Factors influencing pathways into and through services for offenders with intellectual disabilities.

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1988- 2008

Lindsay, Haut, Steptoe (2011)

20 year follow up n=*309* community forensic ID service

1988-95

1986-2002

2003-08

Treatment of criminal issues, ISB,

Individual treatment motivation

Psychiatric review and management

Offender treatment.

social skills and offence related thinking

Work and occupation

Community integration, family social contact..

Castlebeck

Referral source percentages by year for total cohort.
Lindsay, Haut and Steptoe
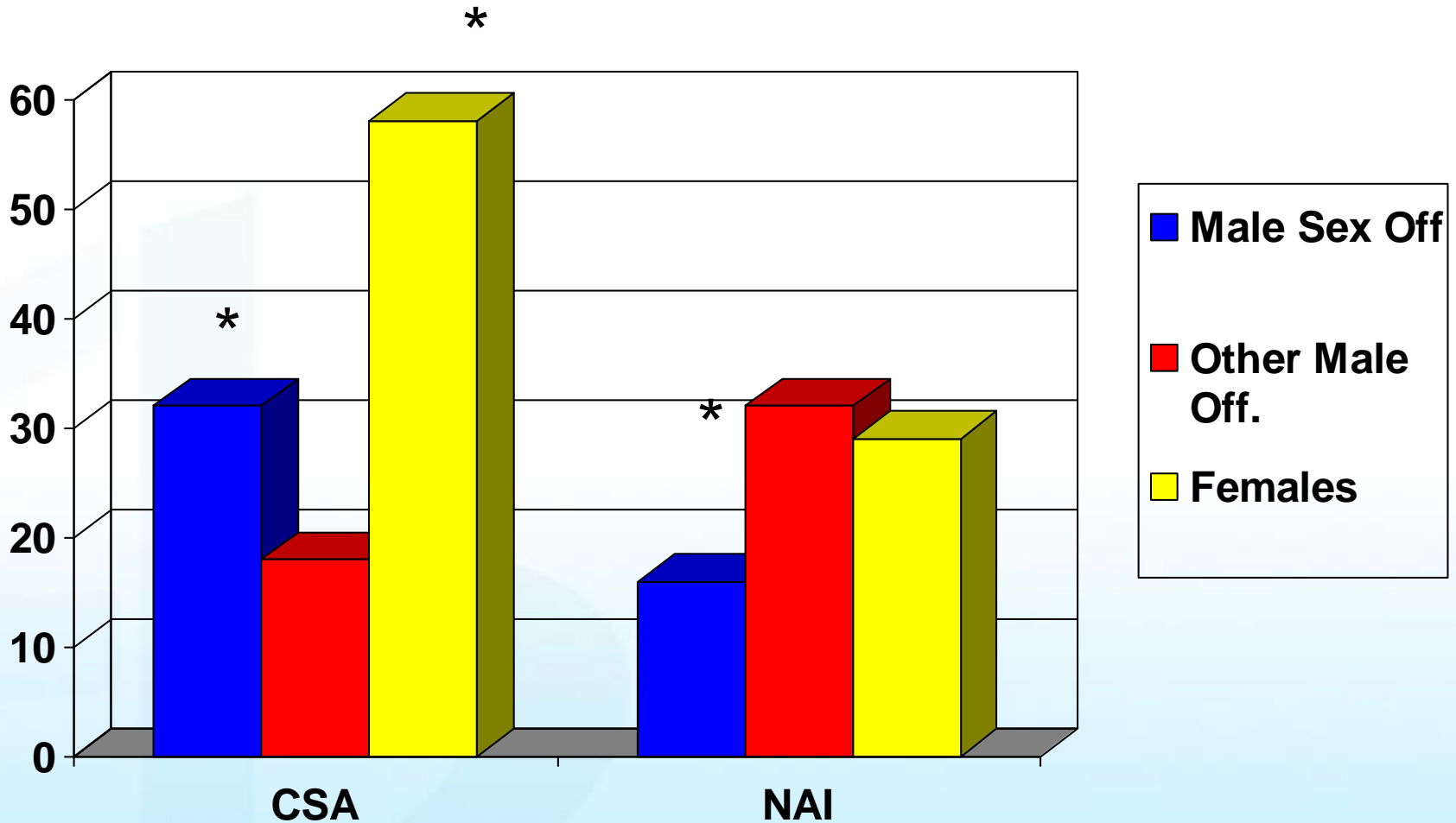### *J Foren.Psych&Psychol.*
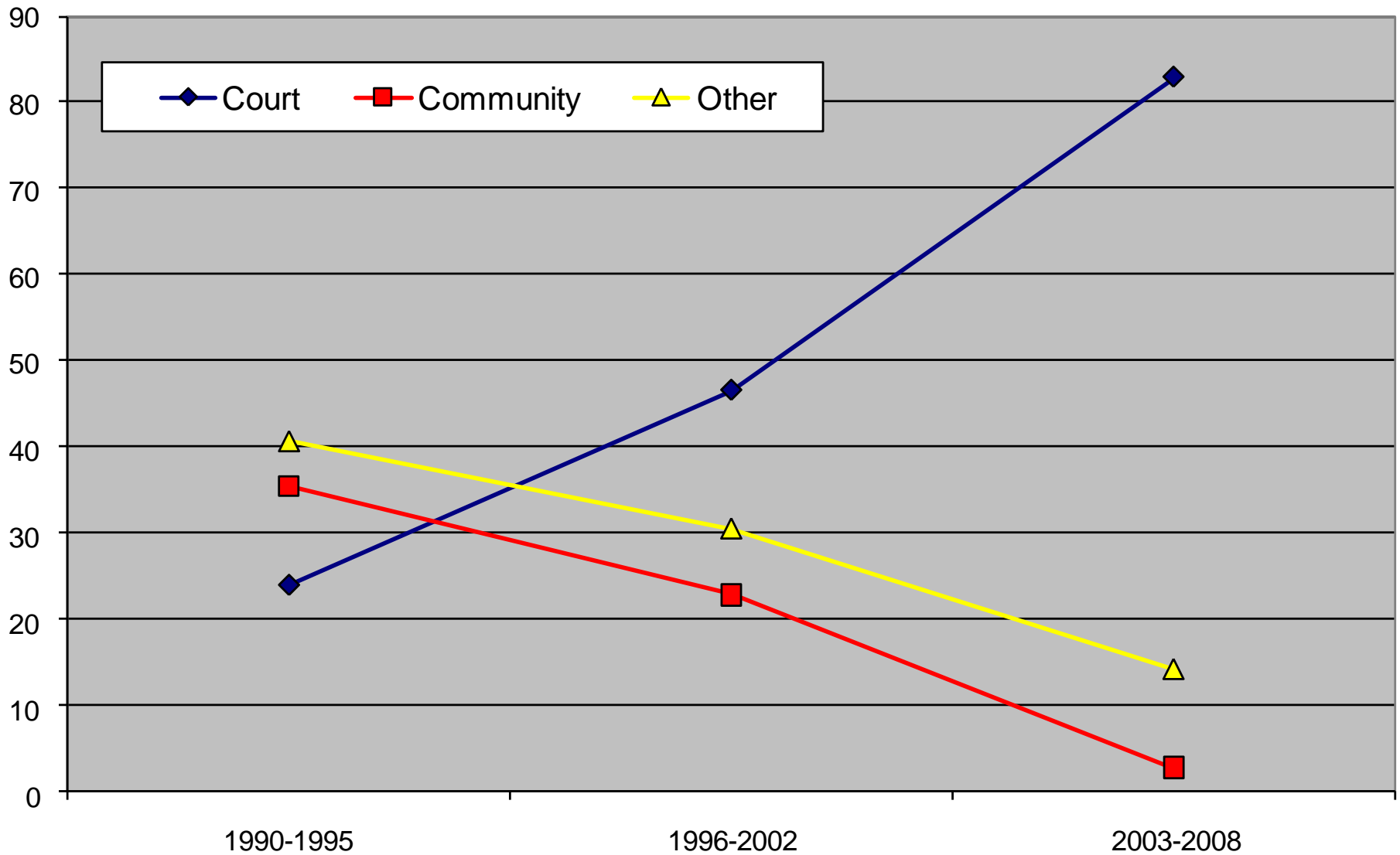
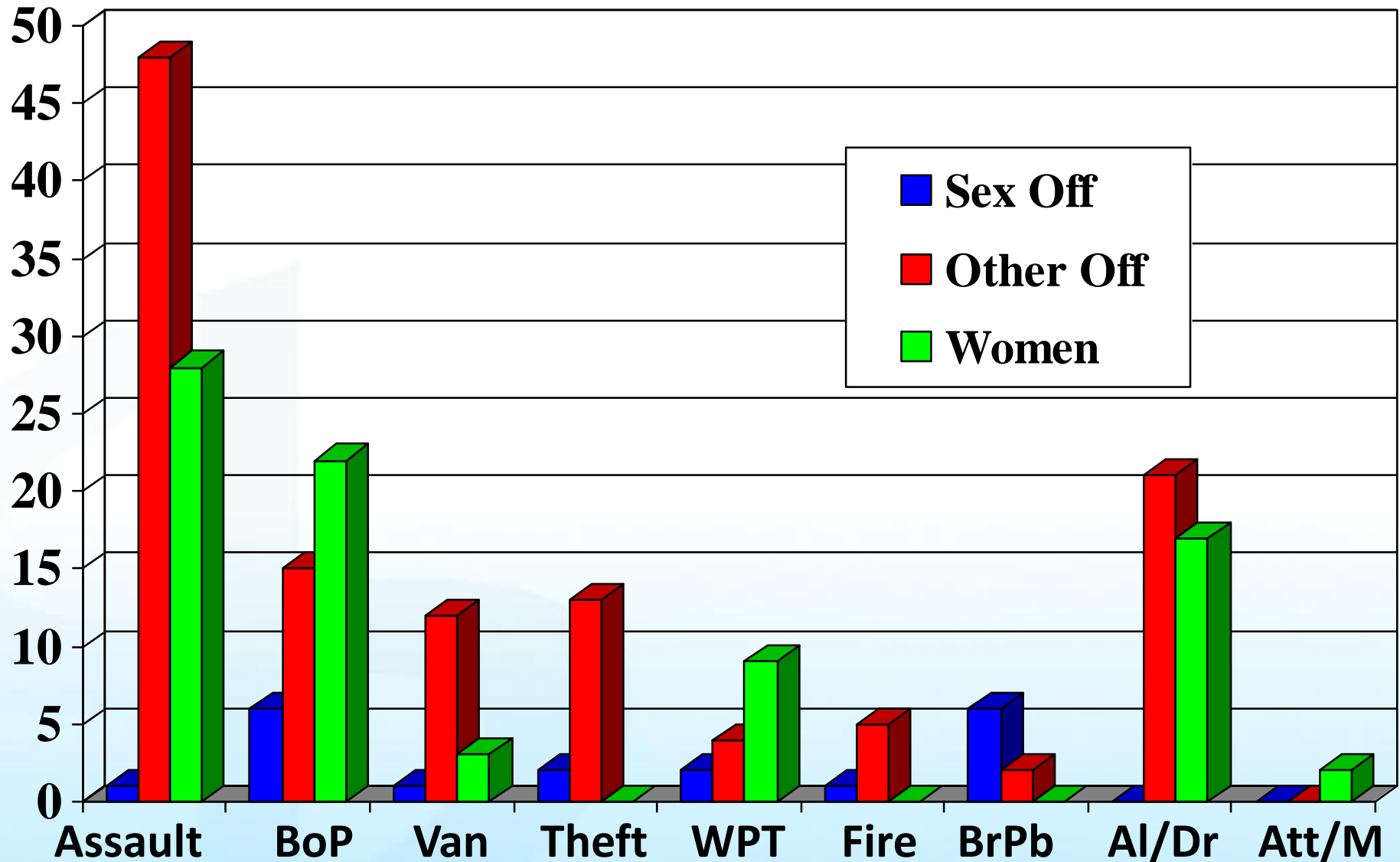# Percentage of cohort with problems identified at assessment.
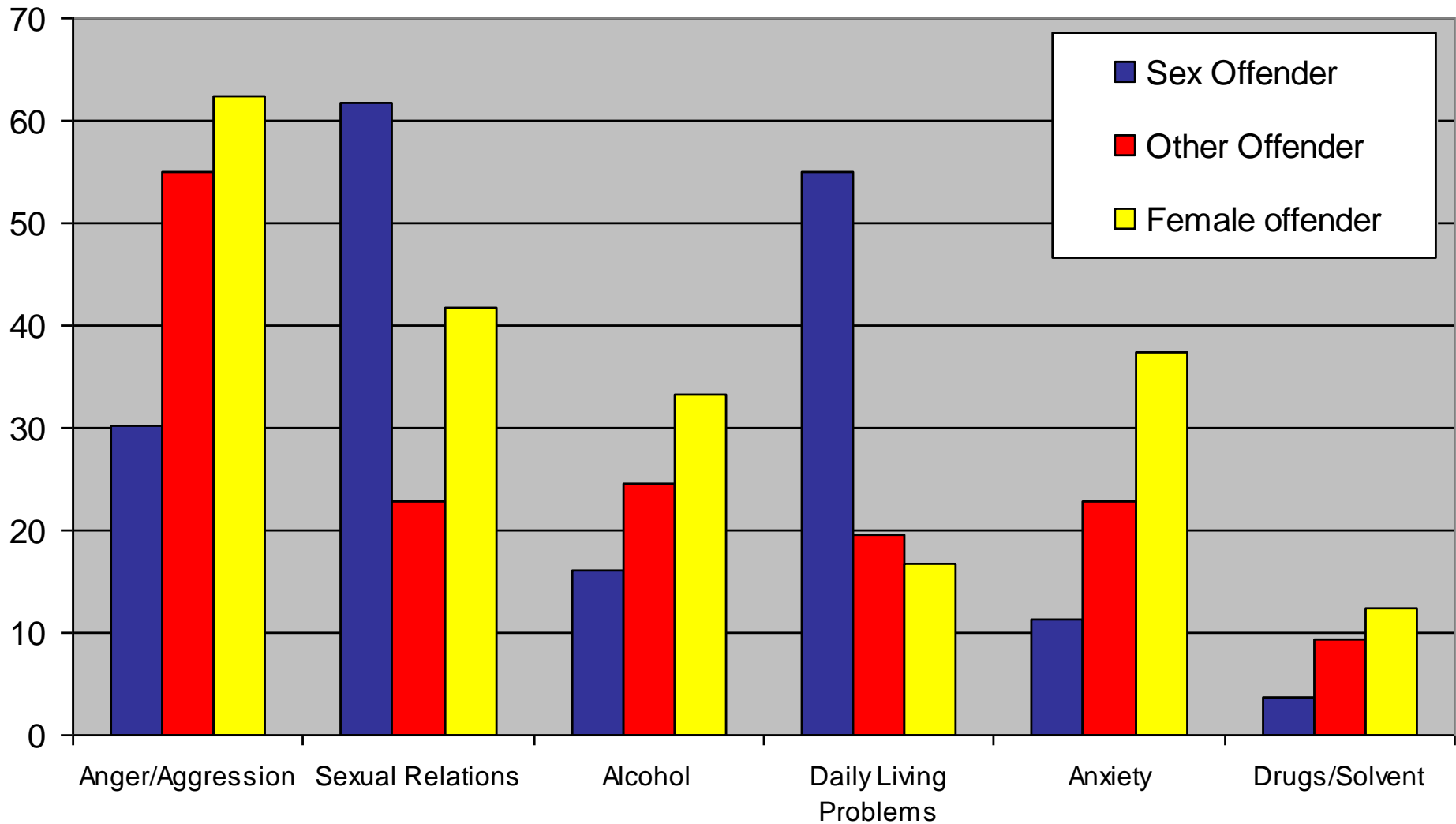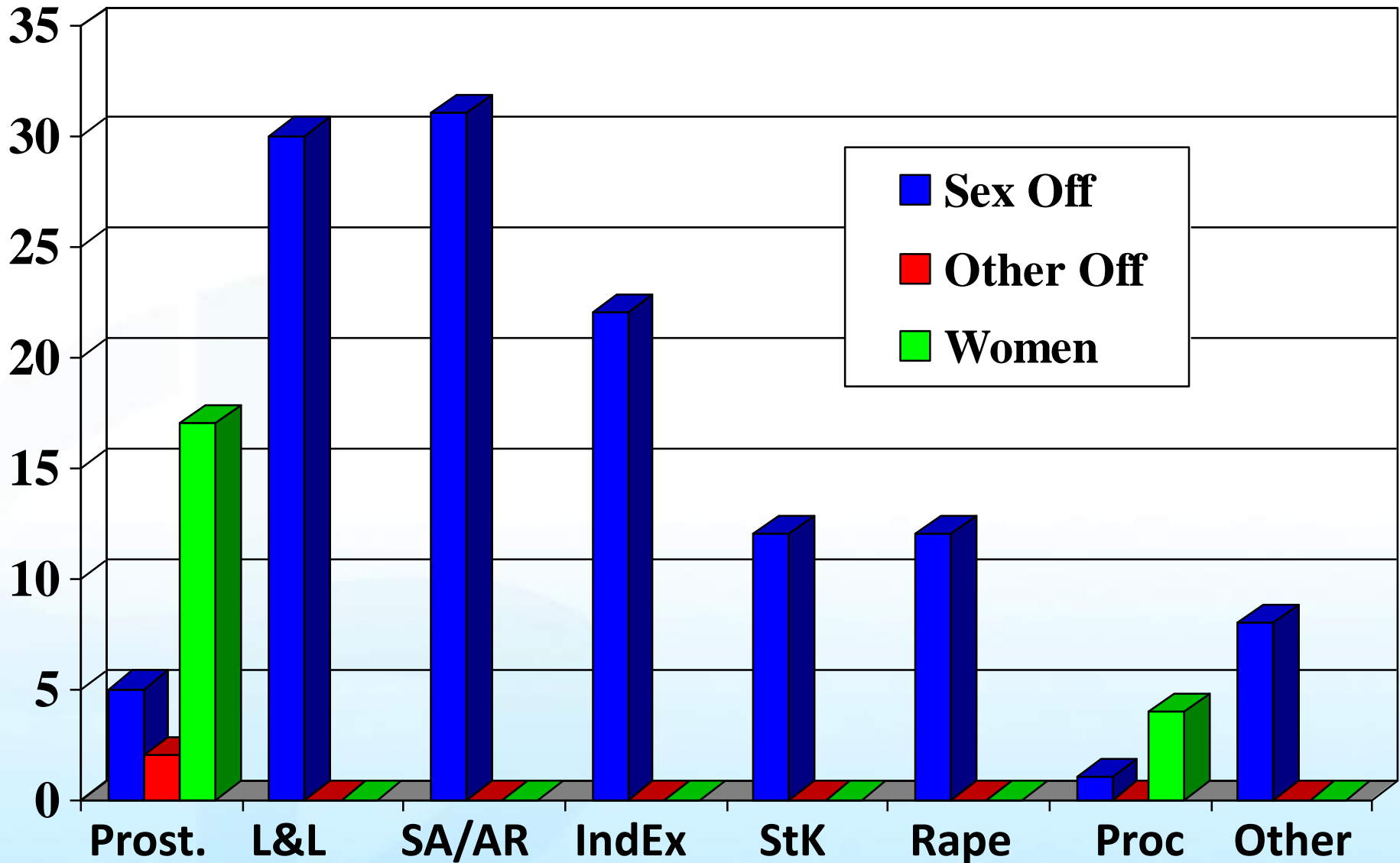
Abuse in childhood in Offenders with ID.
(Lindsay, Steptoe and Haut 2011. J.Int.Dis.Res.)

