

Intellectual disabilities & the CJS: recent research & remaining questions

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Plan

- Brief summary of research literature
- 'No One Knows' programme
- Screening for LD in UK prisons
- Adapting CBT treatment programmes in prison & probation
- SOTSEC-ID programme
- OFFSCA project
- Conclusions

Offenders with LD: prevalence in CJS

- USA: early studies: 10% of prisoners have ID; more recent studies: 3% & less (MacEachron 1979)
- Canada: 4-9% on remand (Crocker et al 2002)
- Australia: mostly over 10% + in prisoners (Hayes)
- Norway: 11% in prison (Sondenaa et al 2008)
- Ireland: 28% in prison with ID (Mulrooney et al 2004)
- UK:
 - police station: 5-9% (Gudjonsson et al '93; Lyall et al 1995)
 - probation: 6% (Mason & Murphy 2002)
 - prison: <1% (Murphy, Harnett, & Holland, '95; Herrington, '09) but one recent study suggests 7% (Hayes et al)
- Problems of samples, measures & jurisdictions

Offenders with LD: Rights

- Police station: Not understanding rights in police station; high suggestibility & acquiescence; poor decision-making in interviews, false confessions (Clare & Gudjonsson '91,'92,'93, '95; Fulero & Everington, 1995; Perske's collection of 75 cases - Perske, 2005; 2007; 2008; 2011)
- Court: Not understanding court language, e.g. 'guilty' plea, 'remorseful', no adjustment of lawyers questioning (e.g. Smith 1993; Kebbell & Hatton 01)
- Higher rates of custodial sentences & harder to get parole (Cockram '05; Holland & Persson, 2001)

Other vulnerabilities in CJS

- Not represented by a lawyer (30% in Hayes, 1993)
- Not identified as having an LD (eg 78% of ID suspects in Brown & Courtless, 1971; 53% in McAfee & Gural, 1988; Bean & Nemitz 1994; Medford et al 2000)
- On probation
 - Not understanding letters (Mason, '00)
 - Not being able to enrol on treatment
- In prison
 - Often not eligible for treatment programmes (Brown & Courtless, 1971; Hall, 1992; Linhorst et al, 2002)
 - Risk of abuse/bullying (Ellis & Luckasson, '85)
 - Risk of execution in some countries (problems following Atkins decision in USA)

Have things changed
in recent years?

1. No One Knows programme

- Led by Jenny Talbot in Prison Reform Trust
- People with learning disabilities & learning difficulties in the CJS
- Funded by Diana, Princess of Wales Memorial Trust

No One Knows programme

- Non-empirical studies: review of prevalence of pwLD in CJS (Loucks, 2007); review of police policy & practice (Jacobson 2008); review of court provision (Jacobson & Seden)
- Empirical studies (Talbot, 2009: Talbot, Bryan & Murphy, in prep)
 - views of prison staff (n~200)
 - views of prisoners with & without LD (n=173)
 - mood/ behaviour of prisoners, with & without LD (n=173)

No One Knows: Views of prison staff

- Asked over 200 prison staff whether they screen people for learning disabilities or difficulties & for their views on their difficulties
- No routine screening going on at the time – 42% used no screen at all; 19% basic skills assessment, 8% dyslexia assessment, etc
- Prisoners with LD disadvantaged by: understanding regime; filling in forms (for accessing visitors, doctor appointments, ordering meals); accessing work training, + treatment.

No One Knows: Prisoner's views

- At police station: $<1/3$ had had an AA (LD)
- In court: $1/5^{\text{th}}$ said they didn't understand what was going on & $1/3$ said they wanted things explained to them (LD)
- In prison: least likely to know parole date; least likely to have family visits; 3 X as likely to have clinically significant depression & anxiety; $1/2$ said scared, $1/2$ said bullied; 78% had trouble filling in prison forms (meals, visits, seeing doctor); X 5 as likely to be restrained; X 3 as likely to be in segregation

No One Knows: Quotes from prisoners

- At police station

‘They say to me if you want an interview we can do it now or we can wait 5 hours for a solicitor. ..They do the same with a caution, you have to plead guilty and then you can go’

- Court

‘I couldn’t really understand but I said ‘yes, whatever’ to anything because if I say ‘I don’t know’ they look at me as if Im thick.
Sometimes they tell you two things at once.’

