

**Effectiveness of Group Cognitive-Behavioural Treatment
for Men with Learning Disabilities at Risk of Sexual
Offending**

Final Report to the Dept of Health

Grant-holders:

*Professor Glynis H. Murphy¹, Institute for Health Research, University
of Lancaster, Lancaster, LA1 4YT*

*Neil Sinclair, Care Principles, Cedar House, Dover Road, Barham,
Kent*

Research workers: Sarah-Jane Hays & Kathryn Heaton

*SOTSEC-ID members acting as lead facilitators and contributing data
(with colleagues) to this report: Glynis Murphy & Simon Powell, Peter
Langdon, John Stagg & John Williams, Jenny Scott, Kim Mercer,
Tessa Lippold & Janina Tufnell, Geetha Langheit, Wendy Goodman &
Janice Leggett, Leam Craig*

¹ All correspondence to Glynis Murphy at the above address or email g.h.murphy@lancaster.ac.uk

SUMMARY

It is widely agreed that group cognitive-behavioural treatment is a successful form of treatment for men who have committed sexual offences. However, men with learning disabilities and sexually abusive behaviour are rarely offered treatment for their sexual behaviour. For many years, men with an IQ below 80 were completely excluded from the prison Sex Offender Treatment Programme, the SOTP (though an adapted programme, the ASOTP, now runs in some prisons) and they were also excluded from the community probation service programmes. Learning disability health services, on the other hand, have sometimes offered such treatment but usually this has been available in only a few areas of the country, for small groups of men, and little research data on effectiveness has been collected (with the exception of some of Lindsay and colleagues' work in Scotland).

This project involved 9 collaborating sites, which between them ran 13 cognitive-behavioural treatment groups for 52 men with learning disabilities and sexually abusive behaviour². The men came from both community and secure provision. All had shown sexually abusive behaviour and most (85%) had engaged in more than one incident of sexually abusive behaviour. Nevertheless, not all had been convicted and 40% of the men who came for treatment were not required *by law* to attend. Almost all the men (94%) who began treatment (and consented to take part in the research) completed treatment one year later, indicating considerable motivation amongst the men to get treatment for their difficulties.

Over the period of treatment, the men showed statistically significant increases in sexual knowledge and empathy and reductions in cognitive distortions. These changes were maintained at six month follow-up. Few men (6) showed further sexually abusive behaviour during the one year period when they were attending treatment and a few (7 men) showed such behaviour in the six month follow-up period. A variety of possible variables were examined to see if they might predict which men re-offended, including psychiatric diagnoses, previous sexual offending, level of security, receipt of concurrent therapy and medication. Only receipt of concurrent therapy and the

² A further 23 men are still receiving treatment and a number of control group men are also still being assessed. Their data are not included in this report.

presence of autistic spectrum disorders appeared to be related to re-offending.

INTRODUCTION

This project is concerned with sexually abusive behaviour by men with learning disabilities. There is a remarkably little known about such men, even though a very large literature exists concerning sex offenders without disabilities.

Sexually abusive behaviour and sexual offending by non-disabled men

Sexually abusive behaviour generally takes place in secret (Salter, 1988) and is mostly perpetrated by men (Finkelhor, 1984; 1986). The victims are most often female and it is thought that fewer than 50% of the victims ever tell anyone what had happened to them (Finkelhor, 1994). Where they do tell someone, it is most often a friend or family member in whom they confide (McGee et al., 2002).

Fewer than 10% of victims in the general population, according to most studies, report sexual abuse directly to the police (Torrey, 1991; McGee et al., 2002; Myhill & Allen, 2002). Consequently the best estimates of the prevalence of sexual abuse in the general population come from large victim surveys, such as the British Crime Survey, which estimated that the *lifetime* prevalence of sexual victimisation was 24% for women and 5% for men, with 5% of women and 1% of men having been raped, at some time in their lives (Walby and Allen, 2004). A recent study in Ireland reported that the lifetime prevalence figures for the general population showed that 21% of women and 18% of men had experienced contact abuse at some time in their lives, with 10% of women and 3% of men experiencing rape (McGee et al., 2002). Other studies have reported similar results, though prevalence rates tend to increase if non-contact abuse is counted (for example, DiVasto et al, 1984, estimated that around 50% of women report having been victims of exhibitionism) and if questioning is extremely carefully and sensitively undertaken (for example, Russell, 1984, in a study agreed to be exemplary by most experts, reported that in her random survey of 930 women in the USA, 38% had experienced unwanted sexual touching or attempted rape/ actual rape by the age of 18 years).