Index offence *(Lindsay, Haut, Steptoe and Brewster 2013)*: % of cohort

Index offence – Sexual : % of cohort
(Lindsay, Haut, Steptoe and Brewster 2012)

Assessment and Treatment

Alcohol awareness (Lindsay, Smith and Allan 1994,5)

Sex offender treatment (Lindsay and Smith 1998,9 Lindsay 2009)

Anger management (Lindsay et al 2003,4)

Anxiety and depression (Smith and Lindsay 1997. 2007)

Mental illness (Haut and Brewster 2009)

Social problem solving (Lindsay et al 2009)

Drug awareness (Allan, Smith and Lindsay 2004)

Periodic clinical effectiveness reviews (Lindsay, Smith et al 2002,04,06,09)

The reviews have led the interventions on assessment and treatment eg. Anger management treatment.

Numbers in cohorts per year of follow up.

Total	Sex off (156)	Other (126)	Fem (27)
Year1	150	122	27
Year 2	144	199	24
Y 3	138	111	21
Y 4	132	105	20
Y 5	124	103	19
Y 6	117	100	19
Y 7	109	93	19
Y 8	103	84	18
Y 9	90	71	13
Y 10	73	60	11

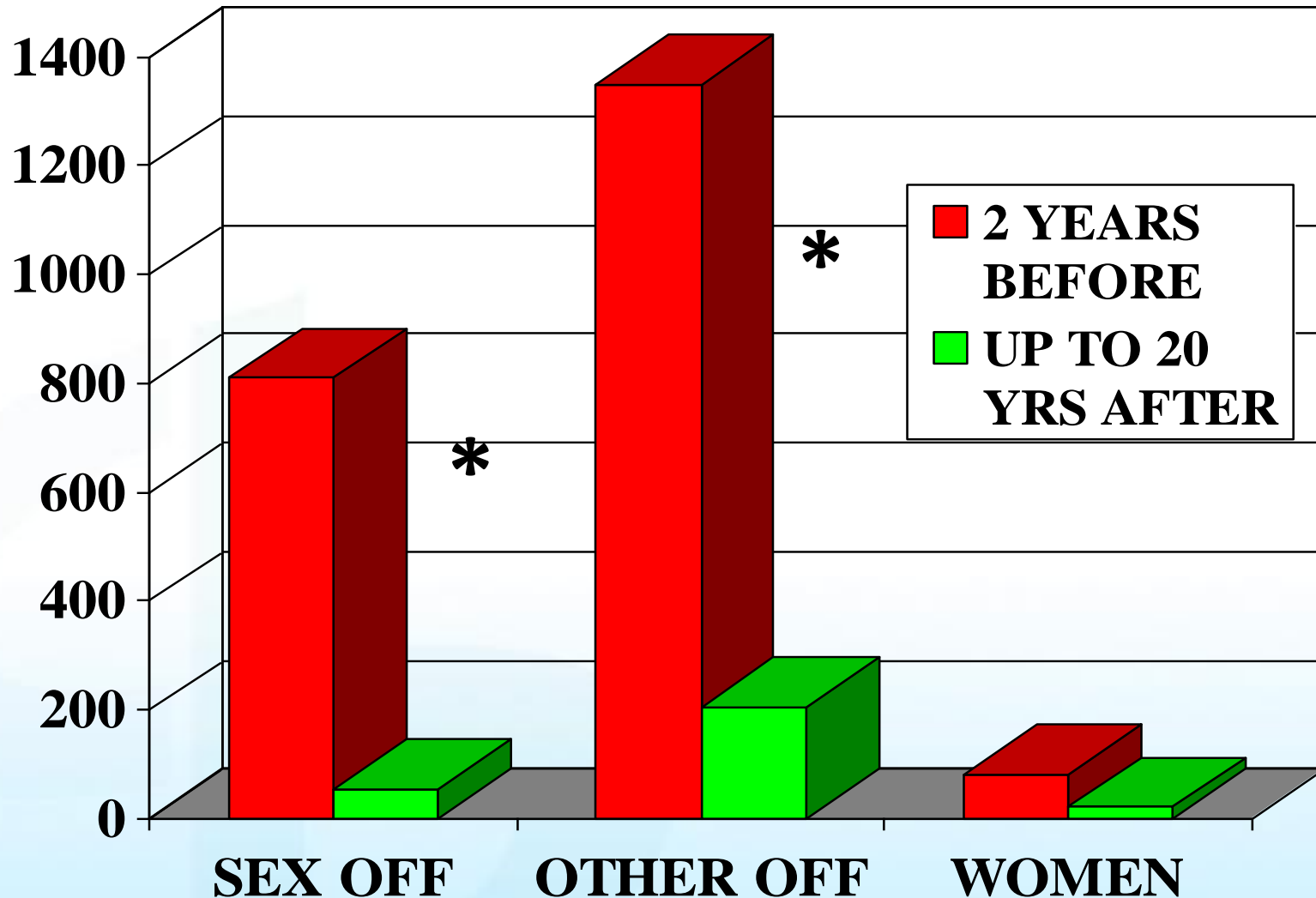| Total	Sex off (156)	Other (126)	Fem (27)
Y 11	72	45	9
Y 12	66	42	8
Y 13	59	34	6
Y 14	46	25	6
Y 15	40	24	3
Y 16	27	19	2
Y 17	24	17	2
Y 18	15	12	2
Y 19	3	6	1
Y 20 (1988)	1	4	1

Percent reoffending within each cohort
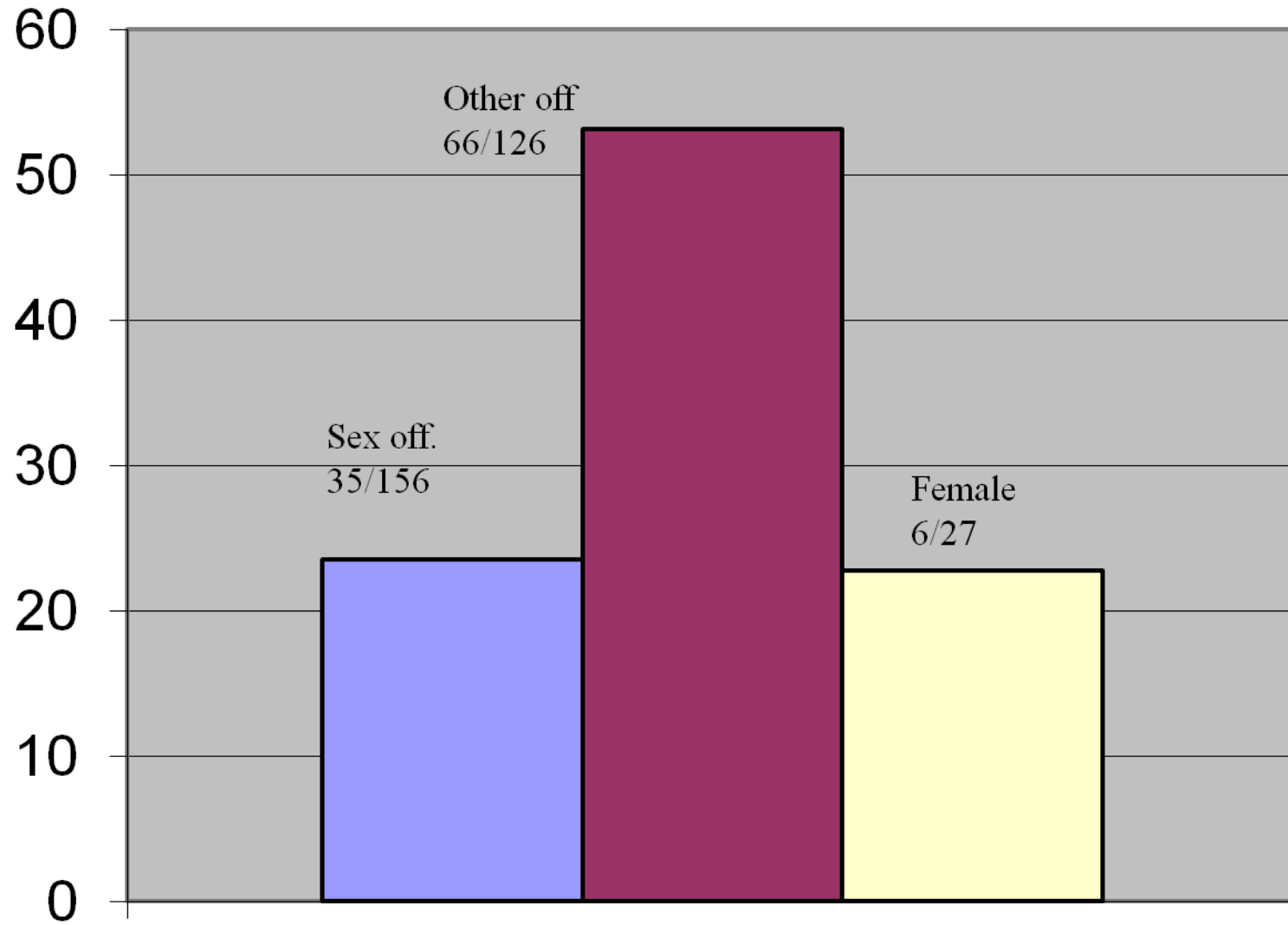
Percent reoffending within each cohort by year of follow up.
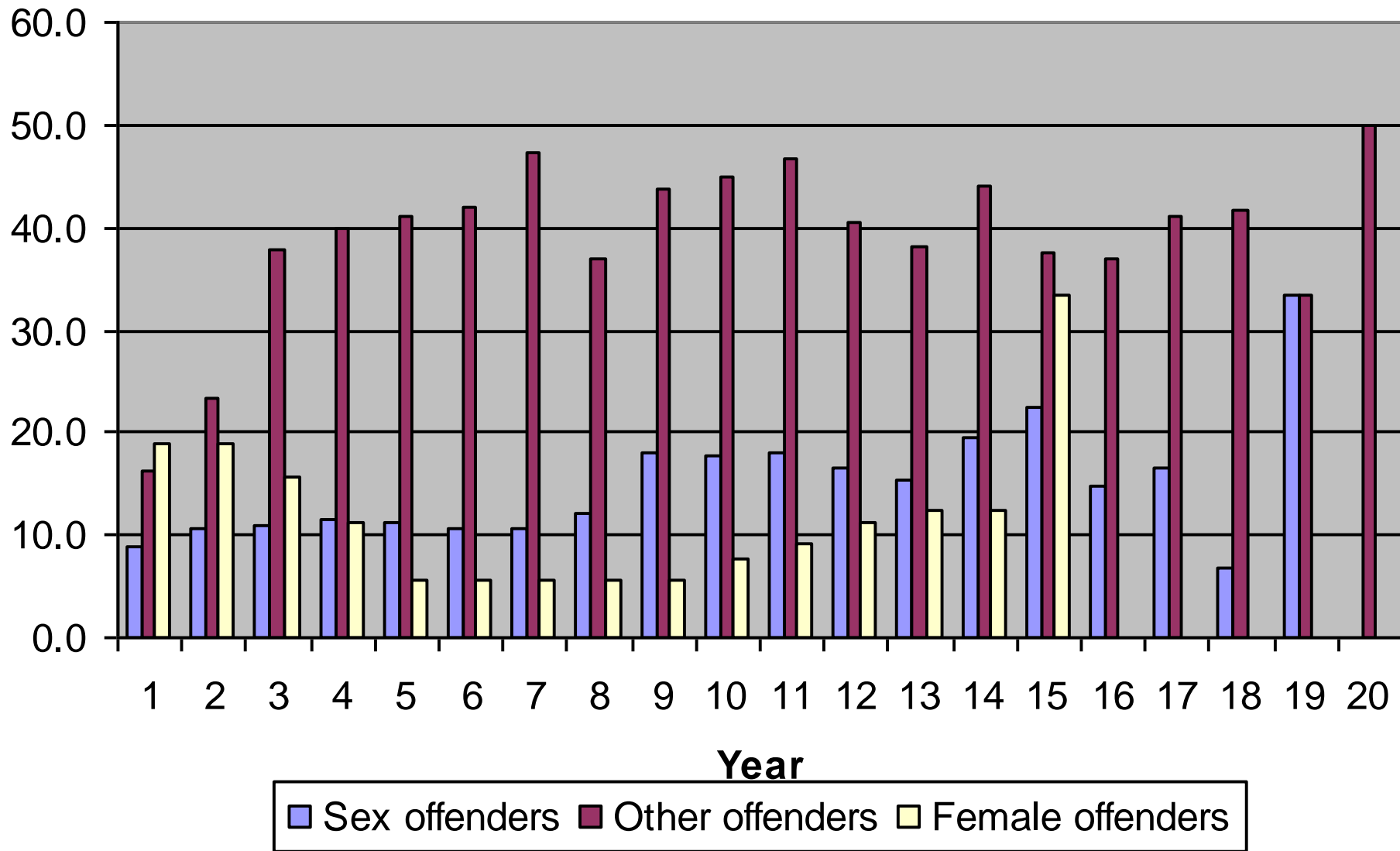
Harm Reduction *(Lindsay, Haut, Steptoe and Brewster 2013)*: Reduction in incidents (total cohort)

Conclusions.

- Referral trends – courts & fewer in recent years.
- Ages. Sex offenders older.
- Aggression the most common assessed problem.
- Aggression and sexual offences the most common accepted referral.
- Trends for NAI, sexual abuse and mental illness remain constant across years of study.
- A significant percentage of cohorts will reoffend but at a much lower rate.
- This leads to significant harm reduction of around 90%

Pathways into forensic ID services

Working in a Team. Punch way above your weight.

