The Treatment of Sex Offenders with Developmental Disabilities

A Practice Workbook

William R. Lindsay

A John Wiley & Sons, Ltd, Publication

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Contents

List of Figures vii

Foreword ix

Preface xi

About the Author xv

Part One Background Research and Theory 1

Chapter 1 Introduction to Offenders, Sex Offenders and Abusers with Intellectual Disability 3

Chapter 2 Assessment of Offence-Related Issues 13

Chapter 3 Risk Assessment 35

Chapter 4 Treatment of Inappropriate Sexual Behaviour 51

Chapter 5 Theories of Sexual Offending and Intellectual Disability 67

Chapter 6 A Theory for the Sex Offence Process and a Model for Treatment in Offenders with Intellectual Disabilities 93

Part Two Treatment Considerations 109

Chapter 7 Introduction to the Treatment Programme 111

Chapter 8 Promoting Motivation 131

Part Three Treatment Manual 145

Chapter 9 Induction, Setting the Rules, Explaining the Modules 147

Chapter 10 Offence Disclosure and Accounts 151

Chapter 11	Allocating Offenders to Pathways	165
Chapter 12	Cognitive Distortions and Attitudes	179
Chapter 13	Problem Solving Scenarios and Exercises Which Challenge Cognitive Distortions	187
Chapter 14	Personal Physical and Sexual Abuse	213
Chapter 15	The Cycle of Offending	221
Chapter 16	Victim Awareness and Empathy	235
Chapter 17	Use of Pornography and Dealing with Sexual Fantasy	245
Chapter 18	Attachments and Relationships	255
Chapter 19	Lifestyle Change and Preventing Relapse	267
Chapter 20	Evaluation of Progress	283
References		299
Appendix 1	Vignettes and Scenarios for Problem Solving Exercises	317
Appendix 2	Examples of Quiz Questions	333
Index		337

List of Figures

Participants gave their written consent for use of any material. All figures have been altered where required in order to change or remove any information that might enable identification of any participant.

Figure 7.1 Example of group rules 115
Figure 8.1 Two flipchart sheets from an exercise comparing prison and probation. 135
Figure 8.2 Example of group evaluation of each member. 139
Figure 8.3 Each group member placed on 'the ladder' allowing comparisons and discussion of progress. 140
Figure 10.1 The beginnings of a graded disclosure exercise. 154
Figure 10.2 Alfred's disclosure account. 159
Figure 10.3 Brian's disclosure account. 160
Figure 10.4 Commonalities drawn from disclosure accounts 162
Figure 11.1 'Good things' and 'bad things' drawn up by Fred 171
Figure 11.2 The avoidant/active pathway drawn up by Darren 173
Figure 12.1 Flipchart records from a session on dysfunctional associations between cognition, behaviour and physiology 183
Figure 13.1 Records from the problem solving scenario on responsibility for the offence 193
Figure 13.2 Flipchart record from the second exercise on responsibility for offences against women 197
Figure 13.3 Reviewing cognitive distortions of offenders against children 205
Figure 13.4 Flipchart record of the exercise on victim perspective and the disparity with offender's perspective 208
Figure 14.1 Reviewing types and consequences of child abuse 217
Figure 14.2 Flipchart records from an 'abused to abuser' session 219
Figure 15.1 Gary's offence cycle, about here 224
Figure 15.2 Albert's timeline used to understand the sequence of offending 228

Figure 15.3	Another piece of Albert's timeline to show the sequence of offending	229
Figure 18.1	Discussion on romantic and platonic relationships	260
Figure 18.2	Establishing relationships	262
Figure 19.1	Ian's timeline	270
Figure 19.2	Jason's timeline	272
Figure 19.3	Basic life map plan indicating sources of human goods leading to offending	273
Figure 19.4	Future projected pathways – an offence free, pro-social pathway and an offending pathway	275
Figure 19.5	Kenneth's future offence free and offending pathways	277
Figure 19.6	Ian's future offence free and offending pathways	278
Figure 19.7	An illustration of the use of the relapse prevention card	280
Figure 20.1	Personal and Sexual Dynamic Risk (PSDR)	285
Figure 20.2	An example of group ratings on 'the ladder' with staff ratings added to participant ratings	289

Foreword

The area of intellectually disabled sexual offenders is a particularly challenging one and up until relatively recently has been ignored by frontline researchers and program developers. Alongside innovators such as James Haaven in the United States, over the years Bill Lindsay has consistently argued for the need to develop specialized programs and assessment measures for intellectually disabled sex offenders. In this excellent book Professor Lindsay presents a comprehensive approach to the assessment and treatment of intellectually disabled sex offenders that is exhaustive in its approach and meticulous in its attention to research and theory. Professor Lindsay is an extremely able and incisive researcher whose suggestions for the treatment of sex offenders are thoroughly grounded in empirical data. Moreover, his rich experience as a clinical psychologist and therapist is evident in the book and he always makes sure he attends to the nuances and complexities of practical work with sex offenders. In fact, what sets this book apart from a number of recent texts on intellectually disabled sex offenders is that is written by a practicing scientist *and* therapist.

This is a large book containing twenty chapters and two appendices. Structurally the book is divided into three major sections, background theory and research, treatment considerations, and a treatment section where twelve chapters are devoted to a thorough description of how to treat clinical problems ranging from cognitive distortions to sexual fantasies. There are excellent chapters on the assessment section on risk assessment and the relevance of self-regulation offence pathways for intellectually disabled sex offenders. A valuable feature of the first section is that it provides a theoretical and research context for the subsequent more practical chapters and helps readers to understand the rationale and nature of the interventions outlined. For me the highlight of the theoretical section is the presentation of Professor Lindsay's own treatment model which is compromised of the skilful integration of several etiological and practice theories that emphasizes the importace of addressing sex offenders specific offence related problems and also facilitating their attachments and reentry to the community. It represents a supple framework for the assessment and treatment of intellectually disabled sex offenders and displays a fine sense of what is useful in current theory and relevant for this group of offenders. In the following two sections the

application of the treatment model to specific problems areas is well detailed and each chapter is full of useful practical suggestions and ideas. Therapists should come away from a close reading of the applied section with a clear idea of how to systematically assess and comprehensively treat intellectually disabled offenders. Researchers are also likely to have their appetites wetted by the numerous astute observations Professor Lindsay makes about offense related attitudes and factors.