Sexually abusive behaviour and learning disabilities

People with learning disabilities are not included or identified in many general population victim surveys (for example, neither in the UK nor in the USA) and therefore the figures derived from these studies do not apply directly to people with learning disabilities. Nevertheless, reports that people with learning disabilities were also sometimes victims of sexually abusive behaviour began to emerge in the 1980s, just as the normalisation and rights movements were gaining ground. Initially, reports were anecdotal but, increasingly, careful surveys were conducted and a selection of findings is shown in Table 1.

Table 1: Selected surveys of people with LD

Study authors (chronological order)	Definitions	Method	Rates
Chamberlain et al., 1984	Completed or attempted intercourse (penetration)	Case notes study only of the clinic notes on 87 female adolescents with a learning disability, attending an adolescent clinic	25% had been sexually abused (clinic-based but case notes only)
Hard & Plumb, 1987, quoted in Turk & Brown, 1993	Not known	Face to face interviews with 65 people with LD attending a day centre	58% reported having been sexually abused
Sobsey & Doe 1991		A survey of national agencies that support children & adults with disabilities in Canada	88 victims traced, 67% had a learning disability. Prevalence rates not given.
Buchanan & Wilkins, 1991	Proven or strongly suspected 'sexual exploitation'	Survey of 37 day & residential workers in one county in UK, regarding cases of known sexual abuse of people with LD.	25 cases of sexual abuse identified. Prevalence rate 8%
Turk & Brown, 1993 and Brown et al., 1995	New cases only. For definitions see articles	In 1st survey: All statutory providers in one health region in England asked to provide data on all new incidents of sexual abuse of adults with LD over a 2 year period. 2 nd survey: similar	1st survey: 60 new cases/year in general pop. of 3.6 million. 2 nd survey: Similar. Estimated 1400 new cases of sexual abuse per year in England
McCarthy & Thompson, 1997	Sexual abuse as defined in law & other (see article)	185 people referred to a sex education team; all individuals interviewed face-to-face	61% of women & 25% of men had been sexually abused
Brown & Stein, 1998	New cases of poss. abuse reported to & recorded by Social Services	Abuse alerts (physical, sexual, financial, etc) across all care groups in Social Services depts in 2 counties in England	14-26 alerts per 100,000 general population; 34% of alerts for people with LD; one third of these sexual abuse

Comment [SB1]: does not appear to be in ref section

The methodology of the surveys of people with learning disabilities, particularly the period of time covered and the type of sample, had a major impact on the findings, much as in general population studies. Surveys, for example, which asked about whether sexual abuse had ever occurred (prevalence), such as McCarthy & Thompson (1997), produced higher figures than surveys which asked only about new cases (incidence), such as Brown et al (1995) and Brown & Stein (1998). Moreover, studies that took place in clinics (eg. Chamberlain et al., 1984; McCarthy & Thompson, 1997) tended to produce high prevalence rates because the participants had been selected as distressed or in need of help by their presence at the clinic. In contrast, service level surveys, which examined the number of incidents of sexual abuse reported to social services departments by carers or by day or residential services, tend to produce lower rates than those which involved the direct interviewing of staff and carers of those with learning disabilities (especially as the former often examined incidence and not prevalence). The studies producing the highest rates, however, were those which ask the people with learning disabilities themselves about their lifetime experience of abuse.

Overall, studies of people with learning disabilities have suggested that women make up between 50% and 85% of victims of sexual abuse and men 15% to 50% of victims, suggesting that male victimisation may be more common than in the general population (Hard & Plumb, 1987; Sobsey, 1994; Buchanen & Wilkins, 1991; Turk & Brown, 1993; Brown et al., 1995). On the other hand, men make up more than 90% of the perpetrators of the abuse, a figure which is similar to that in the general population of sexual offenders (Buchanen & Wilkins, 1991; Turk & Brown, 1993; Brown et al, 1995; McCarthy & Thompson, 1997). Studies have generally agreed that the perpetrators of abuse against people with learning disabilities are most often other people with learning disabilities (44% of perpetrators in Sobsey & Doe, 1991; 42% in Turk & Brown, 1993; 53% in Brown et al., 1995). Less often they are staff or family members (28% staff and 19% family members in Sobsey & Doe, 1991; 14% staff and 18% family members in Turk & Brown, 1993; 20% staff and 8% family members in Brown et al., 1995).