A. Michie E Brewster

East England: Tony Holland, Sue Bambrick, Jess Wheeler

Secure settings: Todd Hogue, Sue Johnston, Catrin Morrissey

Maximum Secure LD Services N=50

Data set 1. All referrals in 2003 to:

477 cases of offenders or
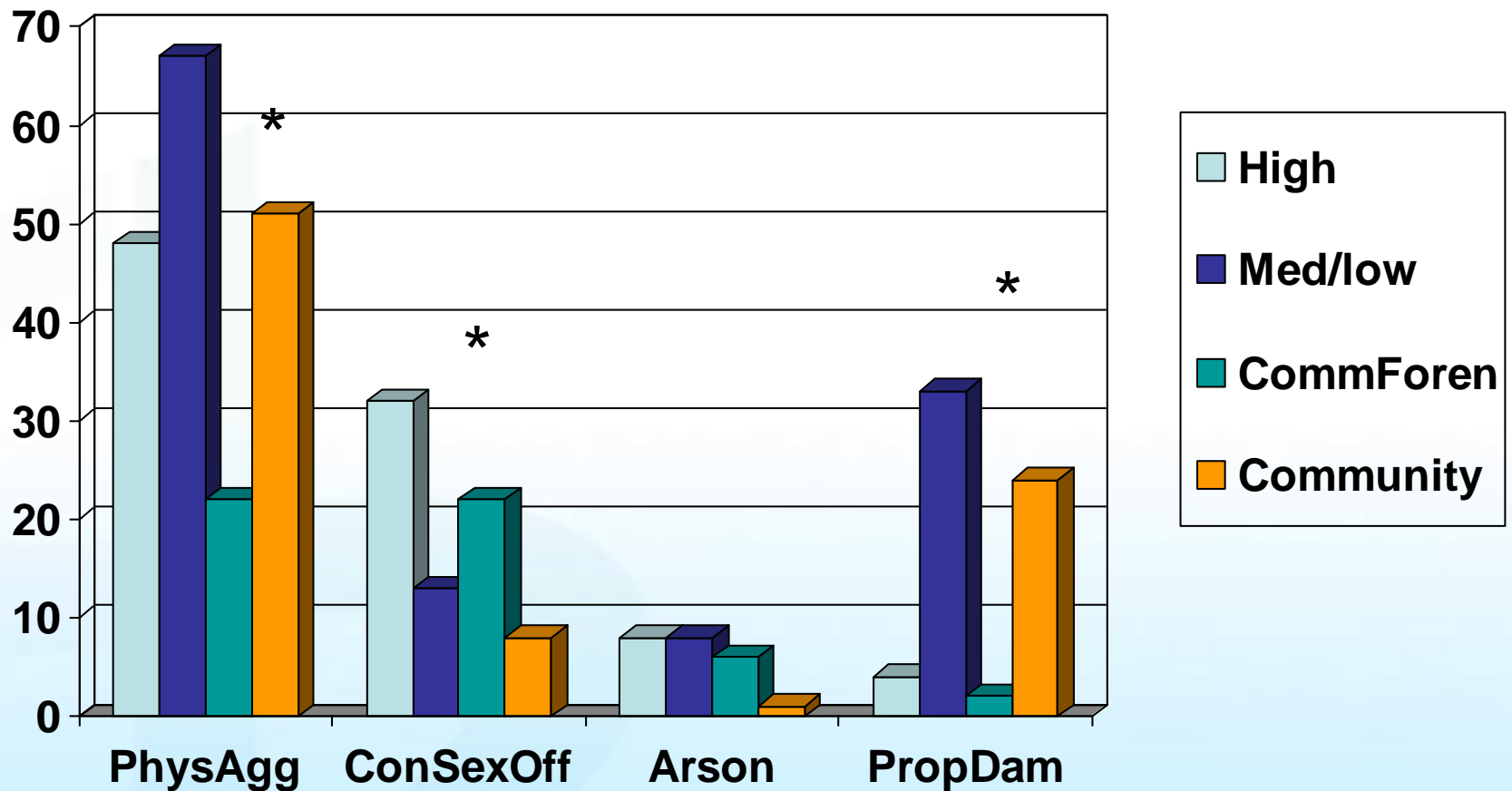**Offending behaviour** – Case Note Study