I thoroughly recommend this book to specialists working with intellectually disabled sex offenders and those working with sex offenders of normal intellectual functioning. One of the great achievements of Professor Lindsay's book resides in its demonstration that it is possible to attend to and build strengths in offenders while also reducing risk for further sexual reoffending. In addition, an important thread running throughout the book is the thesis that if sex offenders are to successfully desist from further offending they need to re enter our community, regain their status as fellow citizens and have the opportunity to turn their lives around with the help of family, community members, and practitioners. A critical component of this process of redemption and reentry is the acquisition of the necessary personal and social resources to live better and less harmful lives. This book will be of immense help to those who are committed to such goals.

Professor Tony Ward
Victoria University of Wellington
New Zealand.

Preface

This book is the product of many years of working with men with intellectual disabilities who have perpetrated inappropriate sexual behaviour and sex offences. I began working with sex offender groups in 1987 and have continued with both intellectual disability and mainstream offenders. One of the exciting aspects of any clinical field is the possibility of combining research developments with clinical work and I hope that the reader will recognise the synthesis of both throughout the book. I have ha d the privilege to work closely with many talented colleagues; our clinical observations have informed our research and research has driven our clinical work.

In developing my work I have drawn on many influences including mainstream writing on sex offenders, the voluminous research on intellectual disabilities, extensive treatment reports and clinical trials in behavioural and cognitive therapy, psychometric assessment research and risk assessment research. The chapters reflect these various research and treatment strands with practical methods for proceeding with work in these various tasks. Like all practising clinicians, I have also assessed and treated hundreds of patients who have influenced all my approaches and methods.

One purpose in writing this book is to help professionals working with offenders with intellectual disabilities to feel they can develop competence in important areas of working with these clients. I have been very aware over the years that colleagues are keen to engage with clients but are unsure of how and where to start. There is always the frustration of reading about important clinical innovations and at the same time being unsure of their application in one's own clinical setting. I have tried to outline the theoretical and research developments with an emphasis on how they can be applied to sex offenders with intellectual disabilities.

In 2004 John Taylor, Peter Sturmey and myself edited a book for Wiley entitled "Offenders with Developmental Disabilities" and we observed that research and practice developments had been growing considerably. Since that time, the pace has quickened with many authorities and services now recognising the nature of the clinical and social problems to be addressed and turning to the increasing volume of research work for some guidance on assessment, treatment and organisation of services. The requirements are such that, now, developments will occur to address the service need

with or without sound writing and research to underpin their validity. It is my hope that publications such as this and those of others will indeed provide parameters for new practices.

I do not think that this book is a finished article on the topic of treatment for sex offenders with intellectual disability. I have no doubt that the next ten years will bring important, clinically effective innovations to the field. It is essential to conduct treatment with an understanding of its derivation and an open mind to validated, reliable changes emerging from the work of others. In this way treatment will not atrophy in a set of tired familiar techniques. I have witnessed treatment groups where the facilitator goes through the motions of presentation with no real understanding of the reasons for application or the specific requirements of the individuals in treatment. That is not to say that we should be swayed by every fad and fashion to arrive – there are and will be plenty of them. It is just to make a plea for continued awareness of clinical progress in the field.

One issue of terminology requires to be addressed in any book on intellectual disabilities. I have preferred "intellectual disability" and "developmental disability" as internationally recognised terms to refer to this client group. However until very recently the American Association of Intellectual and Developmental Disabilities has endorsed the term "mental retardation" and this is still widely recognised in North America. In Canada these is widespread use of "developmental disabilities " to refer to the client group. One has to be careful in interpreting this latter term since developmental disabilities can include disorders which, although highly prevalent in populations of individuals with intellectual disability, also include a number of people who function, intellectually, at a higher level. Here I am thinking of disorders on the Autistic spectrum. Closer to home, in the U.K. we have for some time used the term "learning difficulty" to describe the population. The reader should realise that all these references to the population are synonymous (apart from the exceptions mentioned in relation to developmental disability) and all relate to people who fulfil three diagnostic criteria. The person should have an intelligence quotient below 70 IQ points as measured by a reputable and well standardised assessment such as the Wechsler Adult intelligence scale – third edition. The IQ should take into account the standard errors of the test. The second criterion is that the individual should have significant deficits in adaptive behaviour, again as measured by a recognised standardised assessment. Different classification systems recommend slightly different criteria in adaptive behaviour but they all use it as a requirement of classification. The third criterion is that any such deficits should have a childhood onset, generally prior to age 18.

Over the years, i have noticed that professionals are apprehensive about working with sex offenders and even about accepting sex offenders into their services. This is understandable given the valence afforded to this group in the public consciousness. That is one reason why this type of treatment and service intervention should always be conducted within the auspices of a clinical team. To have one's colleagues to balance judgement and support intervention is immensely valuable. I would like to acknowledge the help of several people in the development of my work which has culminated in this book. So many colleagues have fashioned my thinking over the

years. I have also been fortunate to have strong work partners to help in what is clearly a contentious clinical area. Anne Smith, the consultant psychiatrist with whom I worked for two decades has been a constant support and latterly Fabian Haut, Steve Young and Fergus Douds have been influential. More recently Peter Oakes and Farooq Ahmad have challenged my thinking on service delivery. Many nursing staff have spent years of their professional lives helping to keep groups running constantly including Ronnie Allan, Steve Scott, Evelyn Kelly, Paul Winters, Lesley Murphy, Danny Murphy, Lorna Cox, John Whitelaw, Tom Morgan and others. I am in huge debt to Charlotte Quinn and Pamela Reid for their administrative support. I am also indebted to various staff at Wiley for their patience and perseverance, especially at a time when so many staff and editorial changes were afoot.

Bill Lindsay
November 2008.