Quotes from prisoners: Court

- 'The solicitor tried to talk to me but she used big words.... When she left I thought 'what was all that about?'
- 'I didn't know what 'remanded' meant. I thought I could come back later'
- 'The judges don't speak English, they say these long words that I never heard in my life'
- 'To be truthful, I couldn't understand them. They talk so fast, they were jumping up and down saying things. I gave up listening.'

Quotes from prisoners: in prison

- 'I don't know how to use the phone, its that pin thing isnt it?'
- 'I just bottle things up, so I blow every couple of months and get into trouble for it'
- 'I would like someone to have a sit down and talk with, to tell me what's happening & how to do things'
- 'We should have somebody who has time to come over and find out what's happening and talk to us rather than just being put in a suicide cell'

2. Screening for ID in prisons

- DH project to set up screening for people with ID in UK prisons (led by Mark Freeman)
- Plan to roll it out nationally
- Lengthy debate about screening instruments: considered WASI, HASI, LIPS, LDSQ:
 - WASI – Weschler family, 20 mins
 - HASI – Hayes; 15 mins; validated (community)
 - LIPS – M&M; 10 mins; validated (probation)
 - LDSQ – McKenzie; 5 mins; validated in community

People involved

- Mark Freeman (DH)
- Neisha Betts (DH)
- Jeff Gardner (DH)
- Myself

Dept of Health trial in 2010/11

- None of tests ideal (adaptive behaviour issue)
- BUT: Used LDSQ to screen all new entrants to 3 prisons in a 3 mth trial
- Screening done by LD nurse in healthcare in W prison; by DLO in B prison & by Education & Skills staff in D prison
- Done in first 48 hrs in W+ B prisons but later (day 7) in D prison
- Overall positive ID for LD 7%

Dept of Health trial of prison screening

Prison	No. Offered	No. refused	+ve for ID
B	1364 (85%)	195 (14%)	59 (5%)
W	1099 (71%)	58 (5%)	89 (8.5%)
D	362 (57%)	143 (39%)	21 (9.5%)

What happened after screening?

- Up to each prison what they did when someone identified with ID
- W prison: the LD nurse called up their local CLDT & invited them in to meet the person & do a full assessment (they all did!)
- B prison: 3rd sector agency Care First worked in prison (doing activities like crafts) & followed people up when they left – those with LD referred to them
- D prison: ???

What else did we want to do?

- Train prison officers on what this means & what support the person may need
- Ensure support for person on literacy - eg to fill in forms for visitors, meals, doctor visits etc
- Ensure not bullied/harrassed/tricked
- Ensure wing officers aware (eg he may be struggling to understand, not being stroppy)
- Provide easy read info
- Provide access to work + treatment
- Ensure liaison with local services

What happened after the DH 3 mth trial?

- A hold up + Government change + austerity!
- Is it still the right thing to do?
- If yes, why aren't we doing it?
- Is it just resources? (who pays for LDSQ forms? Who conducts the assessments? Who logs the data? Where? Who follows up?)
- Screening is a key indicator target for CLDTs & prisons.....
- NOMS is still discussing screening method

3. Adapting CBT programmes in prison

- Gill case example (won claim under DDA 1995 by way of Judicial Review vs Min of J)
- So far only SOTP adapted
- Plan to adapt Thinking Skills Programme – most basic CBT programme & often done by prisoners before anything else
- DH funded; led by FPLD; NOMS is a partner
- Thinking Skills programme consists of 3 modules (each of 5 sessions), with each module separated by a 1:1 session

People involved

- Alison Giraud Saunders, FPLD
- Nzinga Akinshegun, FPLD
- Peter Oakes (Hull)
- Myself

Thinking Skills adaptation

- Thinking Skills modules:
 - Self-control
 - Problem solving
 - Positive relationships
- NOMS required us to adapt it for pwID but without leaving anything out, changing it (apart from 'tweaks'), or lengthening it !
- Identified three prisons, run in 3 – 2012-2013
- Not so far identified: probations services

Thinking Skills so far

- The pilot programme is longer (20 sessions + 3 X 1:1), does leave some things out (too cognitively demanding) but mostly we tweaked it to be more simple, more concrete, more repetition & more practice where we could
- Data collected: demographics of prison & men; interviews with programme manager, treatment manager & facilitators; focus groups (men) & psychometrics (men)

Adapted Thinking Skills: outcome

- Generally prison staff very positive
- Generally prisoners very positive
- 24 men took part (1 drop out)
- Statistically significant change on Goodman et al (2007) Locus of Control test, pre-post ($p < 0.001$)
- Statistically significant change on Goodman et al's Problem Solving tasks, pre-post for:
 - 'assertive' solutions ($p < 0.01$),
 - n.s. change in 'passive' & 'aggressive' solutions
- Will it be rolled out? NOMS is considering it.....