Low/Medium Secure LD Services N=91

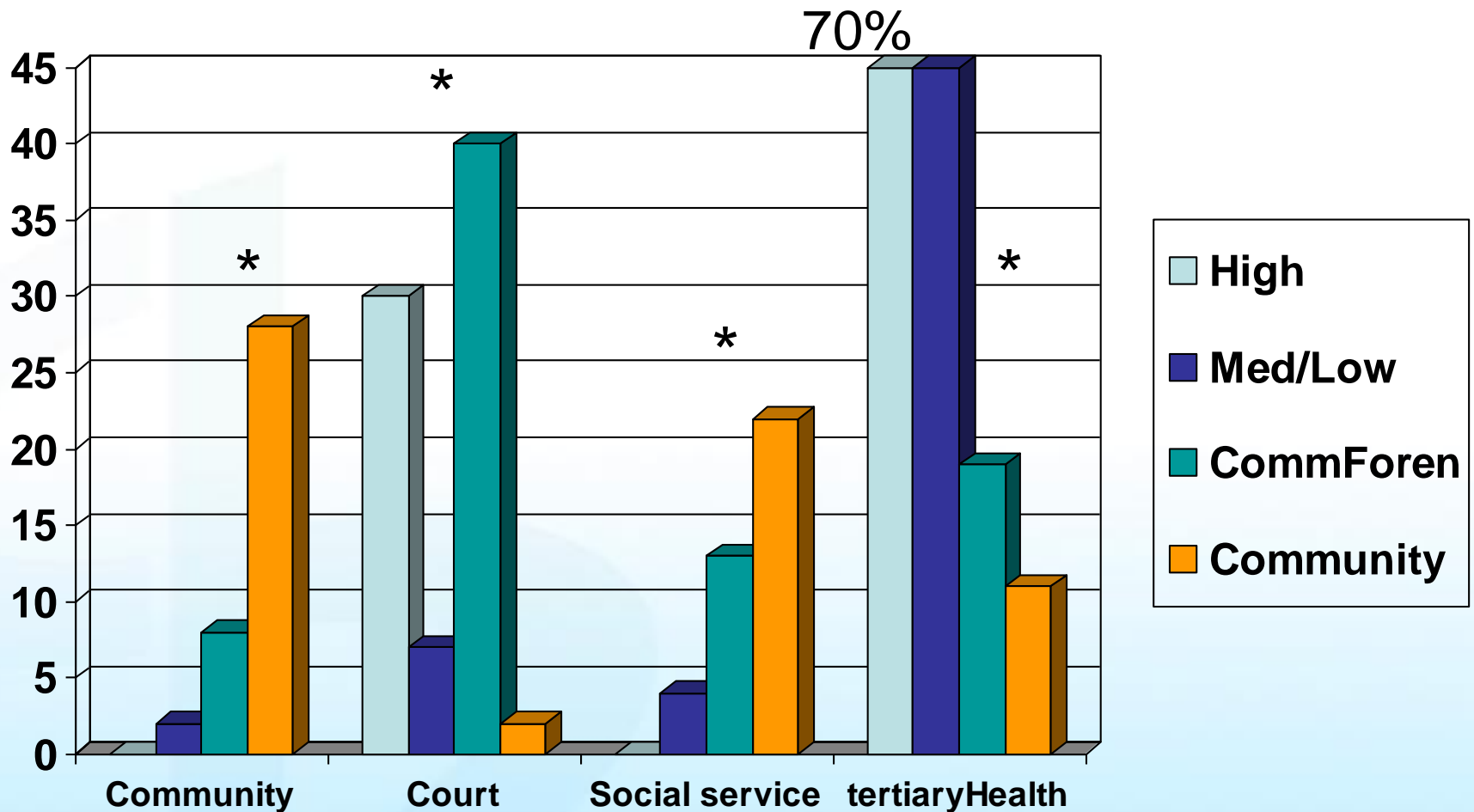**Community forensic LD Services N=97**

Community Generic LD Services n=239
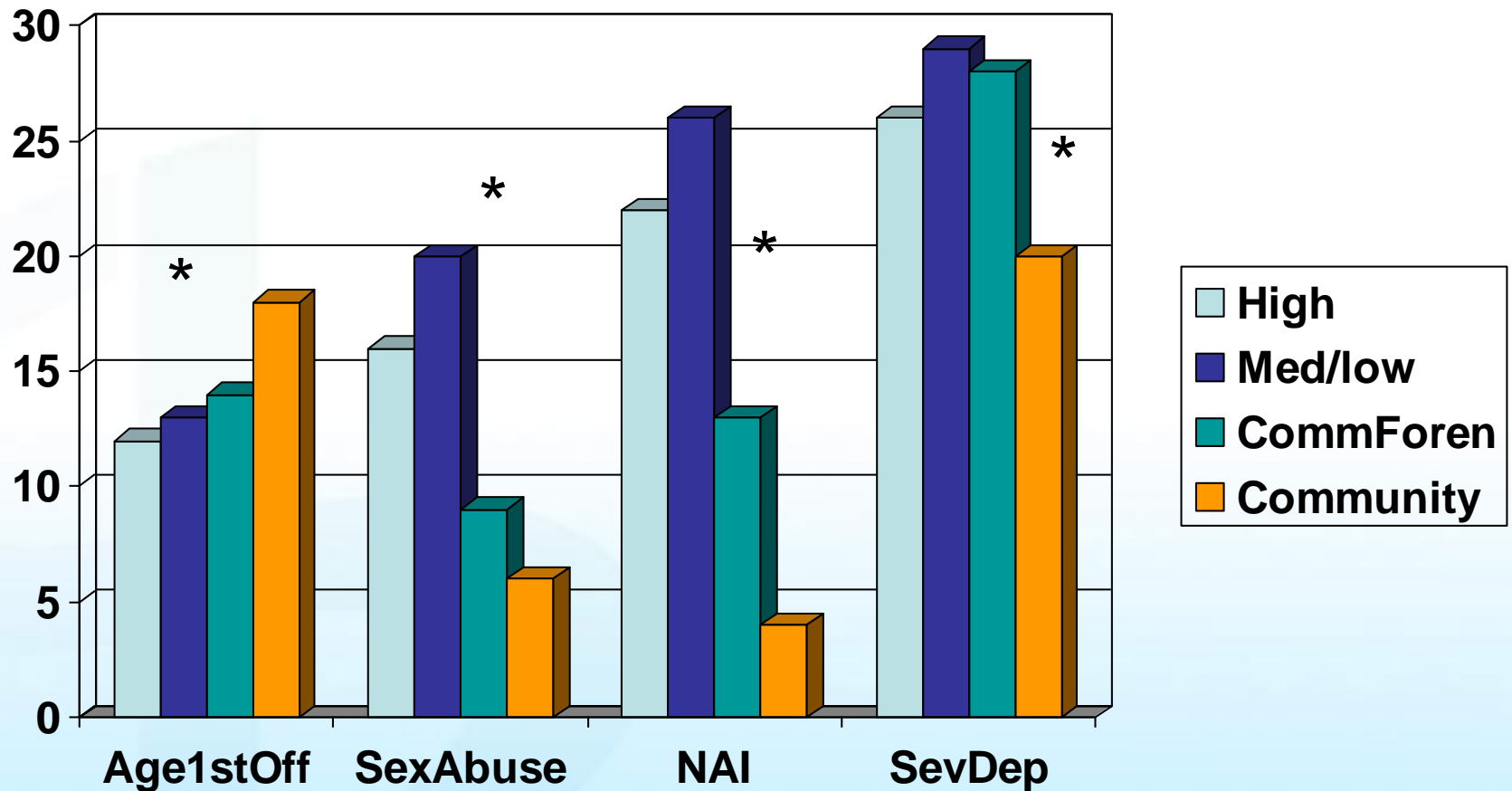
Decreasing level of service/ security
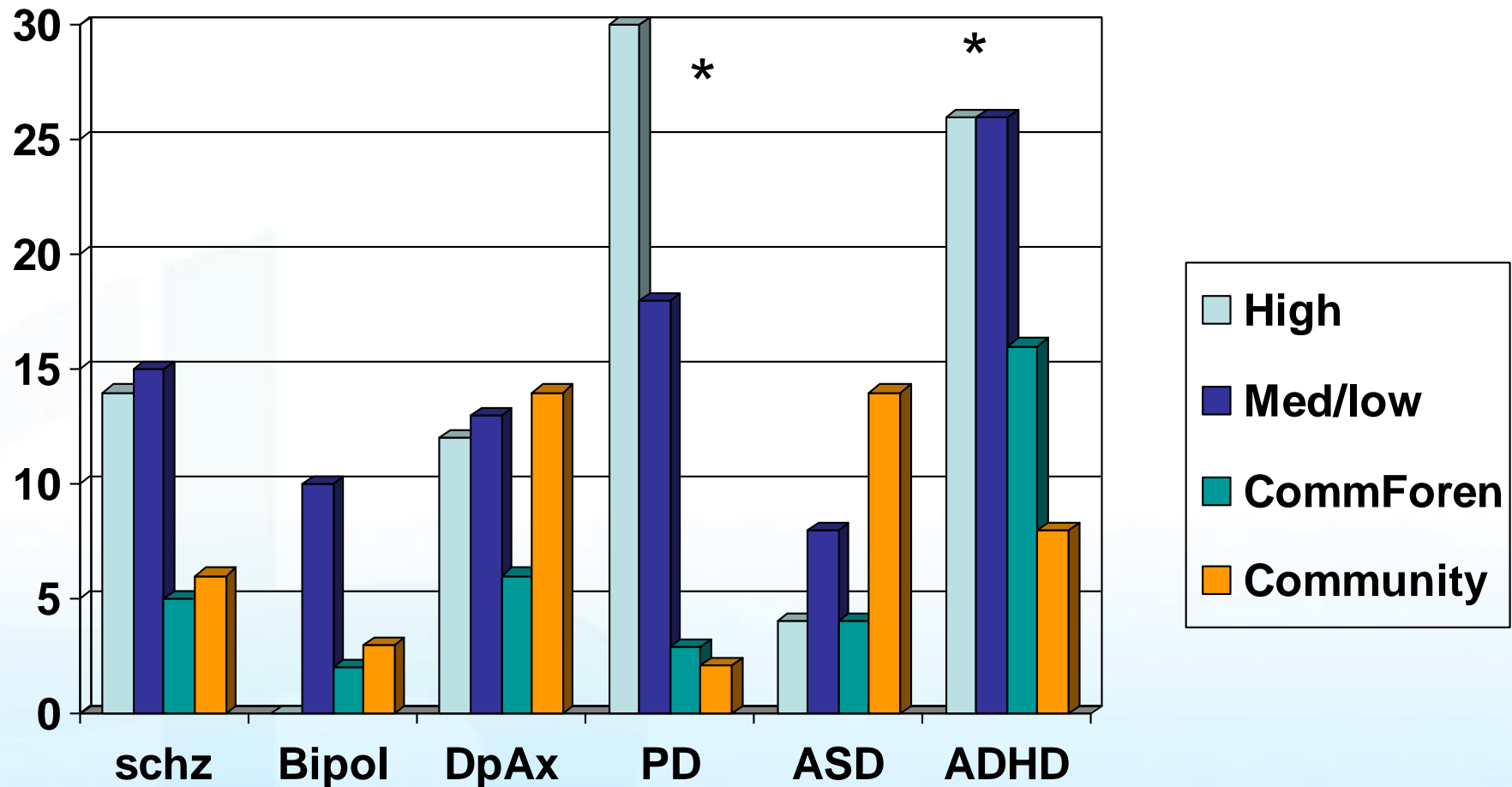
Index Behaviour/Offences.

Referral Source.

Other characteristics.

Psychiatric assessment information.

Verbal and physical aggression emerge as the most frequent referral problems across settings.

Predicting Community/Secure.
Carson et al (2010) CBMH

	odds	B	p
■ Community living at IB	12.8	2.55	<.001
■ IB physical aggression.	0.46	-0.78	0.014
■ Charged.	0.22	-1.49	<.001
■ Referral from 3ry health.	0.33	-1.12	0.002
■ Diversity of prob behaviour	0.60	-0.52	<.001
■ IQ <50	3.39	1.22	0.02

NO FIRE RAISING

NO SEXUAL OFFENDING

Predicting with the regression model.
Carson et al (2010)CBMH.

	Predicted.		
	Community	Secure	%Correct
Community	263	19	93.3
Secure	39	85	68.5
Overall % correct			85.7

Pathways through forensic ID services
(Lindsay, Holland et al 2010, AmJIntDevDis). n=197.

Progress and engagement – Treatment and supervision.

Anger, aggression and violence.

Fire raising.

Theft and driving offences.

Social problem solving

Sexual offences and inappropriate sexual behaviour

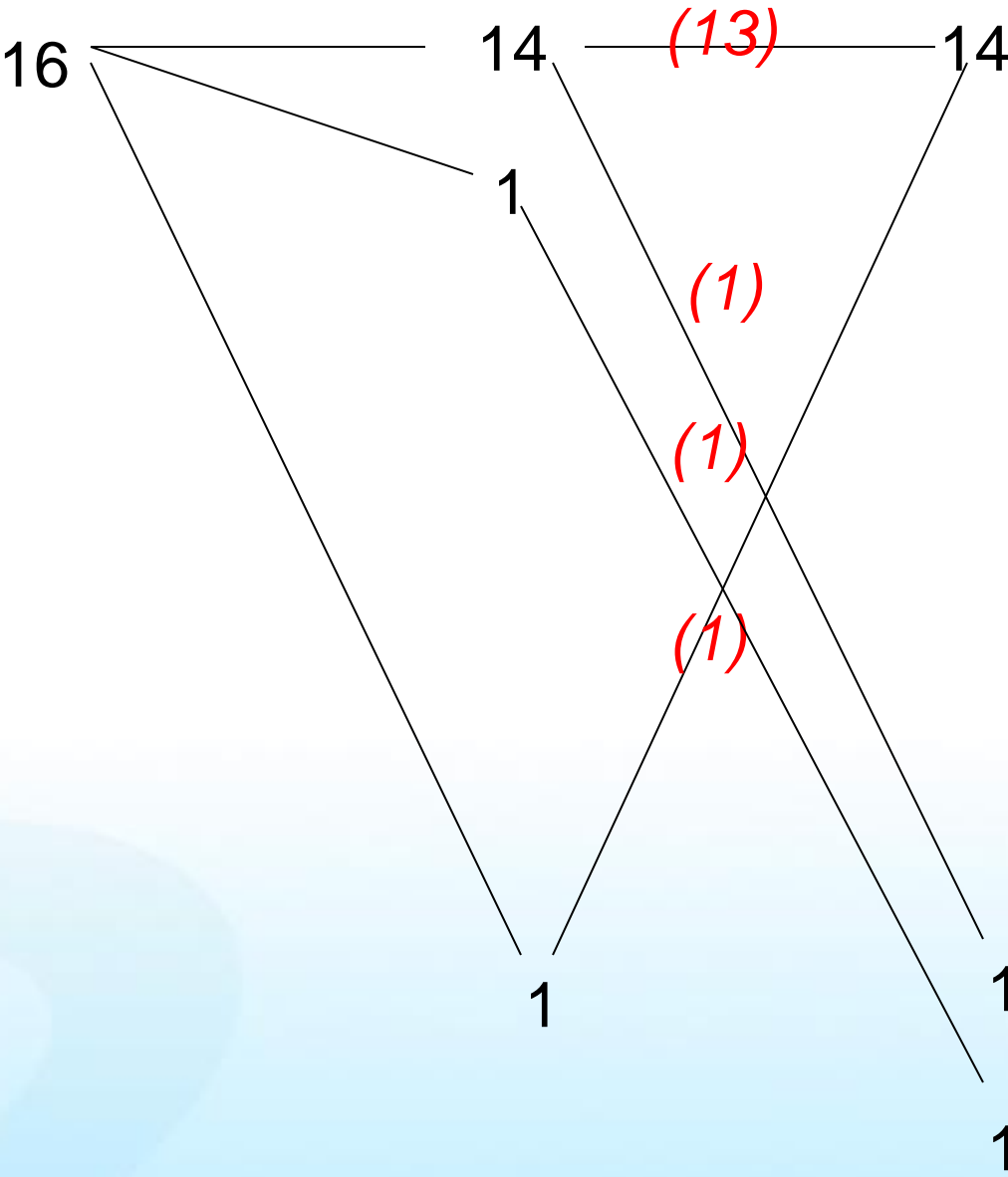**Referred to**　　　　**12 Months**　　**24Months**

