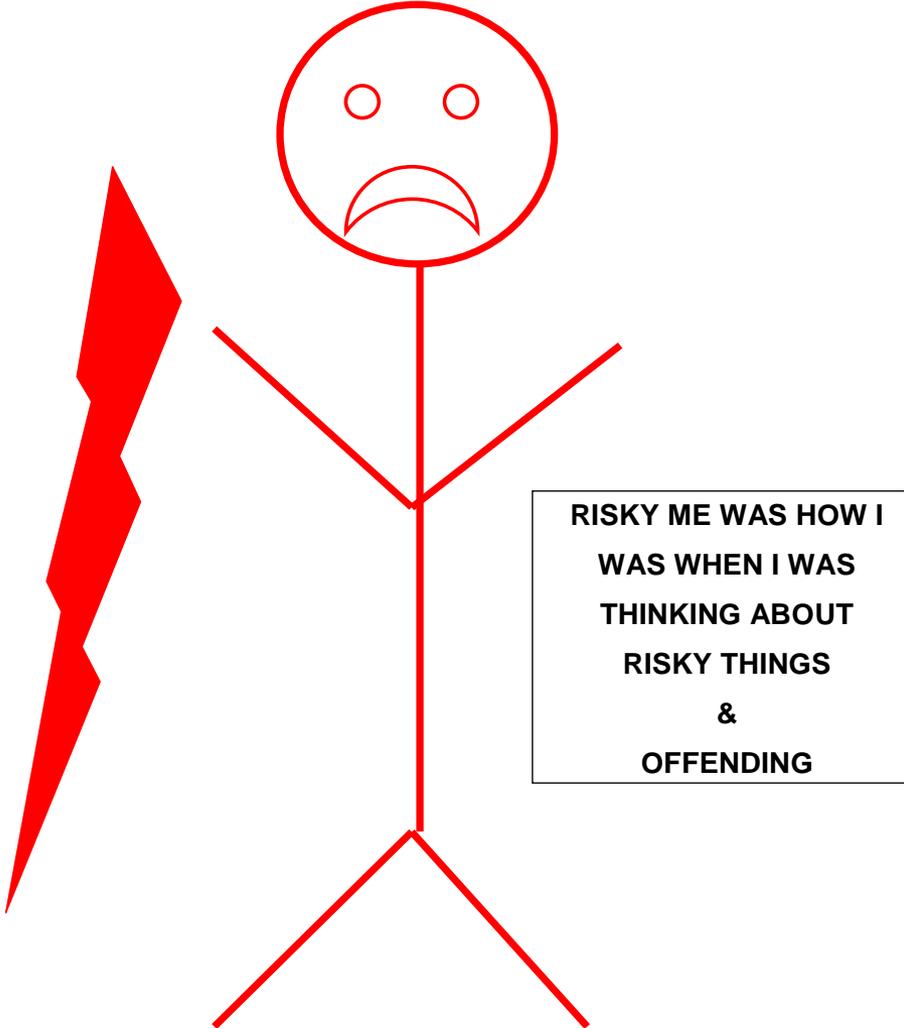
I WILL GO BACK TO PRISON OR RAMPTON FOREVER



THEY WILL LOCK ME UP AND THROW AWAY THE KEY

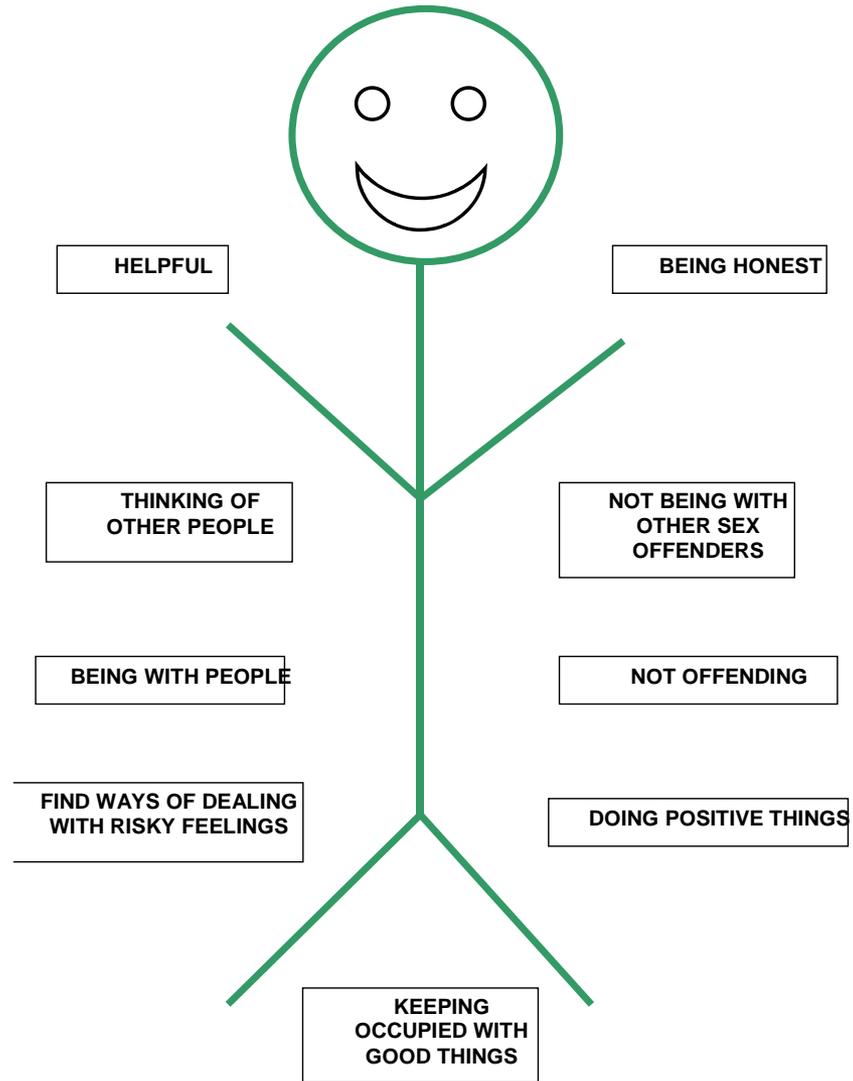


RISKY ME



**RISKY ME WAS HOW I
WAS WHEN I WAS
THINKING ABOUT
RISKY THINGS
&
OFFENDING**

SAFE ME



Examples of Innovative Approaches

“Steps to offending” model of offence analysis

- Colour coding
- Patients physically walk the steps
- Conveys notion of being able to go back as well as forward
- Corresponding cards for each patient

THE STEPS TO OFFENDING

NOT OFFENDING

SAFE

RISKY THING

↓
Masturbating to thoughts of touching young boys every day

SAFE THING

↑
Tell myself to STOP. Try to think about adult men.

FIRST STEP

RISKY THING

↓
Thinking about where I might find a boy

SAFE THING

↑
Tell myself I do not want to hurt anyone again

SECOND STEP

RISKY THING

↓
Deciding to go out alone to a place kids might be

SAFE THING

↑
Decide to ring a friend or someone I can tell.

THIRD STEP

RISKY THING

↓
Being in a place where kids are

SAFE THING

↑
Tell myself “walk away”, “new me should not be here”.

FOURTH STEP

RISKY THING

↓
Going up to a child

SAFE THING

↑
STOP! Think of the **CONSEQUENCES** for everyone involved

FIFTH STEP

DANGER

OFFENDING

Steps to challenging behaviour

- Think of a piece of behaviour you would like to stop eg smoking, evening snacking etc
- Using the steps to offending model, note your own risky steps to offending behaviour.
- Note a safe thing example for each step.

Problems with Assessments

- Sexual offending occurs infrequently
- Reduced opportunity for offending
- Few assessments are standardised for LD populations
- Vocabulary & literacy requirements of self report assessments tools



Suggested assessments / evaluations

- Full offending history (not just self report)
- Full social history
- QACSO (Lindsay et al., 2005)
- GAS scales
- Patient interviews

Patient Interviews

- Only one published research study in the literature (Garrett et al 2003)
- Enables facilitators to establish what aspects useful/not useful
- Patients views on each of the modules
- An overall/general view of programme and tutors
- Risk of recidivism
- Listening to other patients offence accounts