4. Sex Offender treatment -

SOTSEC-ID www.kent.a.uk/tizard/sotsec

- Sex Offenders Treatment Services Collaborative – Intellectual Disabilities
- Funded by DH under Valuing People, & by Baily Thomas Fund
- Started by me with colleagues over 10 years ago in Oxleas NHS Trust
- Shared assessments, training & treatment manual across sites, with peer support system
- Planned to have waiting list controls

Other people involved

- Neil Sinclair, Simon Powell, Ana Maria Guzman – in early groups
- Later groups: Neil Sinclair, John Williams & John Stagg, Peter Langdon, Wendy Goodman, Geetha Langheit & others
- Research workers: Sarah Jane Hays, Nancy Hampton, Kathryn Heaton, Sylvia Florczyk, Charlotte Peck, Aida Malovic

SOTSEC-ID model

- Group CBT – closed groups, one year long, 2 hr sessions, 1/week
- Assessments: Once only: measures of IQ, adaptive behaviour, language, & autism
- Pre & Post group treatment:
 - Sexual Knowledge & Attitude Scale (SAKS)
 - Victim Empathy scale, adapted (Beckett & Fisher)
 - Sex Offender Self-Appraisal Scale (Bray & Foreshaw's SOSAS)
 - Questionnaire on Attitudes Consistent with Sex Offending (Bill Lindsay et al.'s QACSO)
- Recidivism – all further sexually abusive behaviour

Treatment content

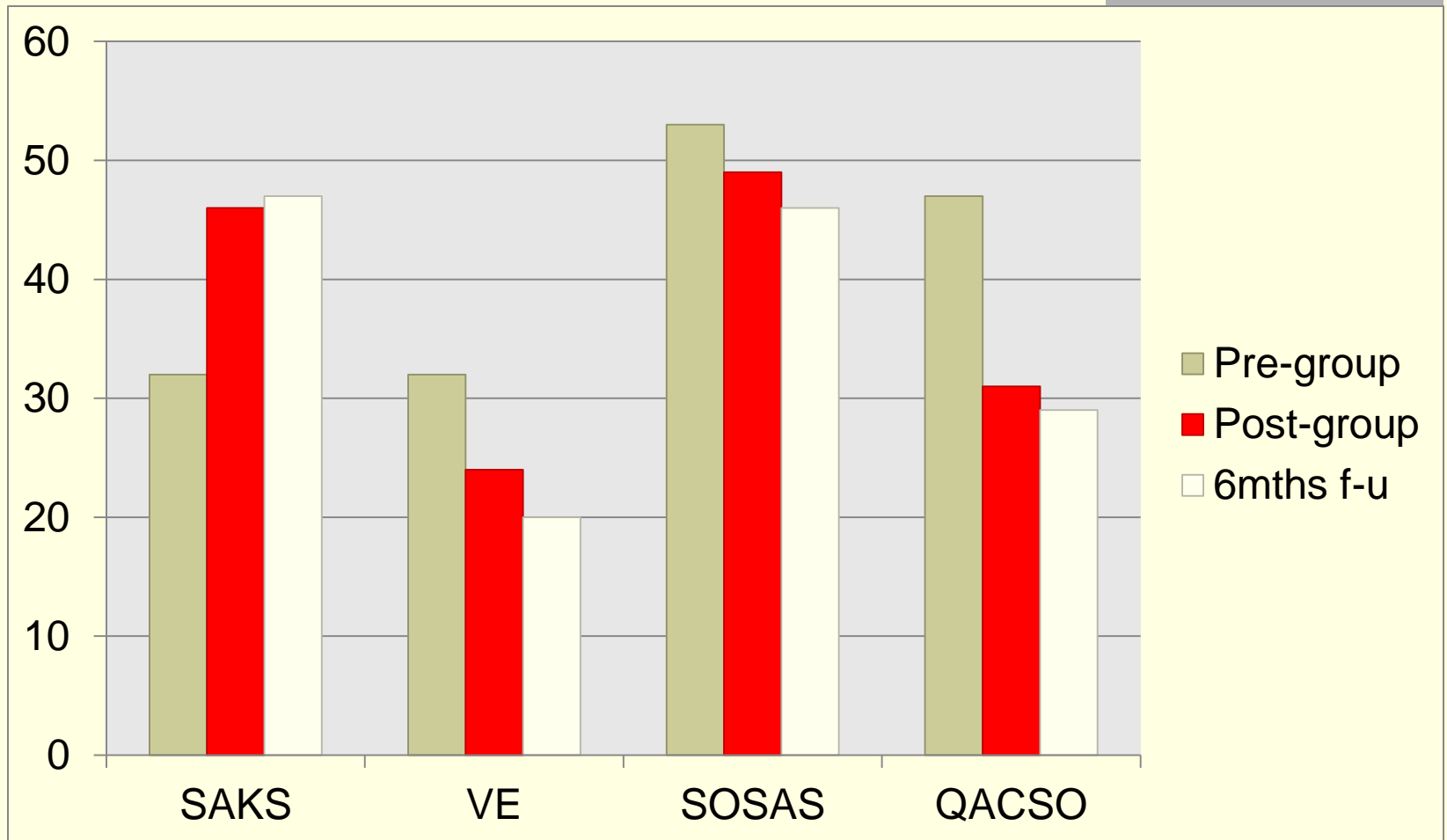
- Group purpose, rule setting
- Human relations & sex education
- The cognitive model (thoughts, feelings, action)
- General empathy & victim empathy
- Sexual offending model (based on Finklehor model)
- Relapse prevention

