



Individuals with Intellectual Disabilities (I/DD)

Sex Offender Management Training

The purpose of this training is to give you the information needed to effectively work with individuals who have committed sexual offenses. We understand that this might be difficult to do, and we want to give you all the resources that we have available to make working with sex offenders as easy as possible.

When working with individuals who have committed sexual offenses, it is important to set clear boundaries. This means being clear about your role and expectations, refraining from discussing anything about your personal life, not accepting compliments or gifts and keeping personal items out of view. It is also important to be very straightforward when communicating with individuals who have committed sexual offenses. This includes using appropriate vocabulary, confronting the individual consistently and civilly, asking questions when something is unclear, or things are not adding up and being clear in your communication.

- **Myth vs. Fact**
 - Most sex offenders are caught, convicted and in prison (**myth**)
 - In Colorado, an estimated 1 in 3 women (36.2%) and 1 in 5 men (17.6%) will experience a sexual assault or attempted sexual assault in their lifetime.
 - Most victims first experience sexual assault as children or adolescents. Sexual assault is the most under reported crime in the United States. Only an estimated 19-23% of sexual crimes are reported to law enforcement.
 - It is estimated that one in four girls and one in six boys are sexually abused before they turn 18.
 - Far fewer are prosecuted. Research indicates the younger the victim and the closer the relationship, the less likely a victim will report.
 - 16-20% reporting rate (currently nationally)
 - Law enforcement must then decide to make an arrest/open a case.
 - D.A. must decide to file a court case.
 - Offender must be convicted or plead guilty.
 - Youth do not commit sex offenses (**myth**)
 - Children who are sexually assaulted will sexually assault others (**myth**)

- Most adolescents who have committed sexual offenses were not sexual assault victims.
 - Childhood sexual abuse does not predict future sexual aggression.
 - Many people have been victims and they do not go on to sexually assault others.
 - Factors that tend to make a difference.
 - Age of onset
 - Number of incidents of abuse
 - Time elapsed between abuse and first report.
 - Perceptions of how the family responded to the disclosure.
 - Exposure to domestic violence
- Most sex offenders recidivate (**myth**)
 - Did the sex offender get the treatment they needed?
 - Treatment (duration, dosage, quality, best practice-RNR, etc.)
 - Supervision/Monitoring
 - Length of Follow Up
 - Policies (use of polygraph, local restrictions, etc.)
 - Accommodations/ Stable Residence
 - Employment
 - Positive and Pro-Social Support System
 - Contrary to media reports, offenders participating in treatment and being supervised in the community have lower recidivism rates.
- Juveniles who commit sexual assault are the same as adult sex offenders (**myth**)
 - Adolescent sex offenders are significantly different from adult sex offenders in several ways:
 - Adolescent sex offenders are considered to be more responsive to treatment than adult sex offenders and do not appear to continue re-offending into adulthood, especially when provided with appropriate treatment.
 - Adolescent sex offenders have fewer numbers of victims than adult offenders and, on average, engage in less serious and aggressive behaviors.
 - Most adolescents are not sexual predators, nor do they meet the accepted criteria for pedophilia.
 - Few adolescents appear to have the same long-term tendencies to commit sexual offenses as some adult offenders.
- **What does a sex offender look like?**
 - Males of all races, ethnicity, socioeconomic status.
 - Someone the victim knows (at least 90%)
 - No criminal history
 - Has several prior victims.
 - Manipulative, deceptive, secretive, and convincing behavior

- IDD not in power situations, do not have that high status, ostracized or stigmatized, do not come across with the same confidence. Can still be manipulative, deceptive and secretive.
- Opportunistic but target victims who are vulnerable or not credible.
- Typically, high school graduate
- Usually employed.
- Score low risk on traditional risk assessment tests.
- Do not “age out” of sex offending behavior.
- Only 4% have severe mental illness.
- Up to 33% of those adjudicated with sex offense history also have an intellectual disability.

Many I/DD specific offenses are opportunistic. This means that the grooming process might be less sophisticated, and the offense might be more impulsive with less forethought and planning. It is important to know the individual in your care as the continuity of care is extremely important with I/DD sexual offenders. It is also important to remember that some I/DD individuals might not realize the severity of what they have done, as many I/DD individuals do not receive adequate sex education.

- **Pornography**

- If I/DD lacks experience or education sexually, they might make decisions based off pornography.
- Might not understand that it is a fantasy, and not the way that people typically interact sexually.
- Should educate I/DD individuals about sex.

Women can also be sex offenders; however, this is much less common. Women are perceived as nurturers, and sexual interaction with older women is often considered acceptable and desirable. Sexual offenses committed by women also tend to go unreported. Men are typically fearful to disclose, especially if the offense was committed by a woman. In addition to this, professionals often do not believe or minimize disclosures, especially if the victim’s perpetrator is their mother. Most statistics show that females represent 7-10% of known sexual assault perpetrators.

- **Similarities between male and female offenders**

- Poor coping skills
- Relationship difficulties
- Cognitive distortions
- Victim empathy deficits
- Offense patterns
 - Victim characteristics
 - Number of offenses
 - Severity of perpetration
- Use of coercion

- **Differences between male and female offenders**
 - Females have a higher rate of sexual victimization and maltreatment is more extensive, longer, and more severe in their own past.
 - Female offender more likely to occur in context of a caregiver role/situation.
 - Acts of rape are less common with female offenders but when they occur the victims are usually female.
 - Females more likely to commit sex offenses with a co-offending male either as a willing partner or by coercion of the male.

As the support team, it is our responsibility to ensure the safety of the individuals that we support and well as the general public. Here are some ways that we can assist the individuals in our care, as well as protect the public.

- **I/DD Risk and Responsivity**
 - ARIMDILO-S
 - Assessment of Risk and Manageability for Individuals with Developmental and Intellectual Limitations who Offend Sexually.
 - Identifies risk factors that team members/support staff have direct influence over.
 - Situational Changes
 - Unique Environmental Factors
 - Attitude Toward Client
 - Consistency of Intervention
 - Communication Among Support Persons
 - Client Specific Knowledge by Support Persons
- **I/DD Support Persons Relationship Building**
 - “This guy doesn’t get it” TO “I must find another way to reach him.”
 - Positive psychology approach not only focus offending behavior.
 - These guys simply take MORE TIME AND EFFORT
 - What is the next realistic step?
 - Scaffolding (Examples)
 - Must learn to create and remove scaffolds (services) when necessary.
 - Many of individuals in services have traumatic histories that can include abuse from trusted individuals.
 - Host home providers/ staff members are often the most important people in their lives.
 - Building a trusting bond.
 - Attentiveness
 - Responsiveness
 - Sensitive to the individual’s needs
 - Confronting difficult situations/emotions.