About the Author

Bill Lindsay, PhD, is Consultant Clinical Psychologist, Lead Clinician in Scotland and Head of Research for Castlebeck Care, Darlington, U.K. He is also Chair of Learning Disabilities and Forensic Psychology at the University of Abertay, Dundee. He holds a visiting chair at Northumbria University, Newcastle. An author of over 200 scientific articles and book chapters his research interests include the fields of cognitive behavioural therapy for people with intellectual disabilities and forensic psychology. He is a fellow of both the British Psychological Society and the International Association for the Scientific Study of Intellectual Disabilities. Previously he was a consultant psychologist in the State Hospital, Scotland with responsibilities for intellectual disabilities and mainstream sex offender treatment. He was also head of Clinical Psychology Learning Disability services in Tayside, UK. He has been a member of various advisory groups to both the Scottish and U.K. governments and chaired the Scottish Forensic Network working group on forensic intellectual disability services. He is currently associate editor for the Journal of Applied Research in Intellectual Disabilities and the Journal of Intellectual and Developmental Disabilities while also on the editorial board for the British Journal of Clinical Psychology and Psychiatry, Psychology and Law.

Part One

Background Research and Theory

Chapter 1

Introduction to Offenders, Sex Offenders and Abusers with Intellectual Disability

The relationship between intellectual disability and crime seems to have fascinated writers and researchers in the field for well over a century. Both Scheerenberger (1983) and Trent (1994) have described in detail the historical association between low intelligence and crime in the late nineteenth and early twentieth centuries. Up until that time, people with intellectual disability (ID) were generally considered a burden on, rather than a menace to, society. Scheerenberger (1983) writes that during the eighteenth and nineteenth centuries, living conditions were harsh for people with ID especially in urban areas with growing industrialisation. In rural areas, they tended to work long hours in poverty but in industrial settings they were unable to be in employment or be accepted into apprentice programmes. The impetus for change was undoubtedly Darwin's theory of evolution, which Galton (1883) employed to argue for the role of genetics in individual greatness in his book *Hereditary Genius*. Others, notably Goddard (1912), employed the same methods for ID to devastating effects.

In fact, these authors were part of a general movement which increasingly regarded ID as a menace. Scheerenberger (1983) notes, 'By the 1880s, mentally retarded persons were no longer viewed as unfortunates or innocents who, with proper training, could fill a positive role in the home and/or community. As a class they had become undesirable, frequently viewed as a great evil of humanity, the social parasite, criminal, prostitute, and pauper' (p. 116). In 1889, Kerlin (reviewed by Trent, 1994) argued that crime, rather than being the work of the devil, was the result of an individual's inability to understand moral sense and also their physical infirmity, both of which were non-remediable and inherited. Kerlin and others certainly linked ID with a range of social vices including drunkenness, delinquency, prostitution and crime, but Goddard (1910) moved these concepts on basing his arguments on Mendelian laws of hereditary. His first contribution was to reclassify ID using the term feeblemindedness to include all forms of ID. Those with the mental age of 2 years or less were termed 'idiots', with a mental age of 3–7 years 'imbeciles' and with a mental age of 8–12

The Treatment of Sex Offenders with Developmental Disabilities William Lindsay
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years 'morons'. Crucially, the addition of the latter category more than doubled the number of feeble-minded people. His interest in genetics then led him to conclude that there was a causal relationship between feeblemindedness and social vice. The conceptualisation of people with ID, and their significantly growing numbers, moved from a social burden to a social menace. Goddard (1911) and others proposed two solutions for this increasing problem – segregation and sterilisation – which continued to have a significant impact for decades to come.

In the spirit of Galton and his work on genius, several authors, including Goddard (1911), published pedigree studies apparently confirming the inherited nature of feeblemindedness and its causal link to crime. Trent (1994) summarises these studies writing that they 'reinforced the belief in the linkage of rapidly multiplying mental defectives and a host of social problems: crime, prostitution, abusive charity, juvenile delinquency, venereal diseases, illegitimate births, and drunkenness' (p. 178).

At the same time, considerable advances were being made in mental testing with similarly devastating effects on the population of people with ID. Terman (1911), one of the pioneers of psychometric testing, wrote, 'There is no investigator who denies the fearful role of mental deficiency in the production of vice, crime and delinquency ... not all criminals are feeble minded but all feeble minded are at least potential criminals' (p. 11). In his book, *The Criminal Imbecile*, Goddard (1921) concluded, 'Probably from 25% to 50% of the people in our prisons are mentally defective and incapable of managing their affairs with ordinary prudence' (p. 7). As the century progressed, with the influence of Mendelian theories of inheritance, advances in mental testing and concerns about increasing numbers, the causal link between ID and crime tightened. In a contemporary review of the available scientific studies, MacMurphy (1916) concluded, 'Mental defectives with little sense of decency, no control of their passions, with no appreciation of the sacredness of the person and the higher reference of life, become a centre of evil in the community, and inevitably, lower the moral tone ... perverts and venereal diseased are overwhelmingly mental defective, as in public drunkenness and shoplifting and the picking of pockets are acts of the feeble minded and one of the large proportions shown by statistics' (quoted in Scheerenberger, 1983, p. 153).

As part of this movement, Fernald (1909, 1912) had written and spoken enthusiastically of the link between ID, its widespread prevalence, and a range of social problems including prostitution, crime, sexual perversion, poverty and their menace to the community. However, despite his huge influence as a persuasive orator, unlike others, he also seems to have paid some attention to reliable, behavioural observations. He reviewed the discharges from the institution with which he was involved from 1890 to 1914 and the results are reported to have surprised him. Of the 1537 individuals who had been discharged, less than half could be followed up, but he found that around 60% of the men and 36% of the women were doing well in the community. This positive result, although not remarkable by modern standards, was a surprise to him and others working with the certainty of the causative link between ID and crime (Fernald, 1919). He considerably altered his position and began advocating innovative programmes and even community placement: 'We know that a lot of the feeble minded are generous, faithful and pure minded. I never lose an opportunity to

repeat what I am saying now, that we have really slandered the feeble minded. Some of the sweetest and most beautiful characters I have ever known have been feeble minded people' (Fernald, 1918, reported in Trent, 1994, p. 158). However, his views were not shared by many of his colleagues (e.g. Goddard, 1921) and, in any case, the damage had essentially already been done. In the opening address to the American Association on Mental Deficiency in 1921, hugely pejorative references were made about people with ID filling the courts and paralysing schools. Over a decade later, Glueck (1935) studied 500 delinquent juveniles with ID and concluded that ID was a complicating factor in crime, that a far higher proportion of boys with ID fell into delinquent groups and that they were less able to participate in rehabilitation programmes. Sutherland (1937) concluded that between 20% and 50% of delinquents residing in prisons had ID.

