

Preface

It has often been said that there is more art than science involved in the assessment and risk management of persons who sexually offend. There is some truth to this. As a field, we are really only just starting to progress in regard to science and evidence-based practice. However, that said, we appear to be pretty quick studies. What was “stone knives and bearskins” some 30 years ago is a much more refined process today. Of course, although we are much better at this than we used to be, we still have a long way to go. With the introduction of standardized assessment tools, actuarial risk assessment methods, and collaborative models of containment and risk management, we now have better tools to help our clients. Recent observations about declining rates of sexual abuse and reoffending would seem to suggest that our efforts are starting to pay off.

Of course, all of this is because of our shared goal—“No more victims.”

We need to remember that this continues to be a pretty tall order. Sex and violence have gone together for a long time. But, in truth, it has only been in the last half century that human society has really paid much attention to sexual violence as a topic of popular discussion. It is good that this has changed—it needed to. Sexual abuse has a profound negative effect on the overall health of our society. Some groups and individuals have suggested that sexual abuse may be one of the most pressing public health concerns of our time. We agree, which is a good part of the reason we decided to write this guidebook.

Another big reason why we decided to write this guidebook is that we work with a group of clients who are generally misunderstood by the majority of society. Persons with intellectual disabilities have often been hidden away—essentially, kept out of sight and out of mind. However, because various governments have decided to deinstitutionalize such persons (and others, including those with mental disorders), ordinary citizens now encounter many more persons with intellectual disabilities, as well as their associated difficulties in managing everyday life.

Don't get us wrong. We are all for having persons with challenges being able to engage those challenges in the real world. Institutionalization of marginalized populations has likely done very little good for them or for us. Everyone has the right to make a go of it in the community. But, let us not kid ourselves. They also have the right to good service, which may include competent assessment, sensible treatment, and realistic risk management. That is where we come in. “We” are the counselors, case workers, behavioural associates/therapists/technicians, group home workers, mental health practitioners, law enforcement officers, and probation and parole supervisors who (among others) are charged with providing these services.

Deinstitutionalization raises another issue. As persons with intellectual disabilities move back out into the community, they will bring their “issues” with them. In truth, their issues are often not so different from those of other groups of people. The problem is the many preconceived ideas about persons who experience intellectual and other cognitive processing difficulties, which

means that having an intellectual disability and having sexuality difficulties amounts to something of a “double whammy.”

Stigma abounds.

In order for those working with these clients to succeed, assessment and treatment professionals need good tools, but there are limited resources out there. Sometimes, it is even more difficult for front line workers who are the ultimate receivers of information about assessment and treatment. What does all that data and information mean, for us, as workers trying to provide support to persons in need? How do we make sense of it all?

In this guidebook, we hope to provide you with some useful knowledge and perspective that will ultimately increase your comfort and understanding of the major issues to be considered in working with persons with intellectual disabilities who sexually offend. In doing so, we want to be very clear that this is not a book about how to do assessment or treatment. There are other books on that topic, and we will refer to these throughout this guidebook. Our intent is to familiarize readers with the sorts of concepts and information that are given by assessment and treatment professionals, through consultation, clinical reports, and other media.

So, just to be clear ... Reading this guidebook does not mean that you are now able to go out and conduct assessments or offer treatment; although, some readers may already be professionally trained to do so. Reading this guidebook will help you to better understand some of the complicated issues associated with working with persons with intellectual disabilities and sexual behaviour problems.

It is also important to note that the concepts and methods we describe in this guidebook are not necessarily the only ones of their kind. We have tried to be relatively comprehensive in our descriptions of methods and tools; however, we were also mindful that this guidebook is specific to the practices we engage in our work with this population. As such, we have made certain to focus on the methods and tools most frequently used in our service. In doing so, we do not mean to suggest that other methods or tools are not also useful or equally valid. We expect that most sections will be helpful for workers in all locations who struggle to provide sensitive, evidence-based services to persons with intellectual disabilities.

Giving credit where credit is due...

In preparing this guidebook, we pulled together a variety of presentations, papers, and other materials we have amassed over our collective 50-plus years of working with this population. The Southern Ontario region of Canada—where we work—has been very fortunate to have a tight knit group of professionals working in this field. The sharing of knowledge and expertise between those professionals has helped us all to do a little better in this important work.

We mentioned a close group of professionals, sharing information with one another. After a while, it gets hard to sort out whose perspective was whose, originally. But, we are very sensitive to the need to give credit. Throughout the chapters that follow, we have included references to a lot of manuscripts, papers, book chapters, books, videos, presentations, personal communications, and other sources of knowledge. However, it is possible that we might have

inadvertently overlooked an opportunity to give our colleagues credit for their hard work. This is certainly not our intention. In order to be sure that we acknowledge our primary sources, we wish to thank the following people for all the inspiration and influence they have exerted on our understanding and practice: Dave Hingsburger, Susan Tough, Dorothy Griffiths, Vern Quinsey, Brandie Stevenson, and the staffs of Peel Behavioural Services, Behaviour Management Services of York and Simcoe, Vita Community Living, Christian Horizons, and Prior, Linder & Associates. There are likely others we have forgotten to note.

We would also like to acknowledge the foundational work of Jim Haaven in Oregon. More recently, Gerry Blasingame in California has provided the field with cutting edge information on the current state of the science associated with working with persons with intellectual and other cognitive processing difficulties. Indeed, we were able to exploit our good relationship with Dr. Blasingame in having him provide critically helpful feedback on the final draft of this guidebook. He also graciously agreed to provide us with a Foreword.

Last, we are also thankful to the many persons who provided helpful feedback and critiques during round-table meetings focusing on early drafts of these documents, including Roxanne Finkelstein and staff from Clarity Content Services. In particular, we owe a great debt of gratitude to Trevor Lumb, Regional Coordinator of the Central West Network of Specialized Care, as well as Peel Behavioural Services Manager Leanne Baldwin.

We hope you find this guidebook as energizing and informative in your practice as it was for us in its production.

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