



## Sexual risk assessment for people with intellectual disabilities<sup>☆</sup>

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### ABSTRACT

Given that sexually offensive behavior on the part of people with intellectual disabilities has been identified as a significant problem, we developed a risk assessment questionnaire, that takes not only various static and dynamic factors into account but also environmental risk variables. Psychologists and staff members completed this Risk Inventarization Scale on Sexually Offensive Behavior of Clients with Intellectual Disabilities for 56 intellectually disabled clients with sexually offensive behavior problems. The scale contains static client variables (rated using two- or five-point likert scales and open questions) and both dynamic client and environmental variables (rated using a five-point likert scale). Factor analyses of the dynamic client and environmental variables revealed three subscales: quality of supervision, offending behavior and emotional and social stability. Reliability analyses showed sufficient to good reliability for both the total scale ( $r=0.82$ ) and the identified subscales (quality of guidance  $r=0.94$ ; offending behavior  $r=0.75$ , and emotional and social stability  $r=0.58$ ). Correlational analyses of the quality of guidance subscale showed high positive correlations with such static variables as values and norms, living conditions, and criminal offenses in early youth. Because both dynamic and environmental variables can be altered, the implications for treatment of the sexually offensive behavior of clients with intellectual disabilities are discussed further.

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Historically, societal ignorance and denial of sexuality in people with an intellectual disability (ID) have resulted in minimal or lack of treatment for sex offenders with an ID (Timms & Goreczny, 2002). The prevalence of sexual offense among people with an ID has been found to range from 4% to 40% (e.g., Gross, 1985; Walker & McCabe, 1973). With respect to recidivism Klimecki, Jenkinson, and Wilson (1994) have found a rate of 41.3% among offenders with an ID. The rates of prevalence and recidivism for sex offenders with an ID vary and are hard to predict, caused by different definitions of the sexual behavior, respondents and settings (Lindsay, 2009). Given that sexually offensive behavior on the part of people with ID has been identified as a significant problem, an increased research emphasis has been placed upon sexual offenders with IDs over the past few years.

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Recent research among intellectually disabled sex offenders has shown appropriate assessment to be an important facet of their management and treatment (Keeling, Beech, & Rose, 2007). Specifically, the identification of predictors of recidivism appears to be crucial for the identification of appropriate and effective treatment (Andrews & Bonta, 1998). The predictors of recidivism for sexual offenders in general typically fall into two categories of factors: static versus dynamic risk factors. Examples of static factors that have been found to contribute to sexual recidivism are ID, deviant sexual experiences, antisocial behavior, impulsivity, high sexual arousal, and sexual preoccupation. Examples of dynamic factors that have been found to contribute to sexual recidivism are the presence of cognitive distortions, poor social skills, deviant sexual fantasies, and low levels of empathy. Whereas static risk factors are believed to be characteristics that cannot be altered or changed (Harkins & Beech, 2007), dynamic risk factors are believed to be more responsive and amenable to intervention and are therefore typically the focus of treatment (Beech, Friendship, Erikson, & Hanson, 2002; Harris & Tough, 2004). With respect to the population of sex offenders with an ID, studies have indeed shown static risk factors to contribute to sexually offense (e.g., Day, 1994; Lambrick & Glaser, 2004; Lindsay, 2002). Other studies have shown dynamic risk factors such as relationship difficulties, communication difficulties, deviant sexual interests, and susceptibility to the influence of others to contribute to sexual offense among the population of intellectually disabled sex offenders (e.g., Caparulo, 1991; Fortune & Lambie, 2004; Lindsay, Olley, Baillie, & Smith, 1999). Comparative studies of sex offenders who are intellectually disabled or not show sexual offenders with an ID to be less likely to know their victims than sexual offenders with no ID (Day, 1994). Intellectually disabled sex offenders are also more likely to commit different types of offenses with different types of victims than those who are not intellectually disabled (Lindsay, 2002). Sex offenders with an ID have been found themselves to have suffered more sexual and physical abuse when compared to sexual offenders with no ID; they also have deficits in a number of areas of psychological functioning including social and attention problems (Fortune & Lambie, 2004). Other comparative studies show a tendency for *both* to be impulsive (Parry & Lindsay, 2003), *both* to be involved in a range of delinquent behaviors and non-sexual offenses in addition to sexual offenses, and substance abuse to be a common activity for *both* (Fortune & Lambie, 2004).