High

Medium

Low

Local Inpatient

Com. Forensic

Com. Generic

Independent
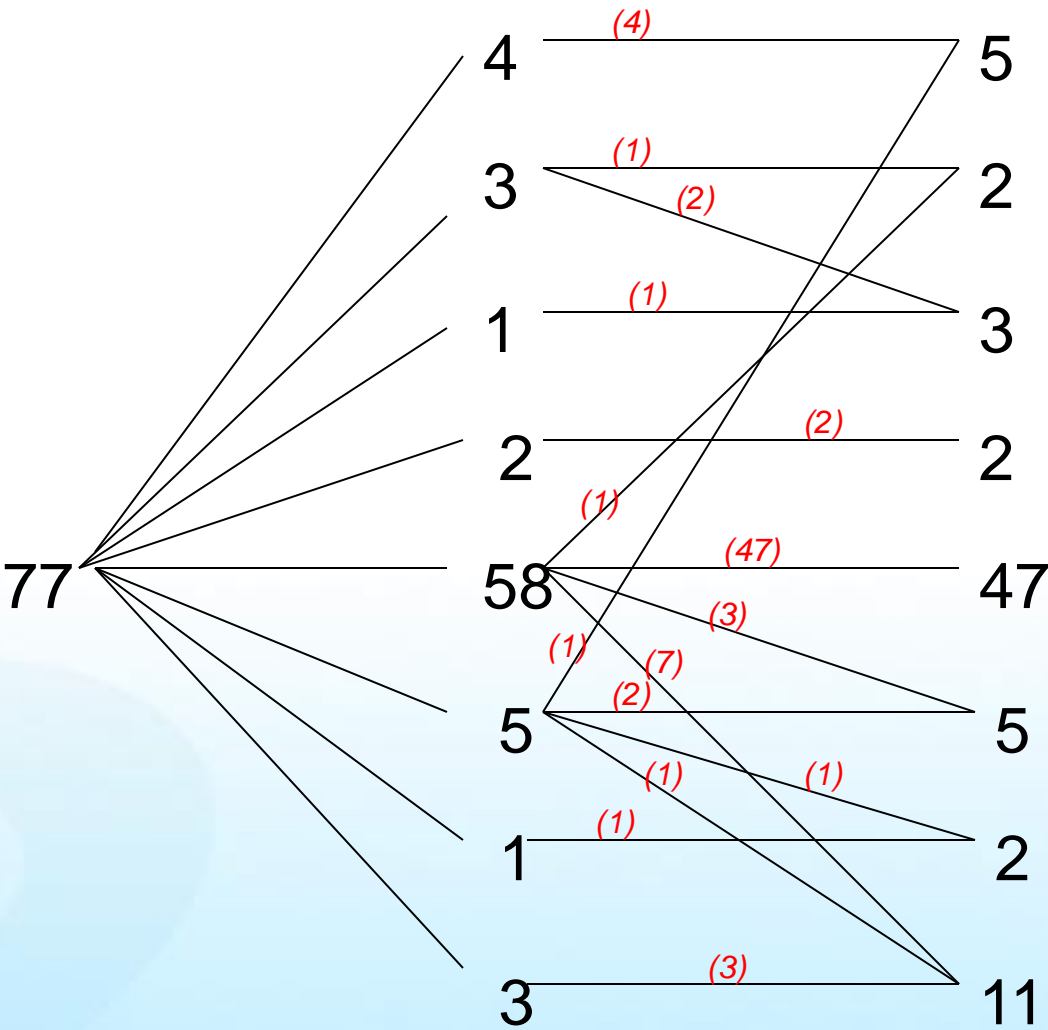
Prison

Lost

16　　　　14　　*(13)*　　14

　　　　　　1

　　　　　(1)

　　　　(1)

　　　　(1)

　　　1　　　　　1

　　　　　　　　1

Referred to	12 Months	24 Months
High		
Medium	17 16	(9) 10
Low	1	(1) (3) 3
Local Inpatient		
Com. Forensic		(4)
Com. Generic		
Independent		
Prison		
Lost		4

Referred to	12 Months	24 Months

High

Medium

Low   18   15   *(13)* 13

Local Inpatient   *(2)*

Com. Forensic

Com. Generic   2

Independent   3

Prison   *(3)*

Lost   3

Relationship between Risk for Violence and Security.   Lindsay et al (2010) *J For.Psych.Psychol*.

Levels of Security

- High

- Medium

- Low

- Local Inpatient

- Com. Forensic

- Com. Generic

Risk Assessments

- Violence Risk Appraisal Guide
- Static 99
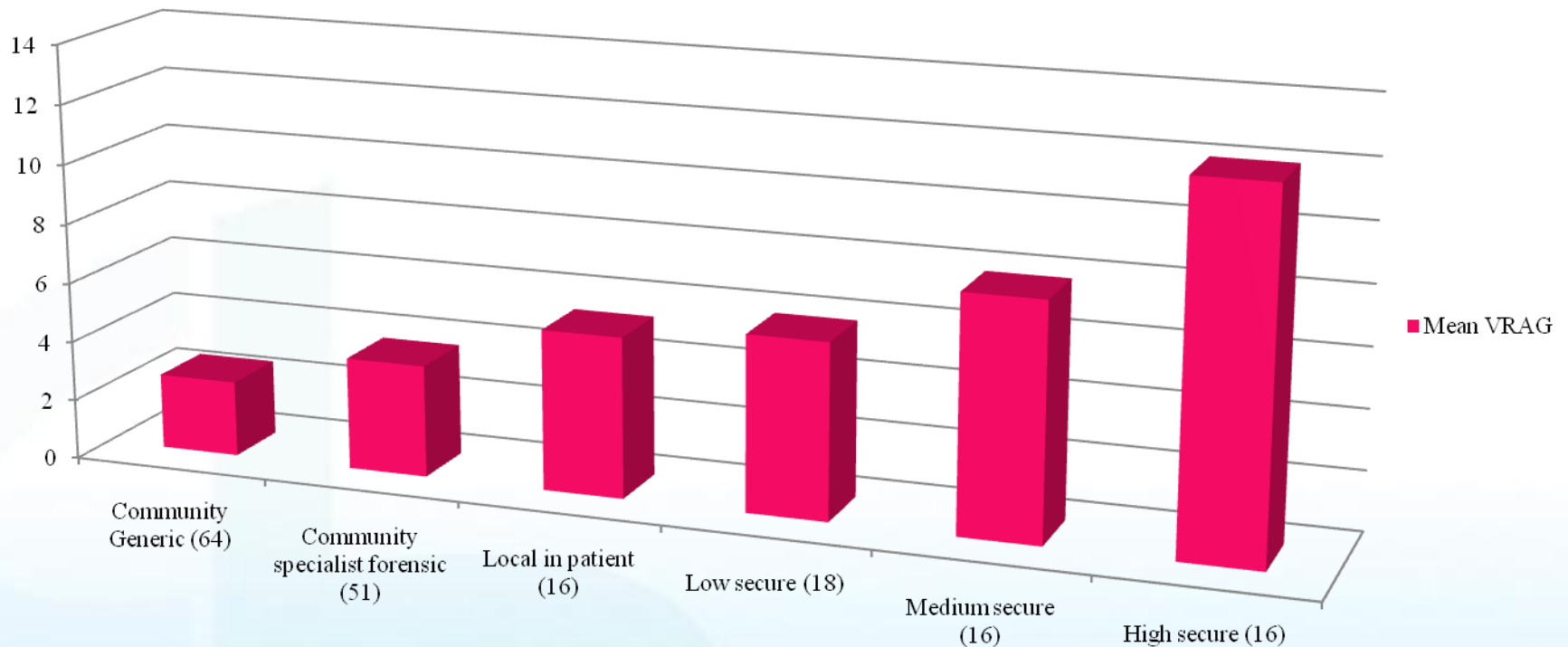
Relationship between Risk for Violence and Security. Lindsay et al (2010) *J For.Psych.Psychol.*

Relationship between Risk for Sexual Violence and Security.
Lindsay et al (2010) *J For.Psych.Psychol.*
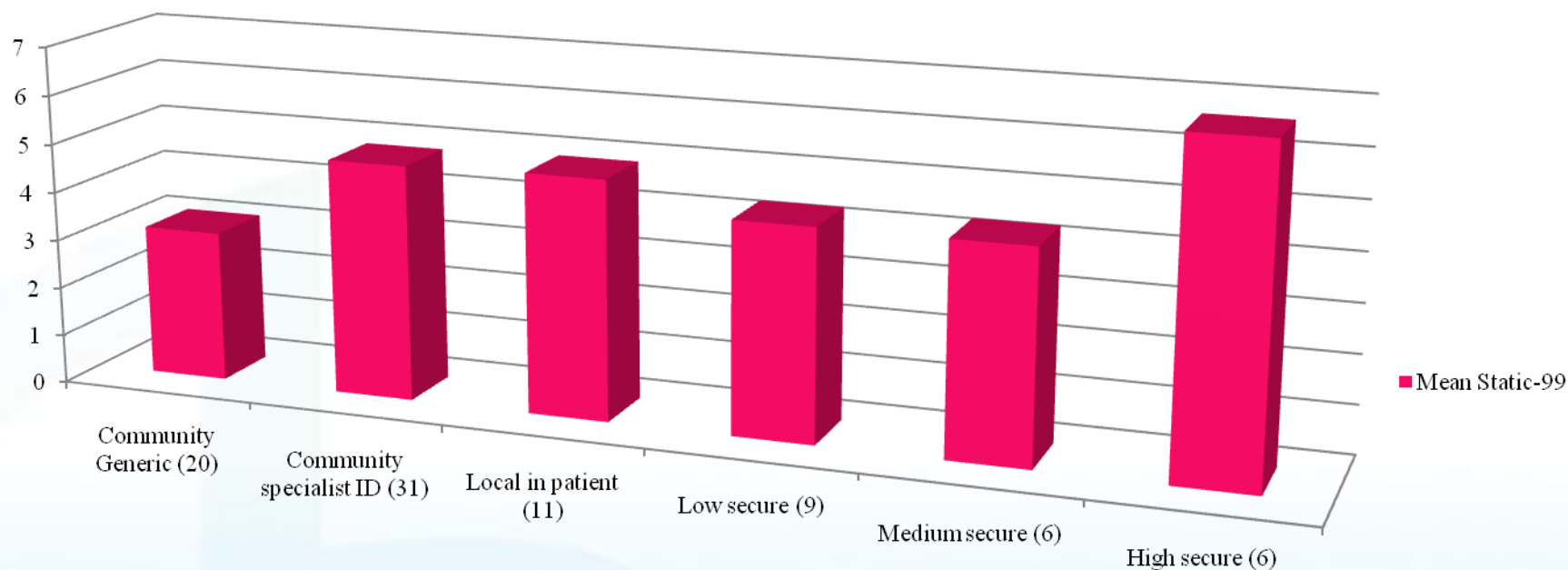
Static Actuarial factors: from VRAG

- Childhood Adjustment

  attachment difficulties

  school behaviour problems

- Adult adjustment

  Relationships; alcohol history; previous violence

- Offence Variables

  non violent offences; sex of victim; injury**

- Diagnostic Information

  schizophrenia; Personality disorder; psychopathy

Risk of Re-offending
(*Lindsay,Elliot & Astell, 2004, J.App.Res.Int.Dis*.)

- Offence involving violence, r=0.295*
- Juvenile crime, r=0.284*
- Sexual abuse ,r=0.327,*
- Poor relationship with mother, r=0.346*
- Anti-social attitude, r=0.309*
- Low self-esteem, r=0.374**
- Poor response to treatment, r=0.45**
- Denial of Crime, r=0.335*
- Low treatment motivation, r=0.303*
- Poor compliance with man/treat routine,r=415*
- Allowances made by staff, r=0.409**

Quinsey, Book and Skilling (2004) *JARID,17,243-254*

Correlation with violent incidents

VRAG   – 0.318*

Psychotic behaviour   – 0.121

Inappropriate/antisocial behaviour – 0.254*

Mood problems   – 0.131

Withdrawal   – 0.125

Denies all problems   – 0.065

Regression – VRAG was the only predictor of violent or sexual incidents.

ROC auc – 0.69, *p=0.02*

Violence Risk Appraisal Guide on offenders with ID *(Quinsey et al 1998)*

- Quinsey, Book and Skilling (2004 JARID), n=58.auc= .69

- Gray et al (2005 Psych Asst.). n= 145, auc= .70.