There is no doubt, then, that ID and crime were inextricably related in a manner which fostered a cultural prejudice. This cultural prejudice is perhaps typified by Terman's resonating phrase 'the fearful role of mental deficiency' which, coming from such an authoritative and presumably for the time, enlightened source, gives us today a flavour of the extent of these views. These views were pervasive over five decades and can still be detected occasionally when local services for people with ID wish to establish a group home in a particular residential area. Managers and workers in these services are well aware of the outcry that can ensue when local residents fear that the presence of individuals with ID will have a deleterious effect on the neighbourhood. I myself have been to several such meetings and the usual fears are that people with ID will behave in an extremely disinhibited fashion, that it will become widely known that a home for people with ID is placed in the community, and that this will have a depressing effect on house prices. At one meeting, one woman summed up the fears by stating, 'Who in their right mind would want a house like this in their street? Why do you have to have it here?' These fears are, of course, nonsense and it is the case that people with ID are generally quiet, conservative, sociable and extremely good neighbours. It is a salutary lesson that the parameters of scientific respectability can stoke public perceptions of prejudice and threat. Thankfully, we have probably re-entered an era where, once again, ID and crime are no longer inextricably linked. For decades, no one has seen ID as a causative factor in crime and it is foolish to emphasise ID in any discussion or treatise on criminology.

Prevalence of People with ID in Criminal Populations

Despite the debunking of any close relationship, researchers continue to review the role of ID in criminal populations. Farrington and colleagues (Farrington, 1995, 2005), in their meticulous longitudinal studies of delinquency and crime, have found low IQ to be one of a number of risk factors associated with crime. However, their definition of low IQ is above the range of ID (an IQ of 85 or below) and, as such, cannot be considered in any way definitive in relation to this population. Despite a wealth of investigations, there is no clarity on the proportion of people with ID in criminal populations. Neither can we be clear about whether or not the type of

offences committed by individuals with ID differs in frequency from those committed by mainstream offenders. Holland (2004) and Lindsay and Taylor (2008) have noted a number of methodological differences between studies which give rise to significant differences in both overall prevalence and the rates of specific offences. Firstly, the study setting seems to have a considerable impact on the recorded prevalence rates of individuals with ID. In a classic study on mentally disordered offenders, Walker and McCabe (1973) found that 35% of inmates were diagnosed as having ID and reported that there were very high conviction rates for arson (15%) and sexual offences (28%) when compared to other groups in their sample. This major study, among others, has led to the belief that sexual offences and arson are overly represented in this group of offenders.

However, a recent study (Hogue *et al.*, 2006) reviewed the same group but did so across different settings of maximum security, medium/low security and community forensic services, all for individuals with ID. These authors found a considerable disparity in rates of index offence depending on the setting. With respect to arson, 2.9% of offenders in the community were referred for fire-raising while 21.4% in the medium/low secure setting were referred for an arson offence. Similarly, there was a significant difference between percentage of participants who had committed a violent offence with 42.5% in the high secure setting and 11.6% in the community. Studies conducted in either setting independently would have come to different conclusions regarding the rates of arson and violence in this client group. Therefore, the effect of the setting is extremely important when considering prevalence rates of specific offences.

A second major variable is the method used to identify ID. Some studies have used recognised IQ assessments while others have relied on self-report. Holland (1991) noted widely varying prevalence rates of ID (2.6–39.6%) reported in studies on prison populations in the United States. It was clear that various studies used different methods to assess ID. A study by MacEachron (1979) of 436 adult male offenders in state penal institutions in Maine and Massachusetts employed recognised intelligence tests and found prevalence rates of ID between 0.6% and 2.3%. Studies which use a screening method for assessing IQ, such as the Hayes Ability Screening Index (Hayes, 2002) or the Aamons Quick Test (Ammons and Ammons, 1958), will automatically overestimate the prevalence of ID since it is the function of screening tests to be over-inclusive with a view to further assessment.

The methodological differences between studies continue with two recent pieces of research finding markedly different rates of offenders with ID in prison settings. Crocker *et al.* (2007) attempted to assess 749 offenders in a pre-trial holding centre in Montreal. In fact, for a number of reasons including refusal to participate, administrative difficulties and technical problems, they were only able to assess 281 participants with three subscales of the Individual Mental Ability Scale (Chevrier, 1993). They reported that 18.9% were in the ‘probable ID range’ with a further 29.9% in the borderline ID range (full scale IQ of 71–85). However, in a study of 102 prisoners in Victoria, Australia, Holland and Persson (2007) found a prevalence rate of less than 2% using the Wechsler Adult Intelligence Scale. In the latter study, all prisoners were assessed routinely by trained forensic psychologists while in the former study only

around one-third of potential participants were included in the study. In addition, three subscales of an intelligence test were used in the former study while in the latter a full WAIS (the most comprehensively validated IQ test) was used for all participants. It is difficult to reconcile these two recent studies, but it is likely that the difference in assessment methods and comprehensiveness of the sample were significant contributors to the disparity in results.

A third major variable is whether or not individuals with borderline intelligence are included in the sample. As can be seen from the study by Crocker *et al.* (2007), the prevalence rate would increase from 18.9% of individuals with 'probable ID' to 48.8% if the definition were to include individuals with borderline ID. In the study by Hayes (1991a, b) of prisoners in New South Wales, Australia, she found that 2% fell within the formal classification of ID and a further 10% were identified in the range of borderline intelligence. Any review of a normal curve indicates that the percentage of the population increases dramatically as one moves from two standard deviations below the mean (IQ of 70, the cut-off for a classification of ID) through the ranges of borderline intelligence (IQ cut-off 80 or 85 depending on the definition) towards the mean. These differences in percentage of the population will also be reflected in the criminal population and prevalence will increase accordingly. Therefore, inclusion criteria are extremely important when considering overall prevalence of criminals with ID and the incidence of specific types of crime.

