



Supporting men with an offending risk in a community setting



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Profile of CMG as a provider organisation

- 837 people supported nationally in mix of residential and SL services
- Sexual Offending risk = 13 men = 1.5% of population
- Fire setting risk = 2 men = 0.24%

Not all provider organisations will support people with a forensic risk

Profile of men supported – Sexual Risk

Number of Men	Risk to Children	Risk to Adults	Risks to both	History of child sexual abuse	Autism diagnosis	Conviction	Moved from inpatient services
13	6	1	6	5	7	4	4

A significant number of men within this group have an autism diagnosis.

Victims are deemed most likely to be young people (particularly early teenage yrs), vulnerable adults i.e. with a more severe learning disability or female strangers.

Only 4 men have been convicted of a sexual offence, with only 1 man detained in prison as a consequence. The others were diverted to inpatient services.

11 men live in all-male services

Profile of men supported – Fire Setting Risk

Number of Men	Personality Disorder	ADHD	Fire setting in a residence	Conviction	Admitted from inpatient setting
2	1	1	2	1	2

Both men experienced dysfunction childhoods with neglect and difficult parental relationships.

At time of Fire Setting – common were substance misuse, chaotic lifestyles, relationship problems, poor esteem, no meaningful engagement and limited or no support.

Why choose to support men presenting with an offending risk?

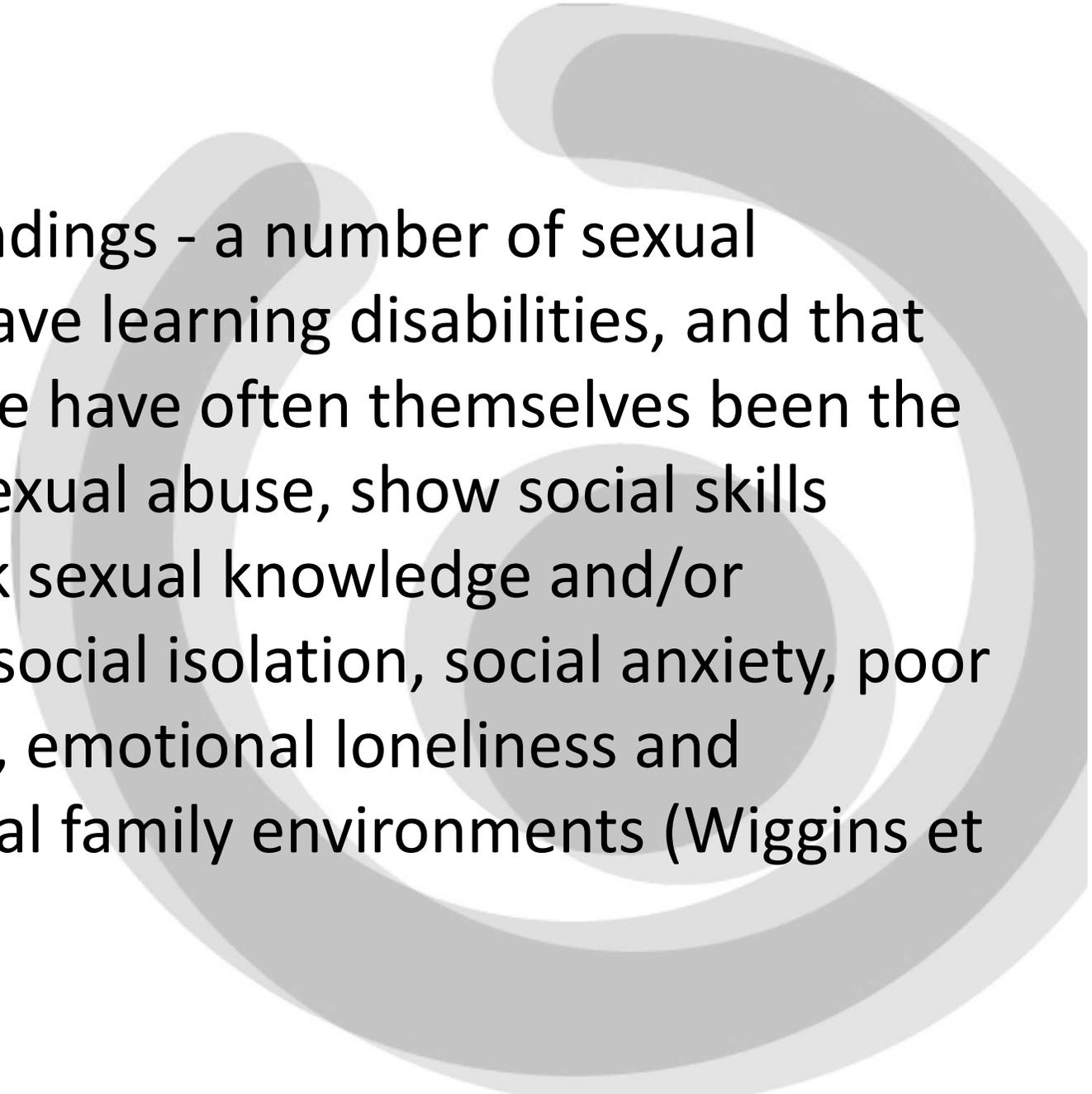
- History of successfully supporting men at risk
- Desire to reflect, and build on what works well
- Awareness that such men may otherwise spend too long in hospital settings
- Having a decent infrastructure to maintain safety