- Lindsay et al (2008 IJOTCC), n=212, auc=.71

- Fitzgerald et al (2009*, in press PCL*) n=124, variables predict offending, auc = .65 to .77

medium to large effect sizes consistent with mainstream offender research

RISK PREDICTION – auc. (Lindsay, Hogue et al, 2008, Int J Off Ther Comp Crim.)
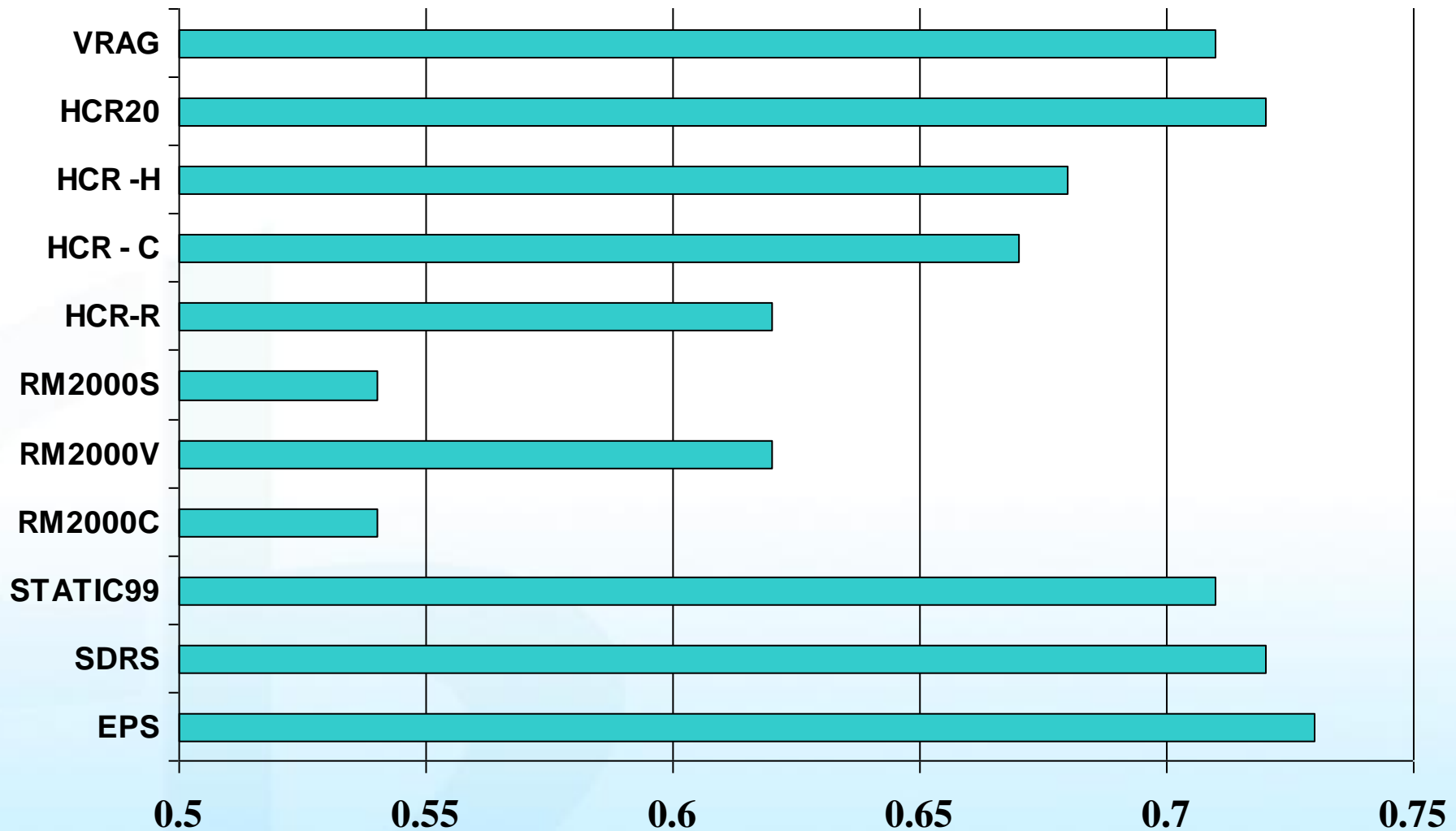
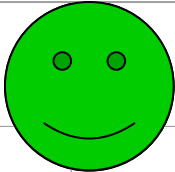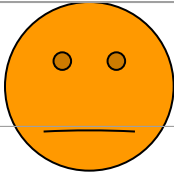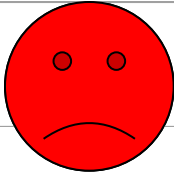# Dynamic Risk Assessment and Management System Items (DRAMS)

- Mood/Emotion.
- Ante social behaviour.
- Intolerance/agreeableness.
- Sexual self regulation.
- Violence self regulation.
- Agreement with routine.
- Opportunity for victim access.
- Substance abuse.
- Self esteem/ social isolation.
- Clinical items.

Dynamic variables – prior month.(Quinsey et al 2004 JARID)

Comparing those with and without incidents.

Significant variables – inappropriate and antisocial behaviour, dynamic ante sociality, poor compliance, medication non compliance.

Non significant variables – psychotic behaviour, mood problems, withdrawal, denies all problems.

Dynamic Risk Variable			
Anti- Social Behaviour			
Criminal thoughts			**all the time**
Impulsiv	**wee bit**	**lots**	
Refusing to engage in therapy	**none**		**all the time**
Verb	**wee bit**	**lots**	
		none	
	none		**all the time**
	e	**lots**	

DRAMS *Lindsay et al (2004) JARID,17,267-73*

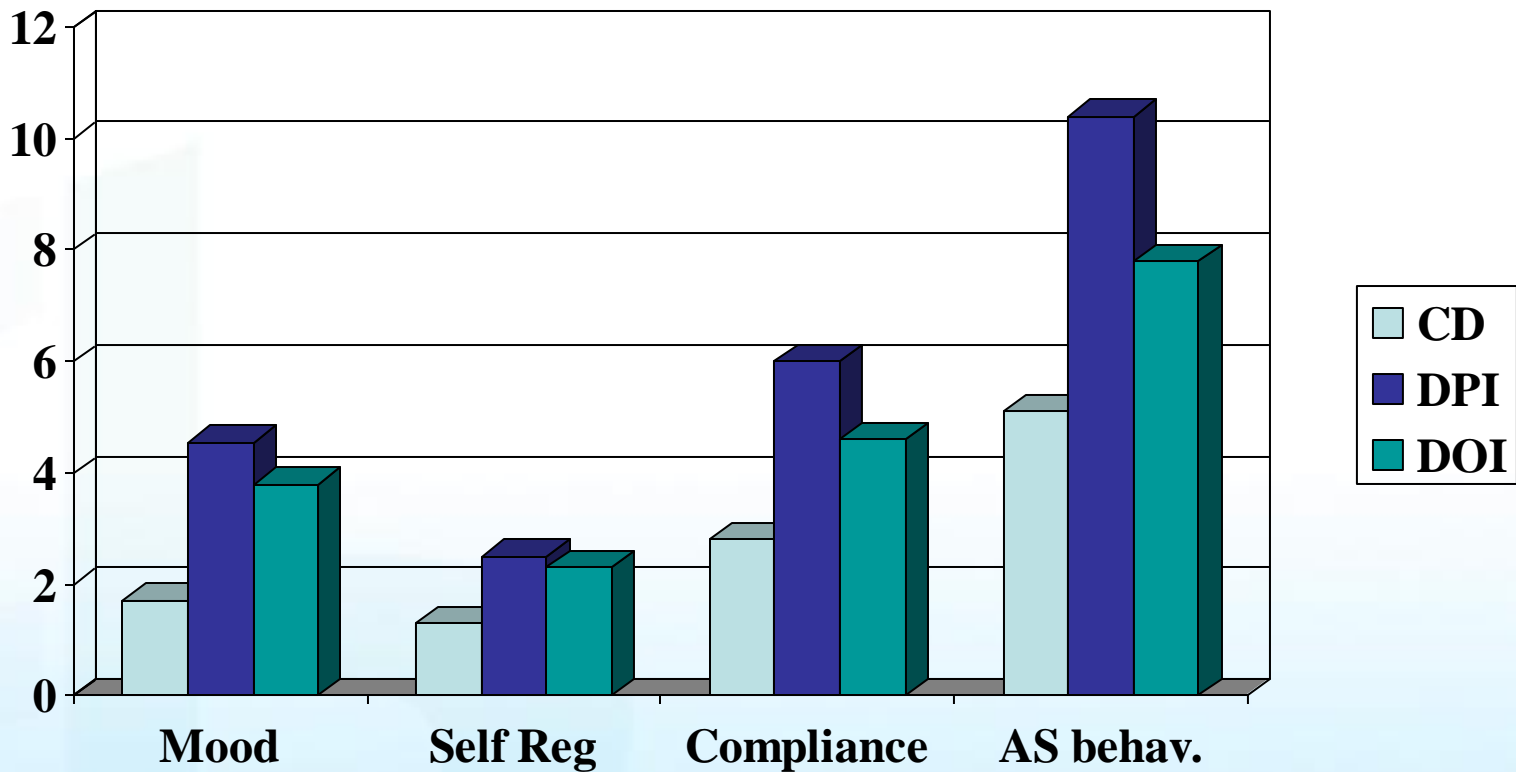**Dynamic prediction** n=5

Control day v Day prior.

Significant variables – mood (anger, mania), antisocial behaviour, aberrant thoughts (sexual, suspicion, criminal)

Just outside significance – self regulation, non compliance

Non significant – therapeutic alliance.

DRAMS field trial
Lindsay, Murphy et al 2004 JARID, Steptoe et al 2007

Risk Prediction

- ROC (auc) analysis.
- 0.5 =chance, tossing a coin.
- 1.0 perfect prediction.
- Incidents recorded independently.
- Assess each persons score on each measure against incidents (or not) for that person.

