

People with Cognitive, Intellectual and Developmental Disabilities & Sexual Offenses

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Are people with cognitive, intellectual and developmental disabilities more likely to be charged with committing sexual offenses?

There is not enough research to determine the answer to this question. These individuals may be more likely to be charged with committing a crime compared to those without a disability whenever illegal sexual behavior is reported. This is due to their inability to hide their behavior as well as others, or they may not even realize their behavior is unhealthy, hurtful or illegal due to receiving little or no sex education. On the other hand, sexual offenses by people with developmental disabilities sometimes go unreported since law enforcement and others are unsure as to how to handle an individual with this type of disability who is alleged to have committed a sexual offense.

Some studies found that these individuals are more likely to commit sexual offenses, while others found they were not. One comprehensive review of sex offenders found that approximately 10% to 15% of all sexual offenses are committed by people with developmental disabilities, which is only slightly higher than the general population (around 9%) (Murphy et al., 1983). Another study found that almost 50% of incarcerated offenders with developmental disabilities and 34% of those living in the community had been convicted of sex offenses (Gross, 1985). Research from Day (1997) found sex offenses to be the second most common crime among people with developmental disabilities and that sex offenses are crimes for which most offenders with developmental disabilities are incarcerated.

What type of sexual offenses are most common?

The most frequent sexual offenses reported in one study were indecent exposure, other minor offenses, and sexual assault of young girls (Day, 1997). Another nationwide study that surveyed 243 community agencies found the most common sexual offenses were inappropriate sexual behavior in public (62.2%), sexual behaviors and stimulation that inappropriately involved others (42.6%), sexual activity involving minors (42.6%) and assaultive/nonconsensual sexual activity not involving minors (34.5%) (Ward et al,

2001). Another study found the most common sexual behaviors are those seen among people without developmental disabilities – offenses against children, genital exposure and rape (Murphy, et al., 1983).

Is there a reason behind their behavior?

Such individuals do not demonstrate such behavior from having an unusually strong sexual drive as some mistakenly believe. Society has traditionally held common misconceptions about “oversexed” attitudes of people with these types of disabilities. Such behavior often stems from not having enough opportunities for appropriate sexual expression, ignorance of what is considered appropriate, inadequate social education and poorly developed or absent self-control. Other factors include:

- Lack of information about or opportunities for sexual expression and intimacy
- Lack of social skills and training on appropriate/safe sexual behavior and building relationships resulting in a significant lack of sexual knowledge
- A history of sexual or physical abuse (research shows a higher rate of sexual victimization among people with developmental disabilities compared to those without disabilities)
- Exposure to violence and/or pornography
- Socioeconomic factors
- Pervasive use of restriction in daily life
- Limited or no available sexual partners
- Difficulty projecting consequences of behavior
- Difficulty recognizing and expressing emotions
- Significant others deny the behavior is happening (Nezu et al., 1998).

Often those with disabilities who are charged with sexual offenses engage in acceptable sexual behaviors, but with someone who is not an appropriate age. Such behavior, which is sometimes called “age discordance sex play,” can be altered through social skills training and sex therapy. Such therapy should be provided by a qualified sex therapist who has experience working with individuals with cognitive, intellectual or developmental disabilities (number for AASECT provided at end of document).

Should individuals be held accountable for their actions?

Absolutely. This may be the only opportunity they have ever had to learn about appropriate sexual behavior. Creative sentencing options can be used to encourage actual behavior change, which is preferable to a jail or prison sentence. Those who serve time in jail or prison face a high chance of reoffending since quality sex education and related

services are not offered though the present day criminal justice system.

Sentencing options can be created through a pre-sentence plan. These can be developed by a case manager or advocate from a chapter of The Arc along with the district attorney's office and the probation department. The plan is then presented by the district attorney to the judge. Options may include 24-48 hour incarceration in a safe environment along with sex/relationship training, restitution for damages, confinement to a residential facility for a specific period of time or required treatment (Valesco, 1993). This type of "personalized justice plan" or PJP is being used successfully in some chapters of The Arc that conduct criminal justice programs. For information on one such program, contact The Arc of New Jersey at 732-246-2525 or <http://www.arcnj.org/html/ddop.html>

What services or interventions are available to address this issue?

Early intervention and preventive measures are essential to protect possible future victims and in helping sexual offenders learn healthy and appropriate ways to express their sexuality. Due to limited intellectual abilities, they often need different treatment compared to those without disabilities, and such treatment is rare and hard to find. Community agencies commonly used the following interventions when addressing sexually offensive behavior: increased supervision, behavioral intervention, mental health services, environmental modifications, sex education and legal sanctions (Ward et al, 2001).

In most cases, services for these individuals are virtually non-existent, overly restrictive, or fragmented. One study found that 81% of community agencies surveyed believed that services available for this population are inadequate. In addition, there is little outcome data on the efficacy of treatment programs for offenders with developmental disabilities. Available studies and anecdotal reports are favorable (Haaven, Little & Petre-Miller, 1990). Other studies found that when offenders with developmental disabilities are in group therapy, rearrest is infrequent.

Additional problems include the lack of mental health professionals and sex therapists with expertise in this area, a lack of accurate diagnosis and a lack of police understanding and intervention.

Are programs available to help individuals who commit sexual offenses?

Yes, but not many. Some communities have programs designed specifically for individuals with developmental disabilities who commit sexual offenses. The Safer Society Foundation, Inc. has a treatment referral program (number is provided at end of document). Also, call your local or state chapter of The Arc and your county's mental health system to find out if such programs exist or are in the process of development. Programs may be funded through the county mental health department or local or state law enforcement, or jointly funded through a number of community agencies. Often those seeking treatment must travel out of state in order to obtain necessary services.

What can communities do?

Community agencies grappling with this issue believe the primary barriers include a lack of experts, lack of training about this topic, a lack of funding for services and poor collaboration between the systems involved (disability-related agencies, mental health system, police department, etc.). On a statewide level, a consortium can be developed to address each one of these issues. The state of Delaware developed a consortium consisting of people from both state and private agencies who work with sex offenders of all ages. They established a commission consisting of key state official from various governmental offices who recommend appropriate sentencing/treatment for those determined to be at risk for sexual offending behavior.

Society is uncomfortable recognizing that people with disabilities are sexual beings and have the same needs for affection, intimacy and sexual gratification as those without disabilities. Providing good sex and relationship education and ample opportunities for sexual expression should be a high priority for parents, disability advocates, community agencies and all those who know or work with people with cognitive, intellectual and developmental disabilities.

Contact for more information:

The Safer Society
802-247-3132 or www.saferociety.org

The National Association for the Dually Diagnosed
1-800-331-5362 or www.thenadd.org

Association for the Treatment of Sexual Abusers
503-643-1032 or www.atsa.com/contact

American Association of Sex Educators, Counselors & Therapists (AASECT)
202-462-1171 or www.aasect.org

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