In addition to the variables discussed above, social policy decisions are likely to have a massive impact across every aspect of service delivery, service use and research. It is not a coincidence that the relatively recent increase in research on offenders with ID has coincided with policies of deinstitutionalisation. As a result of these policies, large institutions in the developed world have closed and the courts no longer have an automatic diversion option of transfer to hospital prior to legal proceedings. As one older offender said to me in a sex offender group, 'they didn't used to have probation, you just got locked up in hospital.' Therefore, more offenders with ID are living in the community and accessing criminal justice services across the range from contact with police to periods of imprisonment. In a follow-up study of 91 offenders with ID on statutory care orders in Denmark, Lund (1990) found a doubling of the incidence of sex offending when comparing sentencing figures for 1973 and 1983. He suggested that this rise may have been a result of policies of deinstitutionalisation, whereby people with ID are no longer detained in hospitals for indeterminate lengths of time. He concluded that those with a propensity towards offending would be more likely to be living in the community and, as a result, would be more likely to be subject to the normal legal processes should they engage in offending behaviour.

For many years, it has been considered that sexual offences feature prominently in offences committed by men with ID. Walker and McCabe (1973), in their study conducted in highly secure hospitals, found that 28% of their sample with ID had committed sexual offences, which was a higher conviction rate than other groups in their sample. In a series of studies on the relationship between IQ and offences against children, Blanchard and colleagues (Blanchard *et al.*, 1999, 2008; Cantor *et al.*, 2005) have found that men who commit offences against children have a lower average IQ. However, although the IQ difference is significant, the group of men who commit

offences against children still have an average IQ of around 90, which is well in excess of the ID range. Hogue *et al.* (2006) found no differences between their three cohorts in the rate of sexual offending, which were high at between 34% and 50%. However, Green, Gray and Willner (2002) reported a phenomenon of considerable importance to this issue. They found that men with ID who had committed offences against children were significantly more likely to be reported to the criminal justice service than men who had committed sexual offences against adults. They felt that any group of offenders with ID would be likely to have an over-representation of men who had committed sexual offences against children as a result of this ascertainment bias. Therefore, these methodological issues and social policy factors are likely to have a considerable impact on results found in various studies.

Low IQ as a Risk Factor

Although the causal link between ID and crime has now been discredited, criminologists remain fascinated by the extent to which low IQ is a risk factor in crime. In a comprehensive review of the role of intelligence and its relationship to delinquency, Hirschi and Hildelang (1977) concluded that the relationship between intelligence and delinquency was at least as strong as the relationship of either class or race and delinquency. Several authors have found that boys with lower IQs have at least twice the rate of referral to juvenile court than that found for boys with higher IQs (e.g. Goodman, Simonoff and Stevenson, 1995; Kirkegaard-Sorensen and Mednick, 1977; Reiss and Rhodes, 1961; Rutter, Tizard and Whitmore, 1970).

It is important to note that all of these studies investigate the relationship between lower IQ and crime employing participants in the IQ range of 80–120. In the early stages of their highly influential longitudinal studies, West and Farrington (1973) reported the results of a longitudinal study of 411 boys conducted over a period of 10 years. By comparing the boys with an IQ of over 110 with those who had an IQ of less than 90, they found that a quarter of the former group had a police record while half of the latter group had such a record. Further analysis revealed that 1 in 50 of those with an IQ over 110 recorded recidivism while 1 in 5 with an IQ of less than 90 re-offended. They noted that for some boys offending began at the age of 8, and in their regression analysis they established the predictive value of inconsistent parenting, poor housing at 8–10 years, troublesome behaviour at 8–10 years, an uncooperative family and low IQ. Their studies of crime and deviance in later years (Farrington, 1995, 2005) found that the best predictors were invariably previous convictions from 10 to 13 years. For example, convictions at 14–16 years were predicted best by convictions at 10–13 years. Having convicted parents and being rated as daring and dishonest had additional predictive effects. Convictions at 17–20 years were best predicted by convictions at 14–16 years and adult convictions were best predicted by convictions in previous age ranges. An unstable job record, low family income and a hostile attitude towards police also made additional predictive contributions to the probability of an adult criminal career. This cycle begins with troublesome behaviour, uncooperative families, poor housing, poor parental behaviour and low IQ at the age of 8. The higher

the number of risk domains (families, childhood behaviour, schooling, low IQ, etc.), the higher the probability of later delinquency and criminality (Stouthamer-Loeber *et al.*, 2002).

Although this research invokes the concept of low IQ as a risk factor for crime, there are factors which complicate and confuse the issue significantly. The first is straightforward in that Farrington and colleagues do not generally review individuals with IQ less than 70. Their studies focus on low average IQ and borderline intelligence. The second that poor housing and low family income are significantly associated as risk factors for a criminal career. Emerson (2007) cites a wealth of information on the association between poverty and ID to the extent that those in the most disadvantaged sections of society had four or five times the risk of mild and moderate ID when compared to those in the least disadvantaged sections. He goes on to cite evidence relating poverty to increased mortality, poorer health and mental health, poorer educational attainment, social exclusion and poorer outcomes across a wide range of indicators of quality of life. Emerson and Turnbull (2005) also found higher rates of antisocial behaviour in adolescents with ID living in conditions of poverty when compared to those who did not. In the series of studies of individuals with ID, it was found that household poverty and neighbourhood deprivation were associated with increased rates of emotional and behavioural difficulties among children and adults (Emerson, Robertson and Wood, 2005), having higher rates of psychological distress (Emerson, 2003) and higher rates of being a victim of crime (Emerson, Robertson and Wood, 2005). Household poverty and lower socio-economic positions were associated with increased risk in a range of lifetime hazards with a corresponding threat to health and well-being. The important point about this research is that poverty is likely to have a significant mediating role when considering the relationship between IQ and crime.