Management or Containment?

- Historical emphasis on risk containment/aversion
- Primary focus on supervision and high levels of 1:1 support
- One case of prescription of Cyproterone acetate
- Concerns about divulging too much of the person's history to the staff team – concerns about 'leaked' information/impact on service and reputation

Risk V's actual convictions

- Instances in which men are restricted despite no actual convictions
- Squaring personal rights V public protection

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- Research findings - a number of sexual offenders have learning disabilities, and that these people have often themselves been the victims of sexual abuse, show social skills deficits, lack sexual knowledge and/or experience social isolation, social anxiety, poor self-esteem, emotional loneliness and dysfunctional family environments (Wiggins et al 2013)

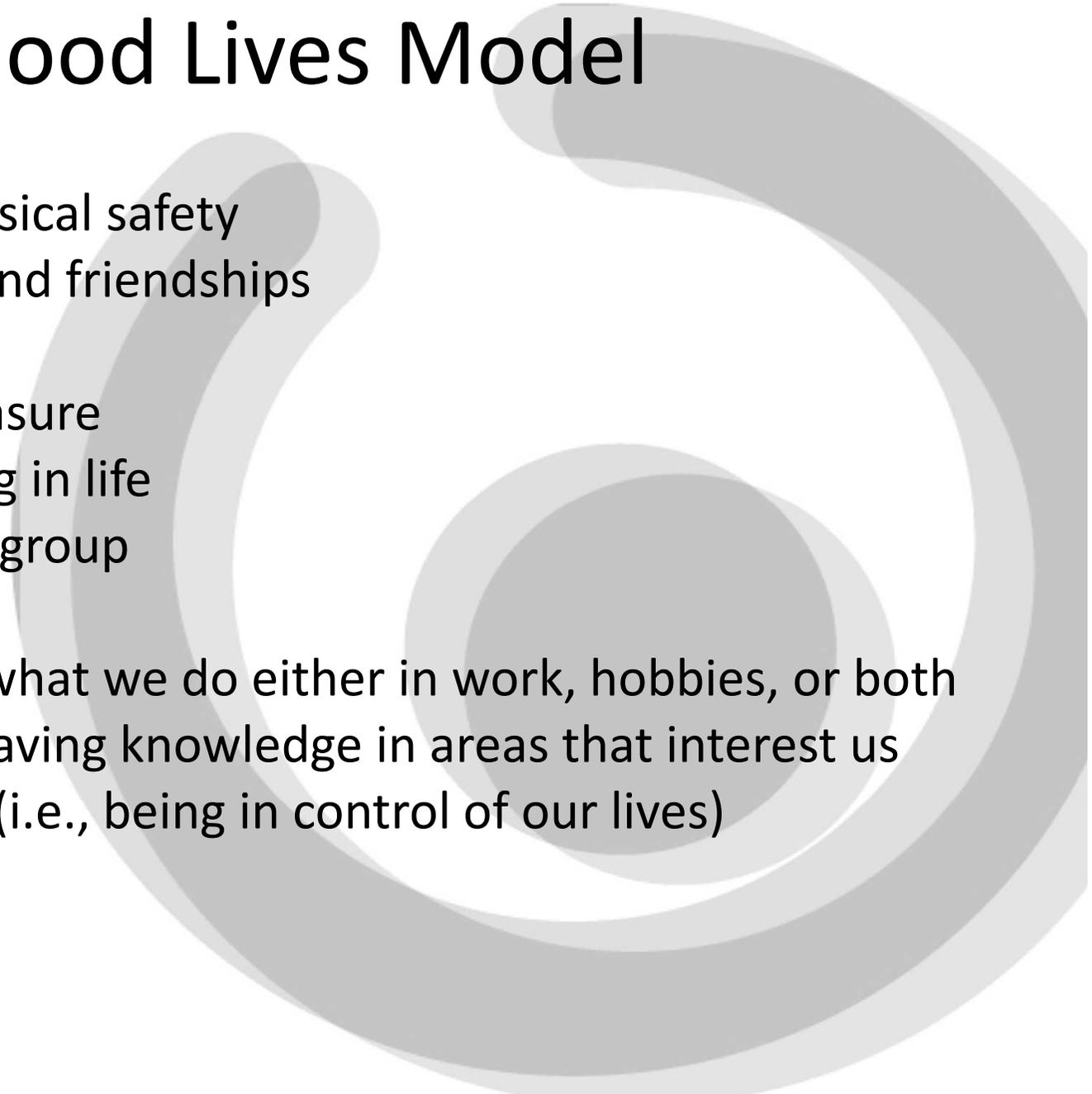
Good Lives Model

- The Good Lives Model of Offender Rehabilitation: A Strengths-Based Approach for Lives in Transition

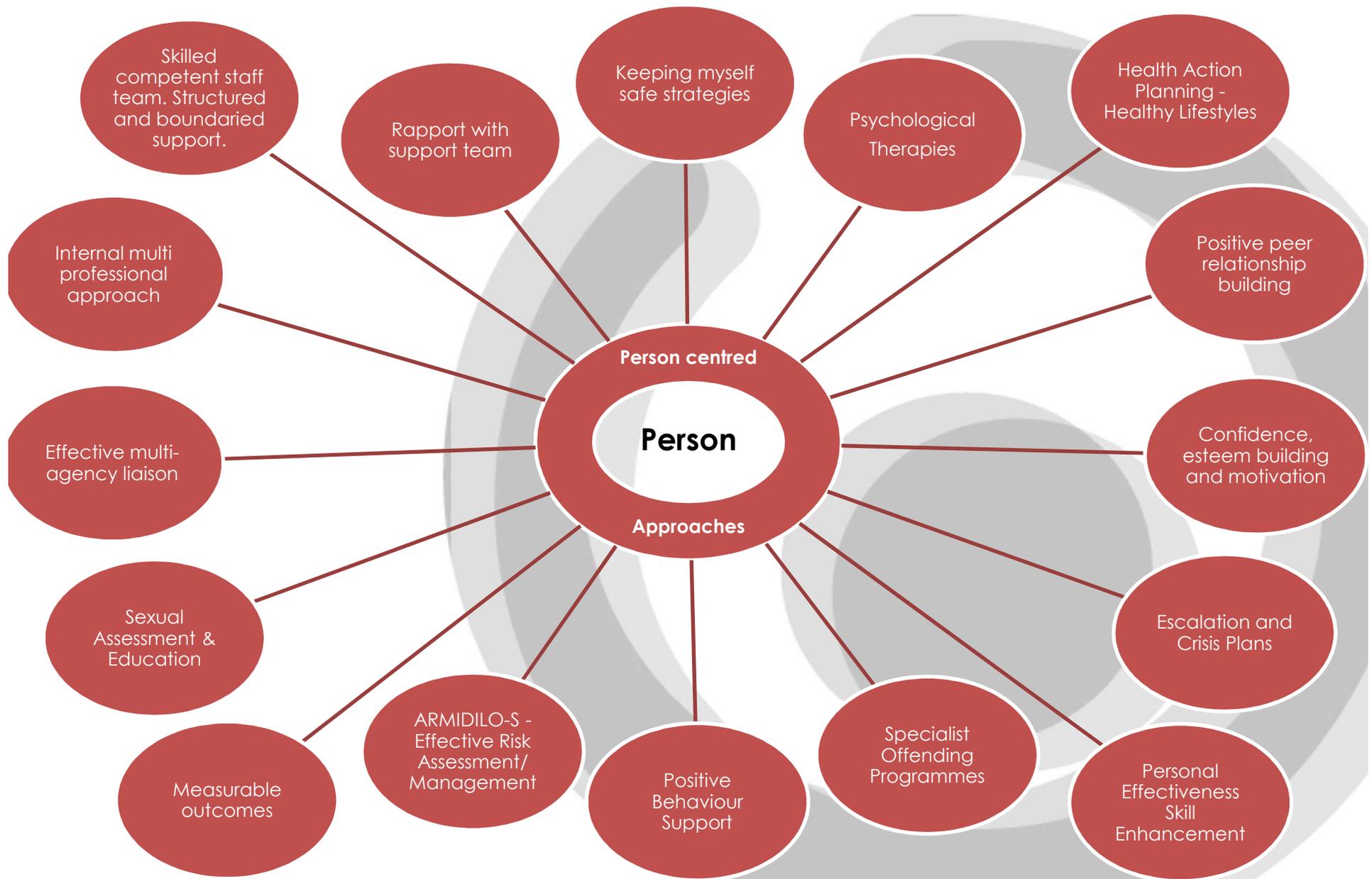
‘We need to build capabilities and strengths in people, in Order to reduce their risk of Reoffending’ (Laws + Ward, ‘11)