# DRAMS with uncharacteristic dips (-2sd) auc = 0.83

ROC Curve
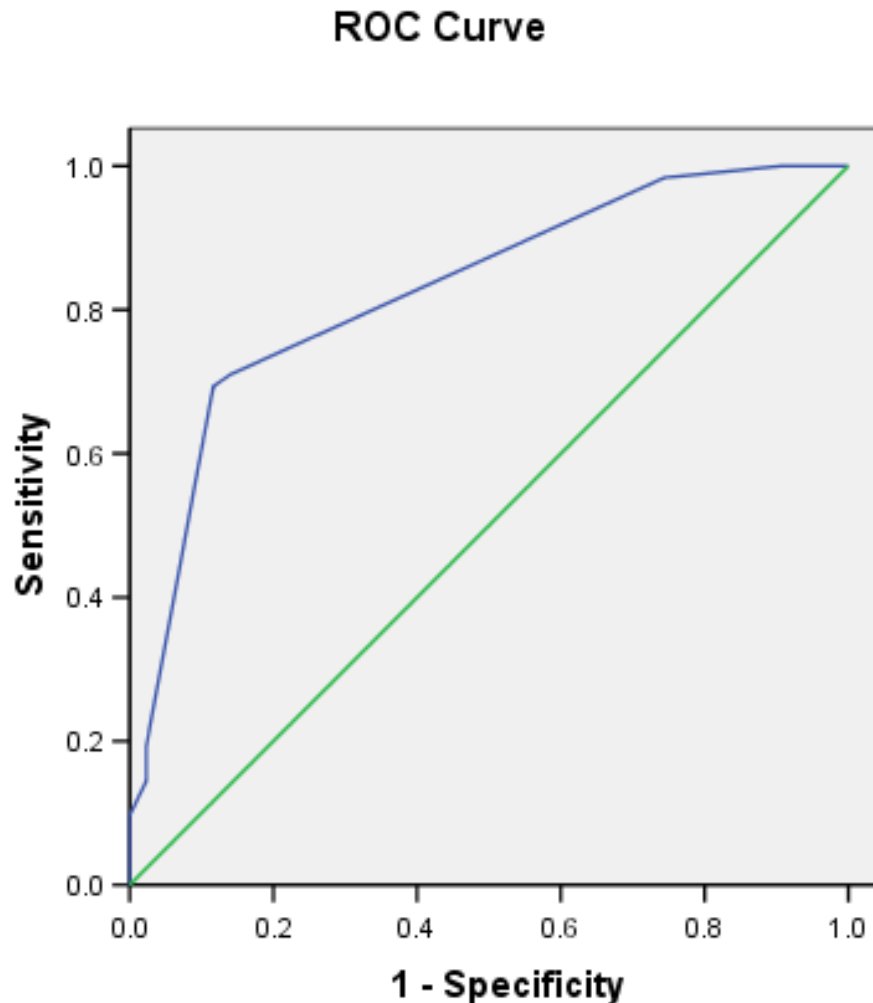
Problems in Assessment

- Where is the risk point: too low – service falls into disrepute // too high – no realistic feedback to assessors
- Reliance on charges/convictions – people with ID are not always charged.
- Need for normalisation of ID offenders – not marginalisation. (see Lindsay 2005)
- Scoring difficulties, eg, HCR-20 – employment problems, relationship instability
- Dynamic risk factors more important in ID ?
- PCL-R – Is it applicable. Guidelines (Morrissey,et al 2005, *Int. J For Ment Health*)
- Risk averse – unnecessary restriction.
- Risk to the assessor - clinical teams take the responsibility
- Sympathetic to mistakes ???

Treatment for Offence Related Issues

ANGER TREATMNENT. Mean Novaco Anger Scale (NAS)
(Taylor et al. (2005). Brit. J. of Clinical Psychology)
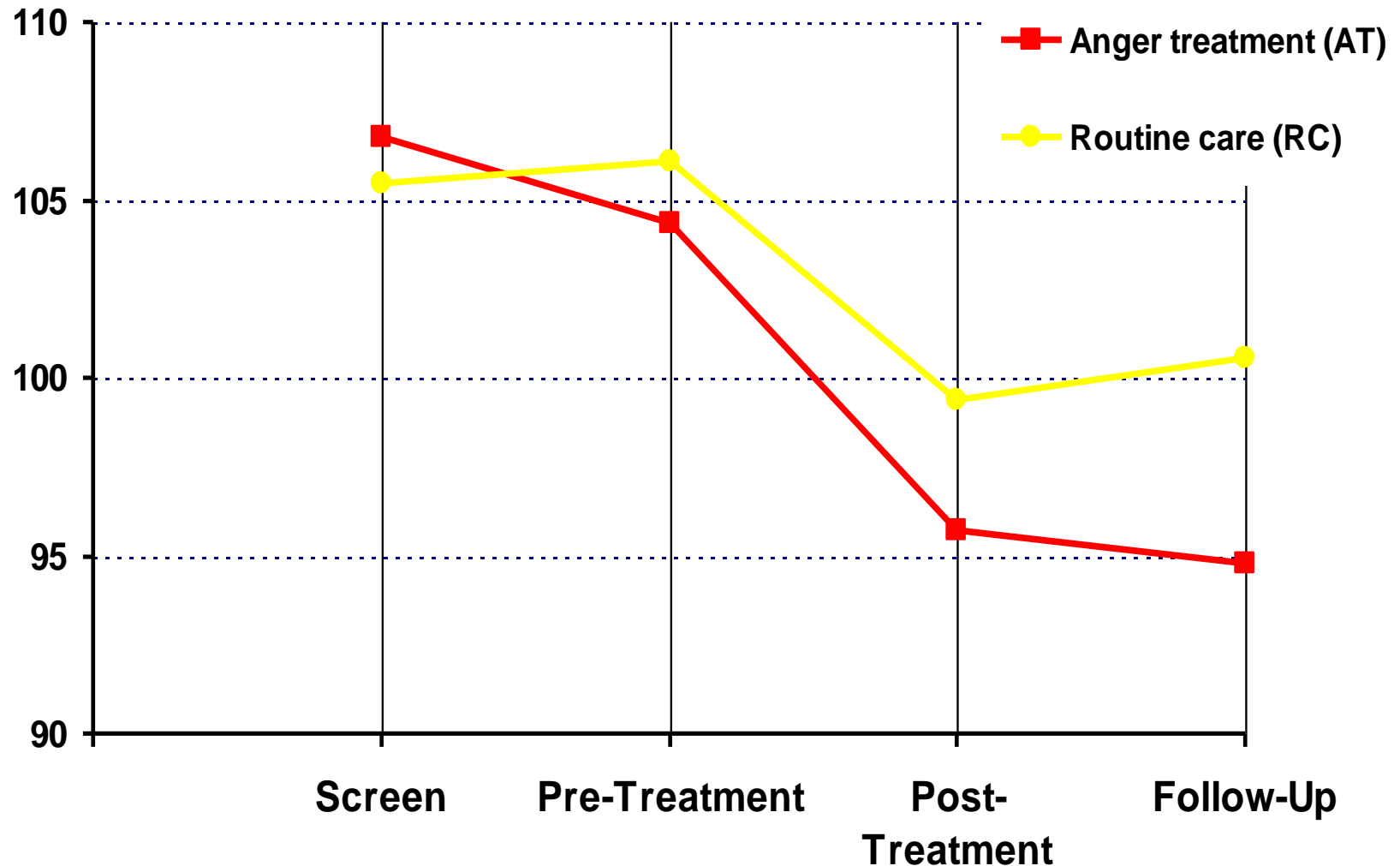
Re-offending at 9 Month Follow up
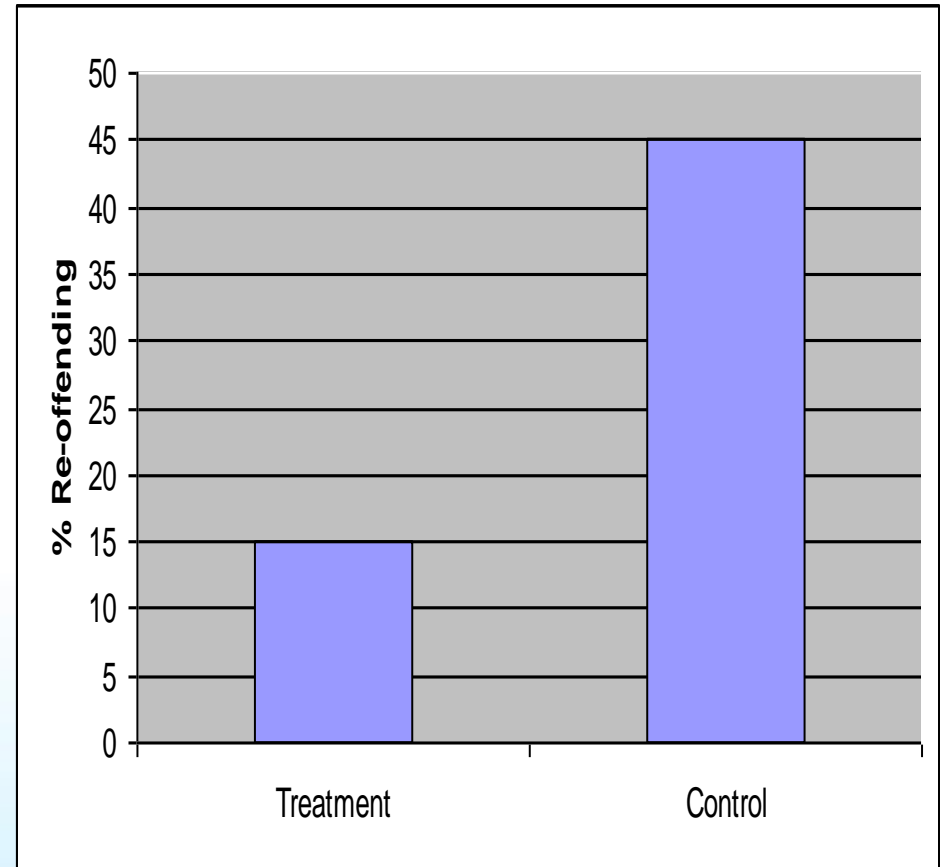## *Lindsay et al. (2004) Clinical Psychology and Psychotherapy*

Re-offending   %

Treatment   14
Control   45

$(X^2 = 24.417;$ df 1, p < 0.01)

ANDREW'S INDEX OFFENCE REVIEW

ALCOHOL

THROWING SCISSORS AND CROCKERY BREAKING DOORS

LOSING CONTROL JUMPING OUT A SECOND FLOOR WINDOW

INJURING SELF WHEN APPREHENDED

INCIDENT WITH BROTHER

Treating Inappropriate sexual behaviour. Many case series

- Sex education
- Disclosure.
- Cognitive distortions.
- Victim empathy.
- Sexual abuse
- Cycles of offending
- Pathways to offending.
- Identifying risky situations.
- Relapse prevention.
- Future lifestyles.
- One to 3 year treatment.

Frank Lambrick and co workers.

Melbourne Victoria

corrections

Successful Trials

- Lindsay & Smith 1998
- Keeling Rose & beech 2007
- Murphy et al (SOTSEC ID) 2010
- Lindsay et al 2013

- *None are properly controlled trials.*

The story so far.

- Courts are referring much more frequently
- living in the community it is the best predictor of being referred to a community forensic service, likewise tertiary referrals.
- Almost all diagnostic , abuse, index and legal variabes (eg CJS contact) higher in secure referrals. (but not consistent in individuals.)
- Aggression always emerges as a strong predictor variable.
- Diversity of IB also a predictor.
- Community referrals include IQ < 50 but lack *mens rea.*
- Fire raising not high. Theft not high. Sexual offences do not predict.
- The more secure the service the less movement/progress through services.
- Staff attitudes are related to recidivism.
- Personality characteristics are significantly related to future risk and offending.
- Differing emotional problems are significantly related to risk and offending

Responsivity to criminogenic need.
Lindsay, Carson, Holland, Taylor et al in press,
Journal of Intellectual Disability Research

Referred

ISB
Violence
Alcohol
Firesetting

Treatment   **12 mths**   **Treatment**   **24 mths**

Treatment across 24 months: Sexual index offence (Lindsay, Carson, Holland, et al 2012)