In order to identify clear predictors of recidivism among sex offenders who are known to have an ID, several authors have developed actuarial risk measures. Most of the risk measures are a modification of guidelines for the assessment of mainstream sex offenders (Wilcox, 2004): the Sex Offender Risk Appraisal Guide (SORAG) (Quinsey, Harris, Rice, & Cormier, 1998), the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR) (Hanson, 1997), the Static-99 (Hanson & Thornton, 1999), and the Sex Offender Need Assessment Rating (SONAR) (Hanson & Harris, 2001) that takes both static and dynamic factors into account. The aforementioned measures have been used in several studies with sex offenders with ID and most of them (i.e., the SORAG, RRASOR, and Static-99) have been shown to successfully predict both general and sexual recidivism (Lindsay & Beail, 2004). As the level of functioning of the offender becomes lower, risk assessment may also include environmental risk variables. Attention has only recently been devoted to the influence of these environmental variables and, in particular, so-called environmental allowance of offensive behavior on the part of intellectually disabled sex offenders (Lindsay, Elliot, & Astell, 2004; Taylor, Keddie, & Lee, 2003). Boer, Tough, and Haaven (2004) have identified several environmental risk factors including attitudes towards intellectually disabled sex offenders, communication among supervisory staff, monitoring of the offender by staff, and victim access. The main purpose of our study was to develop and evaluate the internal consistency of a risk assessment questionnaire, the RISC-V, that takes not only various static and dynamic factors into account but also environmental risk variables. The questionnaire was administered to a relatively large sample ( $n = 56$ ) of direct-care staff members and psychologists working in a residential facility with intellectually disabled clients with sexually offensive behavior problems. Next to this, a component analysis was conducted to investigate the structure underlying the data and for purposes of data reduction. Finally, we explored associations between various dynamic client and environmental risk variables and the static characteristics (age, sex, living conditions, employment conditions, cognitive level of functioning, social-emotional level of functioning, extent of internalized values and norms, psychiatric disorders, sexually offensive behavior, violence (during abuse), other criminal acts (i.e., behavior not allowed by law), previous contact with the police, convictions, criminal offenses in early youth, most recent abuse, consequences of most recent abuse, abuse of children, abuse of women, abuse of men, self-victim of sexual abuse in the past, and self-victim of physical abuse in the past) of the intellectually disabled clients with sexually offensive behavior.

## 1. Method

### 1.1. Participants

Intellectually disabled clients were selected for inclusion in the present study when they had been found to exhibit sexually offending behavior. A total of 56 clients participated; their mean age was 39.7 years and 54 of the clients were male (96.4%). Information on the individual's total IQ was available for all of the clients. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria, there were 5 clients with a borderline ID, which meant an IQ between 70 and 85 (8.9%); 27 of the clients and thus the majority had a mild ID (48.2%); 22 had a moderate ID (39.3%); and 2 had a severe ID (3.6%). According to the DSM-IV, 23 of the clients had an Axis-I or Axis-II diagnosis of a psychiatric disorder, which was established by a certified psychiatrist (41.1%). Of these clients, 6 were diagnosed as having an Autistic Spectrum Disorder (26.1%); 2 with an Attention Deficit Hyperactivity Disorder (8.7%); 5 as having problems with the attachment relation (21.7%); 1 with an impulse control disorder (4.3%); 1 with a personality disorder (4.3%); and 3 were diagnosed as having

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