Good Lives Model



- Health and physical safety
- Relationships and friendships
- Peace of mind
- Happiness/pleasure
- Having meaning in life
- Being part of a group
- Creativity
- Being good at what we do either in work, hobbies, or both
- Learning and having knowledge in areas that interest us
- Independence (i.e., being in control of our lives)



Sexual Assessment and Education

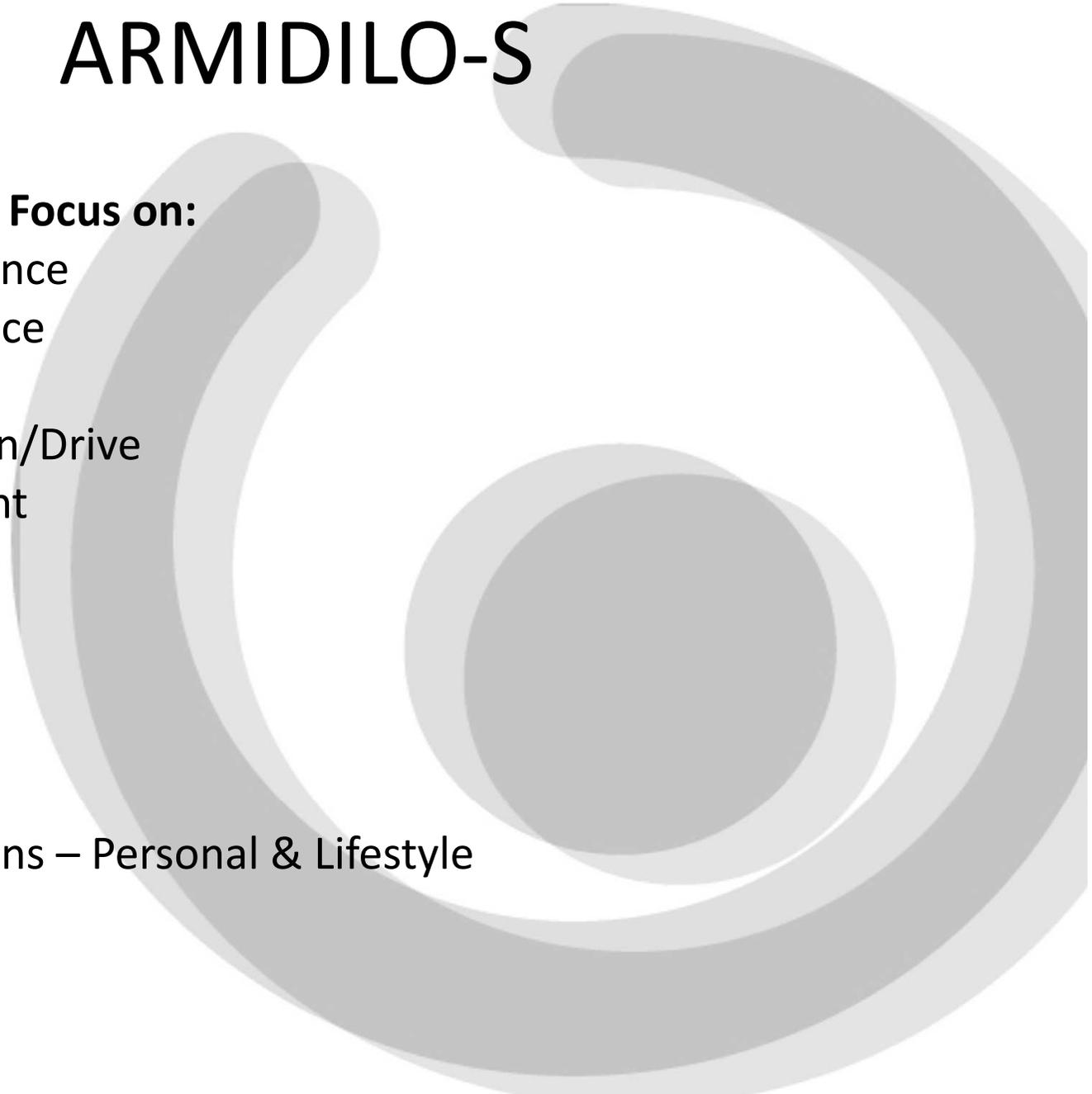
Assessment of Sexual Knowledge (Centre for
Developmental Disability Health (CDDHV),
June 2008)

Exploring Sexual and Social Understanding (BILD
2nd Edition, 2015)

Assessing Risk of Offending

- ARMIDILO-S (Assessment of Risk & Manageability for Individuals with Developmental and Intellectual Limitations who Offend Sexually) (Boer et al, 2013)
- Designed specifically for use with individuals with a borderline or mild intellectual impairment, who have offended sexually or have displayed sexually offensive behaviour.

ARMIDILO-S



Dynamic Risk Tool – Focus on:

Supervision Compliance

Treatment Compliance

Sexual Deviance

Sexual Preoccupation/Drive

Offence Management

Emotional Coping

Relationships

Impulsivity

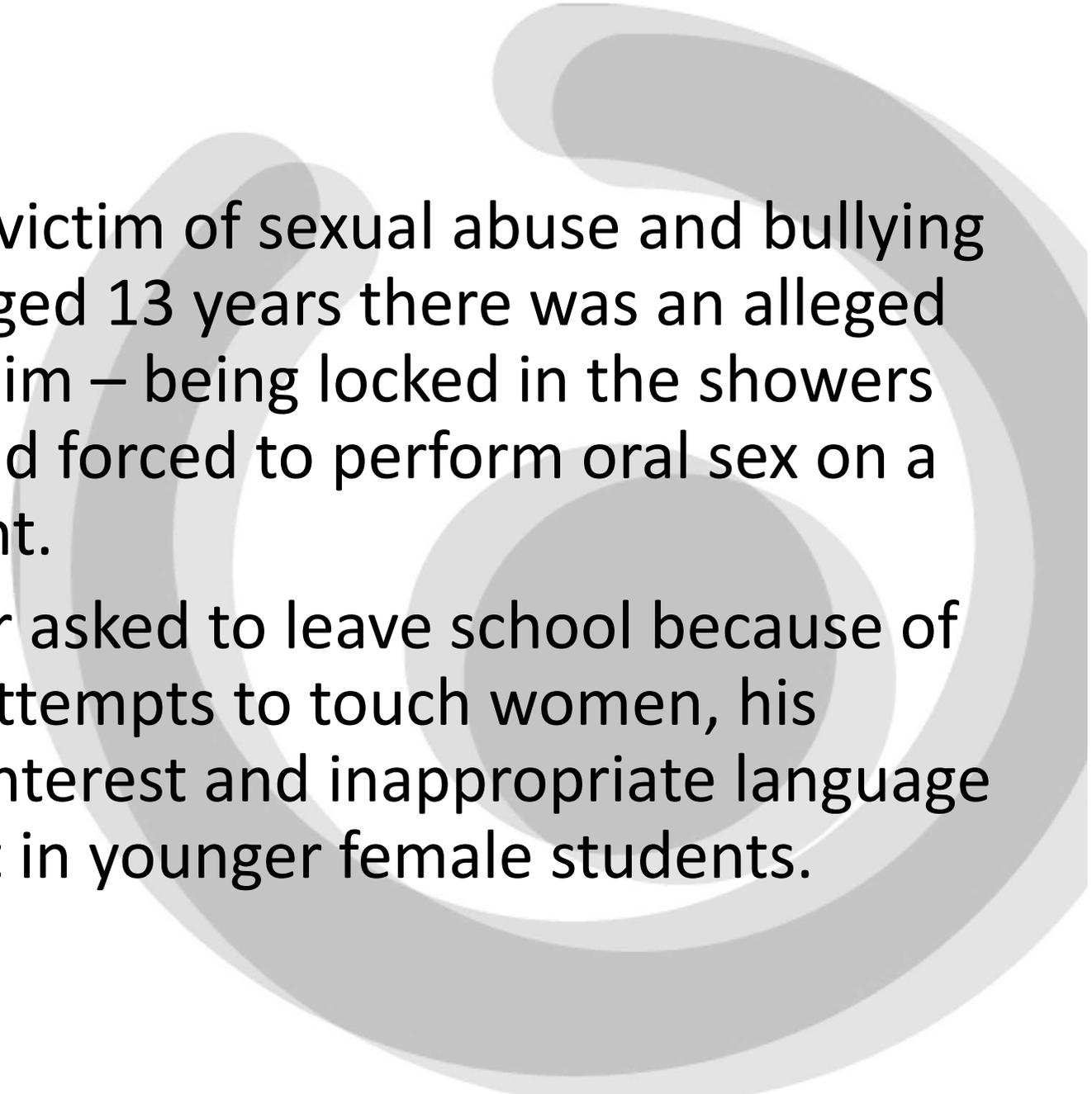
Substance Abuse

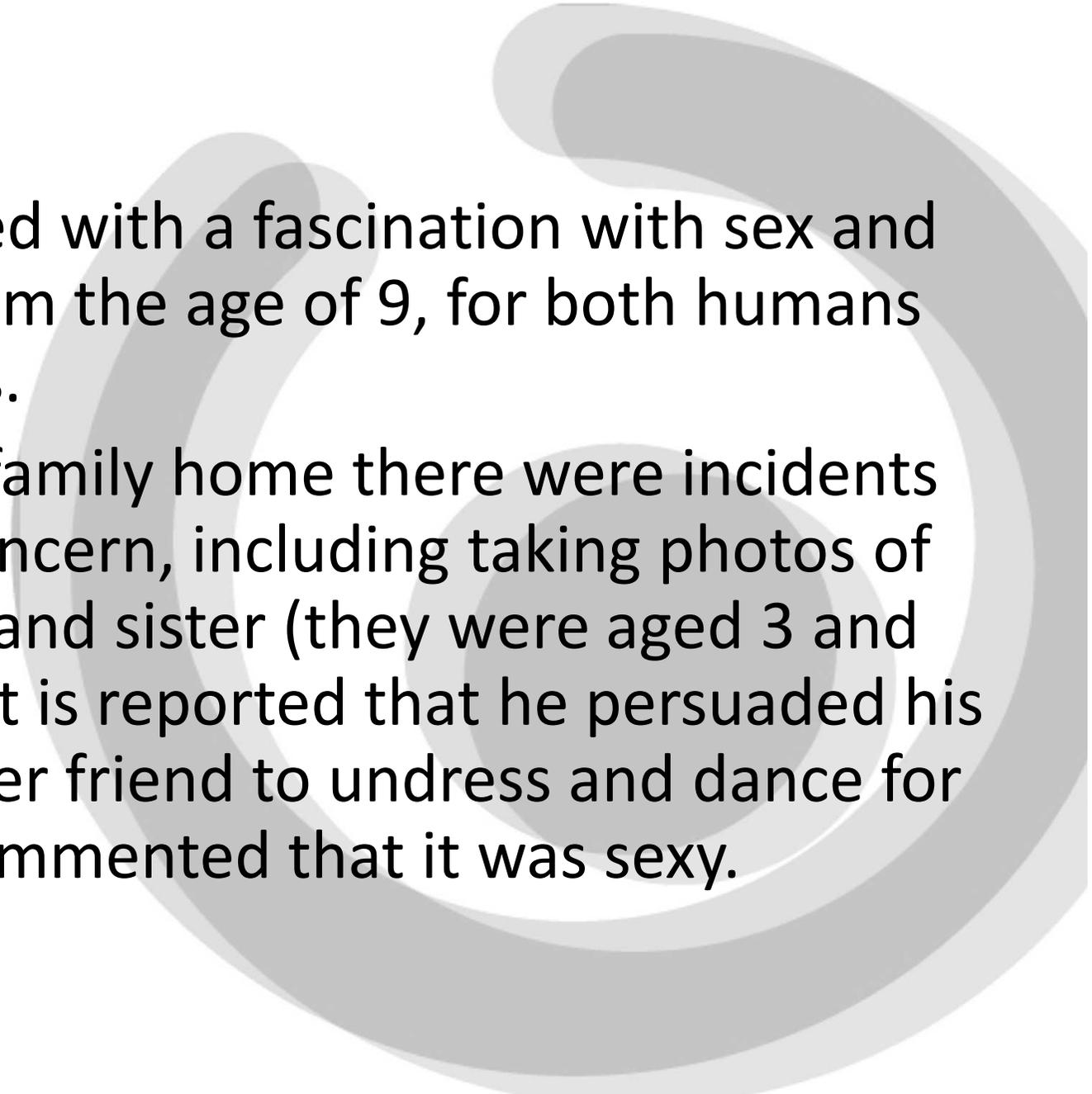
Mental Health

Unique Considerations – Personal & Lifestyle

Person Supported Via GLM

- 26 yrs, male with autism and mild Id diagnosis
- Aged 10, weekly border at a specialist School .
Socially, he had difficulties with his peers and at the age of 12 he was diagnosed with autism.
- At 16, he moved to local Special School where he remained until he was 17. He was displaying sexualised and aggressive behaviours that were becoming increasingly difficult to manage at home.

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- He was the victim of sexual abuse and bullying at school, aged 13 years there was an alleged assault on him – being locked in the showers at school and forced to perform oral sex on a male student.
 - He was later asked to leave school because of persistent attempts to touch women, his sexualized interest and inappropriate language and interest in younger female students.

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- He presented with a fascination with sex and genitalia from the age of 9, for both humans and animals.
 - Within the family home there were incidents of sexual concern, including taking photos of his brother and sister (they were aged 3 and 5). In 2005 it is reported that he persuaded his sister and her friend to undress and dance for him, and commented that it was sexy.

- There continue to be concerns about his sexual thoughts and feelings when around younger females including his sister's friends and young females he passes in the community. He admits to having warm/bubbly feelings in his body when thinking about young females (12 -16 yrs), having passing thoughts about touching their genitals and if wearing clothing which exposes the midriff, that he wants to touch their tummy. He describes similar feelings when greeting young females by hugging.

Current Situation

- Role of Sports Ambassador
- Positive Behaviour Support Plan
- Good Dialogue between provider/family/health/care management
- Action and Risk Management Plan following ARMIDILO-S
- Ongoing focus on Protective and Risk Factors
- Small amount of unsupported time in the community

THANK YOU

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