The Assessment of Risk and Manageability of Individuals with Developmental and Intellectual Limitations who Offend-Sexually (ARMIDILO-S)

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Aims & Objectives

- Understanding sexual abuse
- An overview of the sexual experiences of people with an intellectual disability.
- Explore and understand problematic and harmful sexual behaviours by people with intellectual disabilities.
- Understand 'what works' in assessing risk and need in adults with intellectual disabilities who present with problematic and harmful sexual behaviours.
 - To become competent in the use of the ARMIDILO-S

Keeping safe

- Whenever a large group of people gathers together, there are likely to be people present who have been affected by the issue of sexual abuse.
- We need to be aware of this and be sensitive to people who have had such experiences.
- This training environment is not intended to be a place to discuss personal issues.

Introductions



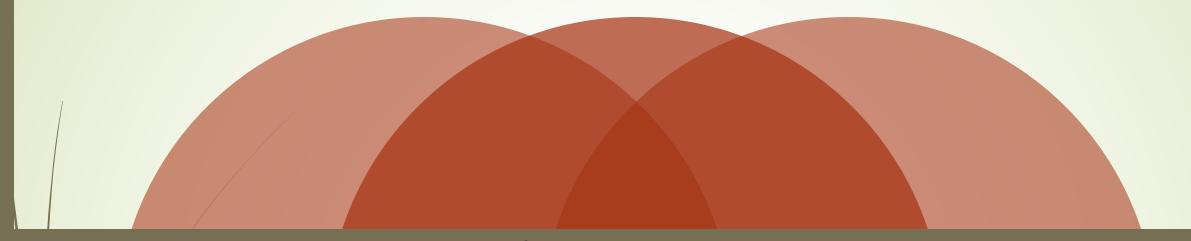
- Pair off & introduce yourself to your partner.
- A quality that best characterizes me.
- My experience of learning disabilities.
- What I hope to achieve over the next two days.

What is a learning disability?

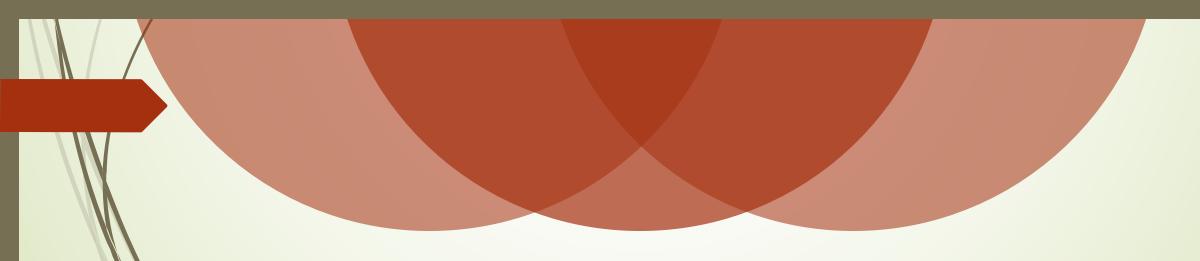
In pairs come up with a written definition of what constitutes a learning disability.

Why do males engage in harmful sexual behaviours?

- Adult Males (18+)
- Adolescent Males (14-18 years)



What are the barriers or challenges to people with learning disabilities developing sexual/romantic relationships?



Sexual Development in People with LD

- Society is uncomfortable with the sexuality of disabled people.
- Traditional misconceptions have fallen into two categories; either
 - that people with learning disabilities exist in a perpetual childhood and are therefore not sexual, even when physically mature (Fairbairn et al 1995); or
 - that they demonstrate inappropriate sexual urges that need to be controlled to prevent risks to self and others (Neufeld et al 2002)

Secret Loves – Hidden lives?

Consider being LGBT and learning disabled? What challenges/ obstacles might be faced in expressing your sexuality?

Learning Disability & LGBT

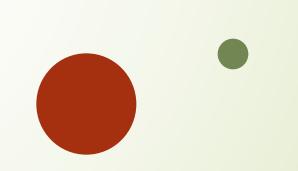
- 50% of people interviewed reported feeling lonely & isolated because of their sexuality.
- Social exclusion and isolation are key factors to LGBT lives.
- Almost everyone interviewed reported having been bullied because they were gay or lesbian.
- Most of the people interviewed had been depressed at some time in their lives with small number reporting suicidal ideations at points in their lives because of their sexuality.
- Five of the people wanted to have children in a gay relationship.
- Four of these people said that staff and family did not want them to have children.
- <u>https://youtu.be/lyR8RFwAGhE</u>

Summary of Considered Factors

- Attitudes are shifting from viewing people with intellectual disability as sexual 'innocents' or 'oversexed' potential sex offenders to recognition of their sexual needs and rights.
- However, attitudes toward sexual expression still remain restrictive.
- People with intellectual disability express desires for intimate relationships but report limited opportunities and difficulty negotiating relationships.
- Sexual knowledge in people with intellectual disability has been shown to be poor and access to education limited despite the development of appropriate programmes.
- Often people with LD's tend to have high levels of supervision and low levels of privacy
- Capacity to consent to sex may be limited or difficult to assess and social and legal rules regarding sexual behaviour may be confusing.
- It is important to be able to distinguish between what constitutes normal, inappropriate and abusive behaviour in people with a LD.

- Static risk assessment tools can provide assistance in anchoring risk judgments for this client group.
- Clinical judgment is often too subjective to provide a solid foundation.
- The variance in risk assessment is likely to be tapped by actuarial methods focusing on static/historical variables.
- Additional research will be required.

Static Risk Assessment



Actuarial Risk: Caveat

Sexual offenders with ID have:

- Reduced opportunity to establish meaningful relationships
- More likely to be diverted from the criminal justice system
- Actuarial risk measures include, number of previous criminal convictions and relationships history.
- Actuarial measures may not accurately estimate the risk of those offenders diverted from the mental health services to criminal justice system.

Structured Professional Judgement Frameworks

- Structured professional judgment (SPJ) attempts to bridge the gap between actuarial and unstructured clinical approaches to risk assessment.
- SPJ's considers specific risk factors from the literature & clinical experience.
- The method is more prescribed than the unstructured clinical approach, but much more flexible than the actuarial method.
- SPJ's do not abrogate the professional responsibility and discretion of the evaluator, but it does attempt to improve the consistency and visibility of risk judgments.

Individualised Assessment

- Crucial starting point aim is to provide as comprehensive an understanding of the person as possible:
- Why the person offends or presents in the way that they do (formulation) or the function of this behaviour
- Key information for static and dynamic risk factor assessments
- Development of treatment targets
- Learning style and personal strengths
- Communication skills
- Medical and mental health needs
- Long term goals and aspirations
- Who needs to understand this information

ARMIDILO-S Structure

Each factor is viewed both as a:

Risk factor - What is it about the item that increases the likelihood the person may reoffend? Does this issue increase the risk for this client? Protective Factor - What is it about this item that decreases the likelihood the person may reoffend? Does this issue serve a protective function for this client?

ARMIDILO-S Structure

Environmental Items -How the environment and staff are interacting with the client

Client Items - How the client is managing relevant behaviours

Stable Items - Factors that are slow to change such as motivation Acute Items (less than 3 months) factors that can change quickly such as substance misuse

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