Effectiveness of Group Cognitive-Behavioural Treatment for Men with LD & Sexually Abusive Behaviour

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Introduction
About 50% of the sexually abusive behaviour against people with learning disabilities is committed by other people with learning disabilities, almost always men. These men tend to come from very chaotic and socially deprived families where there is also often a history of abuse. Men with LD who engage in such sexually abusive behaviour are very rarely offered treatment. They are specifically excluded from prison and probation programmes (though a few prison run adapted programmes).

Aim & Design
We were funded by DH and by the Baily Thomas Foundation to undertake a trial of treatment, using group CBT, adapted from the kind of group CBT used for non-disabled sex offenders.

For this kind of behaviour it is very difficult to do an RCT. Instead the design involved waiting list controls.

Participants
In the most recent paper (SOTSEC-ID 2010), 13 treatment groups were run across 9 sites. 70% of the men being treated consented to be part of the research n=46. Mean age was 35.3 yrs (s.d. 12.0). Of these 41% came voluntarily; 34% were detained under the MHA; 21% were on community rehabilitation orders (& 4% other forms of legal restriction).

Many had dual diagnoses: 23% with ASD; 28% personality disorders; 23% mood disorders; 9% more serious mental illness (in past). Offences included stalking, sexual assault, exposure; rape; victims children and adults, male / female.

Intervention
The intervention consists of group CBT. The group sessions run once a week (2hrs) for a whole year.

The modules include:
• An initial introduction and rule setting module.
• A sex education and relationships module.
• The cognitive model of behaviour (thoughts, feelings, actions).
• Empathy (general and specific)
• The Finkelhor 4 stage model of sexual offending (thinking not OK sexy thoughts; making excuses; planning it; doing it).
• Relapse prevention (which aims to help men keep their behaviour under control after the end of the group).

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

Measures

<table>
<thead>
<tr>
<th>Variable</th>
<th>Measure</th>
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<tbody>
<tr>
<td>Baseline measures (once only)</td>
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<tr>
<td>Intelligence</td>
<td>Wechsler Adult Intelligence Scale-Third Edition.</td>
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<tr>
<td>Language</td>
<td>British Picture Vocabulary Scale-II.</td>
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<tr>
<td>Mental Health</td>
<td>Psychiatric Assessment for Adults with a Developmental Disability - mini PASSAD.</td>
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<td>Process measures (pre, post and at follow-up)</td>
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<td>Sexual Knowledge</td>
<td>Sexual Attitudes and Knowledge Scale (SAKS) (Heighway &amp; Webster, 2007).</td>
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<td>Distorted Cognitions</td>
<td>Questionnaire on Attitudes Consistent with Sex Offences (QACSO) (Broxholme &amp; Lindsay 2003)&amp; Sexual Offenders Self Appraisal Scale (SOSAS) (Bray &amp; Forsaw 1996).</td>
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<tr>
<td>Victim Empathy</td>
<td>Victim Empathy Scale (Beckett &amp; Fisher, 1994) (VES) – Adapted.</td>
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A few men reoffended during treatment (n=4) or in six month follow-up (n=5). These were mainly non-contact offences by the autistic men. There was no relationship between re-offending and: pre- or post- group scores; IQ; presence of mental health problems; personality disorder, living in secure setting; being victim of SA; history of offending. Poor prognosis was predicted by: concurrent therapy & diagnosis of autism / Aspergers syndrome.

Results

A further follow-up of 34 men (mean length of f/u 44mths) showed 8 men had reoffended, mainly non-contact offences (n=6 men). But n=17 had engaged in ‘chain’ behaviours. Poor prognosis was indicated by further therapy since treatment; perpetrating during the 1st 6 months after treatment. Diagnosis of ASD & perpetrated late chain behaviours: approaching significance (p=0.038).

Progress Report

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There are now about 120 men on the database (data collection closed and analysis underway).

For more information visit: http://www.kent.ac.uk/tizard/sotsec/index.html