Several studies have investigated the relationship between ID and crime rather than low IQ. McCord and McCord (1959) evaluated an early intervention study with 650 underprivileged boys in Massachusetts. The boys were divided into 325 matched pairs and assigned to treatment and control conditions. There was a relationship between IQ and the rates of conviction in that for the treatment group 44% of those in the IQ band 81–90 had a conviction while 26% of those with an IQ above 110 had a conviction. However, the 10% of individuals in the lowest IQ group (less than 80) had an intermediate rate of conviction at 35%. This was lower than that recorded in the IQ band 81–90. Furthermore, of those in the higher IQ band who were convicted of crime, none went to a penal institution while the highest percentage going to a penal institution, 19%, were in the lowest IQ band. The results were similar in the control group, with 50% in the IQ band 81–90 convicted of crime and 25% in the IQ band less than 80 convicted, although the numbers in the latter cohort were small.

Two further studies support this finding. Maughann *et al.* (1996) and Rutter *et al.* (1997) followed up children who had demonstrated severe reading difficulties in school. It might be considered that a significant proportion of the children with severe reading difficulties had developmental and IDs. The authors were somewhat surprised, given the background of the relationship between IQ and crime, when they found that the rate of adult crime among boys who had significant reading

difficulties was slightly lower than the rate of adult crime in the general population comparison group. Similarly, antisocial behaviour in childhood was less likely to persist into adult life when it was accompanied by reading difficulties. The finding still held true when psychopathology and social functioning were controlled. Therefore, while there may be a relationship between low average IQ and crime, when individuals with an intellectual level of over 1.5 standard deviations below the mean are studied, the relationship seems to break down with those in the lowest intellectual bands showing lower rates of crime.

One recent piece of evidence on the assessment of risk in offenders with ID provides interesting data with regard to rate of offending. Gray *et al.* (2007) compared 145 offenders with ID against 996 mentally disordered offenders. They reported that the ID group had a significantly lower number of previous convictions (average = 8.3) than the non-ID group (average = 11.8). Following these individuals up for between 2 and 12 years, they reported that the ID group had a reconviction rate of around half that of the non-ID group. At the 2-year follow-up point, 4.8% of the ID group and 11.2% of the non-ID group had committed violent offences, while at the same follow-up point, 9.7% of the ID group and 18.7% of the non-ID group had committed general offences. Again, these differences were significant suggesting that offenders with ID had a lower rate of previous offending and a lower rate of re-offending. These data certainly do not support any hypothesis that offenders with ID commit more offences or have a higher rate of recidivism than other types of offenders.

Conclusions

The historical link between ID and crime had a drastic effect on people with ID at the beginning of the twentieth century. What came to be considered as 'the menace of the feeble minded' (Trent, 1994) was a significant motivation for extensive programmes of segregation and, to a lesser extent, sterilisation. The impact lasted for decades and its effect probably still lingers in the form of lesser prejudices. There still remains a fascination for the issue of the proportion of people with ID in the criminal justice services. For the reasons outlined in this chapter, even recent studies have found widely varying percentages. Studies have used different measures of ID, have employed different inclusion criteria, have been conducted in different settings, and have been implemented in different cultures. All of these factors will remain in future studies and suggest that the question is ultimately unanswerable. It is unlikely that we will nail down a specific proportion of individuals with ID who commit crime or a specific proportion of criminals who have ID. Neither will we be able to specify the specific proportion of individuals who commit sexual crimes. The most important outcome is that, whatever the proportion, it is sufficient to warrant research and clinical activity into assessment and treatment of offenders and sex offenders with ID. Given the effects on victims, the perpetrator himself and his wider social network, there is ample incentive to embark on this work.

The relationship between intelligence and crime is robust but the most comprehensive studies have been conducted using the variables of low average and borderline

intelligence. They have not generally partialled out those individuals with ID. When this group is partialled out for comparison with groups of individuals with low average and average IQ, studies have found that the group with ID perpetrates lower rates of crime and reconvictions. Again, the conclusion can only be that whether or not rates are slightly higher or slightly lower, there is a significant problem with offenders with ID which warrants our clinical attention.

Chapter 2

Assessment of Offence-Related Issues

Assessment is a crucial starting point not only for defining the idiomatic formulation of the issues surrounding the individual events but also, even more basically, in defining the population. The type of cognitive assessment used, whether it is a review of educational history or a detailed analysis of cognitive assessment, is likely to make a difference to the individuals included within a service. It is important to gain as much detailed information about a person's educational history and cognitive functioning prior to developing formulation for an individual's offending behaviour. It will be noted later in this chapter that several offence-related variables vary with intellectual ability and the level of intellectual disability will be a factor in any consideration of the aetiology of the sexual offence.

There are a number of theoretical and empirical reasons why a developmental history is a good starting point for the assessment of an individual sex offender. The Violence Risk Appraisal Guide (VRAG) and Sex Offender Risk Appraisal Guide (SORAG), both developed by Quinsey *et al.* (1998, 2006), are well-established risk assessments predicated on early research when the variables related to risk assessment were first outlined (Harris, Rice and Quinsey, 1993). Both these assessments are widely researched actuarial instruments and of several studies comparing the predictive accuracy of risk assessment instruments on a range of databases, most employ either the VRAG or the SORAG as a comparator (see later), presumably because of their extensive psychometric derivation and long history. Both these instruments include a number of childhood and developmental variables which contribute significantly to predictive accuracy. Both include an item on whether or not the individual has lived with both biological parents throughout their childhood. If they have not lived with both biological parents, then this increases the risk for future offences. Although ticking one or other box seems a peremptory way of reviewing a person's developmental history, the item is a summary of research on attachment issues throughout an individual's childhood.