Compared to non-LD programmes: Far more slow offence disclosure; more on sex education; far more pictorial material & less sophisticated on cognitive side

Now 109 men through treatment

- 18 sites; 27 groups; mean age 35 yrs (sd 11.7)
- Mean full scale IQ 66 (sd 6.4); mean BPVS 9yrs 7mths
- Around half come by law (MHA, CRO)
- High rates of co-morbidity (esp ASD, PDs, depression)
- High rates of sexual abuse themselves as victims
- 96% of men who agree to join research complete groups
- 90% men: no further sexually abusive behaviour (6mths)
- Further SAB not related to age, IQ, personality disorders, pre-group & post-group scores on any process measure.
- Again: those with ASD more likely to re-offend ($p < 0.05$)

Outcome (over 100 men)



Follow-up results

- Kathryn Heaton's DClinPsy project
- 34 men from 13 treatment groups followed up (n.s. different at BSL from main study)
- Mean length of follow-up 44 mths (range 15-106 mths)
- SAKS, VE, QACSO all significantly improved $p < 0.001$ from pre-group to f-u; none significantly worsened since post-group; SOSAS no significant changes

Follow-up results

- 11 men showed further SAB since treatment began (32%); 8 since treatment ended (24%); 2 men reconvicted (6%)
- Almost all further SAB was non-contact (only 3 men showed contact offences – touching genitals through clothing, kissing unknown woman on street, touching staff member thigh)
- ‘Chain’ behaviours – 17 men
- Only autistic spectrum disorders and number ‘late chain ‘ behaviours predicted reoffending.

Up-date

- Oliver Sindall: Compared STATIC-99 (actuarial risk assessment tool) to ARMIDILO-S (dynamic risk assessment tool) with 16 men, all SOTSEC-ID graduates. ARMIDILO-S best predictor of reoffending
- ySOTSEC-ID project now funded – this will involve developing assessments & a treatment model suitable for young people with IDD - thanks to Rowena Rossiter & Paul Hamblyn Foundation

5. Latest project: OFFSCA-ID

- Follow-up of men with ID as they leave prison
- Rationale: belief that with a bit of support most pwID would not re-offend
- Evidence from general popn that employment & social networks can reduce recidivism
- PwID tend not to have jobs (especially if have offending history) & have poorer social networks
- FACS criteria barrier & CLDT eligibility criteria – big problems
- SSCR funded (NIHR)

Latest project: OFFSCA-ID

- Project will follow up 120 men with ID, leaving prison, at 2 times points (after 1mth & 9mths)
- Measures of social care & other service input; measures of outcome (mood, behaviour, QOL); economic analysis
- Will small amounts of input prevent further offending, keep mood more stable, improve QOL? Will it be economically worthwhile compared to cost of not providing input?
- Recruitment!!

Remaining questions

- We don't need more prevalence studies
- How do we get screening embedded at police station stage? & improve police & court & prison services to pwID?
- How do we develop (non-statutory?) services to support people properly in community?
- What are the best risk assessments?
- What are the best treatments for riskiest groups?
- Can we target services/ttmt at high risk people?
- How do we prevent people getting to this stage?

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