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Marshall (1989a) argued that sex offenders may fail to develop secure attachments in childhood and that these disruptions to attachment may result in a subsequent failure to learn interpersonal skills and failure to develop the positive self-concept required to enter into intimate relationships with other adults. Subsequently, this lack of intimacy skills and poor self-concept result in a sex offender experiencing emotional loneliness through lack of interpersonal contact. However, the individual is likely to continue to experience a drive for sexual contact and emotional closeness which results in them seeking these basic human needs through forced sex or sexual deviancy. This model was further developed by Ward, Hudson and Marshall (1996) when they hypothesised three styles of insecure attachment each of which may lead to a failure to achieve intimacy with adult relationships. These will be reviewed in greater detail in Chapter 5 but the issue from the point of view of assessment is that combined with other factors these intimacy deficits may lead to offenders seeking intimacy through sexually inappropriate means or sexual offending. In a subsequent study of 147 offenders, they found that insecure attachment was associated with all types of offending including sexual and non-sexual, violent offending. In addition, rapists tended to have more dismissive attachment styles while child molesters were more likely to have either fearful or preoccupied attachment styles. More recently, Stirpe *et al.* (2006) assessed the attachment style of 101 sexual and non-sexual offenders using the Adult Attachment Interview. Similar to previous researchers, they found that sexual offenders reported a greater level of insecure attachment styles although all offenders tended towards insecure attachments.

In a study of violent men with intellectual disability (ID), Novaco and Taylor (2008) investigated 105 male forensic patients to determine whether their exposure to parental anger and aggression was related to assault and violence in a hospital setting. Historical records, staff ratings, self-reports and clinical interviews were employed to assess participants' propensity towards anger and aggression and childhood exposure to parental anger and aggression. They found that witnessing parental violence in childhood was significantly related to anger and aggression in adulthood. This is another piece of research evidence, conducted specifically on offenders with ID, which underlines the importance of the nature and quality of childhood attachment experiences and childhood family experiences in the development of adult offending behaviour.

The upshot of these various theoretical models and research outcomes is that a review of developmental attachments in childhood is important in the assessment of sex offenders with ID. Unfortunately, a recent study on one particular assessment for attachment style (Keeling, Rose and Beech, 2007a) found that the Relationship Scales Questionnaire (RSQ: Griffin and Bartholomew, 1994) had poor psychometric properties when tested on special needs offenders (mean IQ 71.3). The RSQ is based on the attachment model of Bartholomew and Horowitz (1991) on which the Ward, Hudson and Marshall (1996) work was based. It assesses the four categories of attachment – secure, preoccupied, avoidant-fearful and avoidant-dismissive. However Keeling, Rose and Beech (2007a) found that the scales generally had poor internal consistency and low convergent validity with another attachment questionnaire. Therefore, at present, the assessors should gather interview information in order to

gain a perspective on the individual sex offender's relationship and attachment history. In this regard, Novaco and Taylor (2008) employed a set of 10 interview questions which were scored dichotomously and which generated a simple four point rating of the individual's experience of parental anger and aggression in childhood. Therefore, a simple, robust rating of parental violence proved to have good reliability and predictive validity in relation to adult aggression.

The VRAG and SORAG also review childhood history of behavioural problems at school. Indeed, this item is so important and valid that in the 2006 revision of the assessments they propose that the Child and Adolescent Taxon, which is a more detailed review of behavioural and attachment problems in childhood, may be a suitable substitute for the Psychopathy Checklist – Revised (Hare, 1991) in the categorisation of risk. Behavioural problems in childhood can generally be assessed through detailed information (using interview and historical documents) on behavioural problems at school. These are graded from no problems, through some difficulties (e.g. some oppositional behaviour at school or minor truancy), to severe behavioural problems and truancy. Therefore during interview the assessor would wish to ascertain the extent to which behavioural difficulties in childhood resulted in exclusion from school or being expelled from school. The differences between these two categories may be important in that a child can be excluded for one or two days for a single occurrence that does not recur over the course of the person's whole education, whereas being expelled usually arises after repeated, persistent and severe behavioural difficulties. The assessor will have to make a judgement when there are a series of repeated exclusions from school which do not result in the child being expelled over the course of education. However, once again, this summary item on the VRAG/SORAG is an indication of a complex range of developmental issues and interpersonal experiences.

The reason why these two issues, attachment and behavioural problems in childhood, have been dealt with in such detail is to emphasise that interviewing the sex offender with ID and, if possible, relatives and carers is an important first step to assessment. The interview and gathering of historical information should be guided by our knowledge of research showing important factors in the aetiology of sexual offending. The research on sexual offending and offenders with ID will be reviewed in this and following chapters. However, it is unlikely that all of this information will emerge at an early stage in assessment. In our own services, assessment will continue for months after the onset of treatment. A clear example of this is the assessment of sexual abuse in childhood. It is undoubtedly an important factor in the aetiology of sexual offending (Beail and Warden, 1995; Lindsay *et al.*, 2001) but offenders may be extremely reluctant to disclose such intimate personal information during a formal assessment period. In a further study, Lindsay *et al.* (2001) found that it might take up to a year for an individual to feel secure enough with professionals involved in services and confident enough in confidentiality for them to reveal details of personal sexual abuse. Clearly if the offender has corresponding difficulties with attachments and relationships, this could be an additional obstacle in their willingness to reveal highly personal, intimate information. In this way, assessment is likely to continue throughout the treatment period.

As mentioned earlier, cognitive assessment is extremely important as part of the initial evaluation of sex offenders with ID. Others (Lezak, Howieson and Loring, 2004; Kaufman and Lichtenberger, 1999) have explained the uses and functions of various intellectual assessments with much greater detail and knowledge than I would be able to. However, there are two fundamental aspects of cognitive assessment which should guide assessment and treatment procedures with all clients with ID including offenders. Firstly, it is important to establish the basic level of intellectual ability possessed by the individual in order to have a greater understanding on how to structure assessment and treatment procedures. At a very simple level, an individual who falls in the range of moderate or severe ID (an IQ less than 50) is likely to have greater difficulty in understanding the laws and mores of society. If such an individual has engaged in inappropriate sexual behaviour, they may lack the intellectual ability to gain a full understanding that such behaviour is against the conventions of society. While this is an extreme example, it is certainly true that as an offender's intellectual ability decreases below the cut-off for a formal classification of ID (an IQ of 70), then it may become increasingly difficult for them to engage with assessment and treatment procedures. An assessor will have to be acutely aware of the need to adapt all aspects of engagement with the client from interviewing, through the use of psychometric assessment, to the adaptation of treatment procedures. This is true for both the client's perception and understanding of the information presented and the way in which professionals decide to communicate such information. The use of adapted methods of communicating, recording information, presenting information and conducting treatment will be presented extensively throughout this book. In addition, it will be seen later in this chapter that the level of intellectual ability may have implications for the pathway sex offenders choose in the perpetration of incidents and may also have implications for the long-term treatment and management of individuals.

A second fundamental application of cognitive assessment is to review the relative strengths and weaknesses on an individual's intellectual profile. The *Wechsler Adult Intelligence Scale – Third Edition* (Wechsler, 1999) allows the assessor to investigate four basic intellectual functions through an analysis of the subtests. These four basic functions are verbal comprehension, perceptual organisation, working memory and processing speed and, as I have indicated, others have explained these basic functions with greater authority and knowledge than I will in this text. Relative deficits in any of these functions will have implications for the way in which the client is able to understand information, retain information and assimilate information. If, for example, the individual has a relative deficit in working memory even when compared to other individuals with ID, then appropriate adjustments in repetition of information and memory aids may have to be made during treatment procedures. This is especially true for those individuals working in mainstream settings with offender who they consider to have lower intellectual functioning. I am regularly asked to assess certain sexual offenders who are not responding as expected to even procedures which have been adapted for lower functioning offenders. Invariably, cognitive assessment reveals a specific deficit in some basic intellectual function be it working memory, processing speed or verbal comprehension which explains the difficulty which the individual is

having with material. When appropriate adjustments are made for this individual, then they are more able to engage with material being dealt with in sex offender group treatment.

Research on Assessment

In the remainder of this chapter, I will review relevant research on the assessment of sex offenders with ID. Research on offence-related issues can be subdivided into research which is conducted on general offenders with ID but which is also relevant to sex offenders, and research which is specific to sexual offenders. The former would include work on the assessment of social problem solving, the assessment of emotional instability and emotional regulation and the considerable amount of research on a disposition towards anger and hostility. The latter includes assessment of sexual knowledge, cognitive distortions related to sexual offending, self-regulation pathways adopted by sexual offenders and assessment of sexual preference or sexual deviancy.

Risk assessment is the second broad group of studies. Again these are split into two areas related to static/actuarial risk and dynamic/proximal risk. Static variables are those which do not change in a person's history. Therefore, parental stability, behavioural problems at school, teenage alcohol and drug problems and offending history will all be included as static variables. One static variable, age, does change, with risk decreasing as the individual gets older (Quinsey *et al.*, 2006). Dynamic risk variables are those factors which are considered changeable in the offender. Hanson and Harris (2000) split dynamic risk factors into stable and acute variables. The former are factors which are relatively stable in the person's life such as a propensity towards hostility or a propensity towards substance abuse. While these factors are indications of disposition, they may be amenable to change through protracted periods of treatment. Acute factors are immediate to the situation in that the person may be actively angry or hostile or may be currently intoxicated or abusing substances. Acute dynamic factors can be more long lasting, for example the individual may currently have access to victims.

There is clearly considerable overlap between offence-related factors and dynamic risk factors. Anger and hostility are considered important offence-related assessments and are also considered to be important dynamic/proximal risk factors. Therefore, in the following review of assessment studies, there will be overlap between these two areas of assessment.

Assessment of Offence-Related Issues

Thornton (2002) has developed a framework for the consideration of dynamic risk factors in sex offenders which includes issues that would be considered for offence-related interventions. He set out four domains, the first of which was socio-affective functioning. This refers to the way in which the individual being assessed relates to other people and includes aspects of negative affect such as anger, anxiety, depression

and low self-esteem. In relation to sexual incidents, low self-esteem and loneliness have been found to feature prior to incidents of inappropriate or violent sexual behaviour (Beech *et al.*, 2002) and, in earlier parts of this chapter, I have reviewed some of the research on emotional loneliness and attachment and the way it relates to sexual offending. The second domain is related to distorted attitudes and beliefs and there has been considerable interest in relation to cognitive distortions for sex offenders (Ward, Hudson and Keenan 1998; Ward and Hudson, 2000). The third domain, self-management, refers to the individual's current ability to engage in appropriate problem solving, impulse control and a general ability to regulate their own behaviour. Clearly these are offence-related issues and deficits in such self-regulation would be relevant to the assessment of increased immediate risk. Self-regulation has also been employed as the fundamental principle guiding recent developments in the assessment and treatment for sex offenders (Ward and Hudson, 2000; Ward, Hudson and Keenan, 1998). The fourth domain mentioned in the framework was offence-related sexual preference which was split into sexual drive and deviant sexual preference. Although this categorisation is proposed for dynamic risk factors, I will consider offence-related issues under each of these separate headings, since there is such a degree of conceptual overlap.

Socio-affective functioning

Most of the information on assessment of socio-affective functioning is gained through self-report questionnaires. This is true for the whole field of psychological assessment of affective functioning. The normal process is that the researcher will give out a series of self-report questionnaires to participants who will then fill them out and return them. At the outset, it is important to understand that none of this is true for any groups of participants, including offenders, with ID. Because of the literacy deficits involved in the population, all assessments will be read out to participants in a structured setting. However, the very nature of this process means that all assessments are conducted under conditions of structured interview rather than self-report. The assessor has not only the participant's verbal response to the question but will also be able to observe their behavioural and emotional response to the questions. This is a considerable strength in such assessments with individuals with ID but it also means that assessment will take much longer. I always think that administration of even a short self-report questionnaire of 20 items is likely to take up to an hour to administer. This lengthy process is a considerable strength in that the assessor has an increased amount of time in direct contact with the participant and as has been mentioned, the assessor has behavioural observations or reactions to assessment questions. Therefore one can observe the enthusiasm and conviction a person may have for certain items and topics. We can gain impressions of indifference to questions, reluctance to engage with items and, crucially, any lack of understanding a client may be having with questions or issues. However, it also means that all processes including assessment and treatment in relation to offenders with ID take much longer. This is an aspect which anyone working in this field should take into account.