Perpetrators with learning disabilities

Most people with learning disabilities who are identified as having perpetrated sexual abuse are men (see above) and research has suggested that family backgrounds of marital disharmony, separation, violence and neglect are common for these men (Day, 1994), as in the general population. Mental health needs and other problems (such as anxiety, aggression, alcohol abuse) are also frequent amongst identified men with learning disabilities and sexually abusive behaviour (Lindsay et al., 2002). However, just as with non-disabled perpetrators, large numbers of incidents of sexually abusive behaviour by men with learning disabilities are not reported to the authorities (Brown & Thompson, 1997; McCarthy & Thompson, 1997; Thompson & Brown, 1997a; Thompson, 1997) and, even where they are reported, in many cases no action is taken (Brown, Stein & Turk, 1995; McCarthy & Thompson, 1997). Of course, this is also true in the general population, at least to some degree, with reporting rates for sexual crimes also being low. It may be that men with learning disabilities and sexually abusive behaviour are actually less 'successful' in keeping their behaviour hidden, since they have less freedom to go out alone and have less advanced planning skills than other men. In addition, they are likely to have fewer private spaces (such as their own home or a car) within which to engage in sexual behaviour than non-disabled men and more close supervision by staff or other carers. This may result in a greater level of detection of sexually abusive behaviours in the learning disabled population, than would be possible in the mainstream population (Hayes & Craddock, 1992).

There are very few estimates of the prevalence of sexually abusive behaviour amongst men with learning disabilities. Swanson & Garwick (1990) estimated that 3% of people with a learning disability show sexually aggressive behaviour. Some authors have argued that this essentially equates to 6% of the learning disabled male population (Thompson & Brown, 1997). Very often, in the UK, men with learning disabilities and sexually abusive behaviour are admitted to specialist treatment facilities and Thompson and Brown (1997) estimated that between one quarter to one half of men with learning disabilities admitted to specialist treatment facilities have sexually abusive behaviour. This likely reflects the court's preference for treatment being provided for men with learning disabilities in a specialist treatment facility rather than in a prison in the UK (Thompson & Brown, 1997). In Australia,

Comment [SB2]: Hi Glyn – you've mentioned this point in the previous paragraph.

in contrast, where there is no equivalent of the Mental Health Act for people with learning disabilities, so there is less opportunity for diversion out of the criminal justice system, men with sexually abusive behaviour and learning disabilities may well end up in prison (O'Connor, 1996). Hayes (1991) has estimated that 4% of men without learning disabilities in a New South Wales prison had been convicted of sexual offences and 4% of the men in the prison with learning disabilities had also been convicted of a sexual offence.

There is very little in the way of community prevalence data on sexual offending and sexually abusive behaviours amongst people with learning disabilities. McBrien, Hodgetts, & Gregory (2003) surveyed one local authority in England to assess the extent of offending and risky behaviour amongst people with learning disabilities known to services. They found that of the 1,326 individuals identified as having learning disabilities, 348 were considered to show behaviour that could be classified as offending type behaviour (26%). Of this 348, over a third, 141 (41%), had engaged in 'sex related' behaviours (which included soliciting for sexual activity, making sexual approaches to adults, undressing/exposing self in public and making sexual approaches to children). Of these 141, fewer than a third had been convicted of sexual offences.

A number of explanations have been proposed as to why men with intellectual disabilities sexually abuse others. Thompson & Brown, 1997, suggested that it may be because:

- they themselves have been sexually abused
- they lack opportunities of appropriate sexual expression
- they lack an understanding that such behaviour is illegal
- they over-identify with children, as a result of their own developmental immaturity.

There is circumstantial evidence for some of these hypotheses. For example, men with learning disabilities do have limited numbers of sexual partners compared to other people (see Murphy & O'Callaghan, 2004) and those men with learning disabilities who later became perpetrators of sexual abuse, have more often been

sexually abused as victims, than have men with learning disabilities who later engaged in different crimes (Lindsay et al., 2001). However, Thompson & Brown (1997) have pointed out that none of the explanations alone (see above) can account for why some men with learning disabilities display sexually abusive behaviour, whilst the majority do not. It is possible that other factors are more important, such as those which are thought to be important in men without disabilities who commit sexual offences, e.g. attachment problems, lack of empathy and cognitive distortions (see Marshall et al. 1999, for a review in relation to mainstream sex offenders).). Indeed, this was the conclusion reported in Lindsay (2005), who has recently reviewed four aetiological explanations for sex offending amongst people with learning disability. These were, namely, inappropriate sexuality (or, as others have termed it, deviant sexual arousal), personality (antisocial features such as psychopathy), counterfeit deviance (limited opportunity and /or lack of understanding, as suggested by Thompson and Brown, 1997, above), and psychological/developmental factors such as early abuse, poor social engagement and negative self-evaluation. Lindsay (2005) concluded that inappropriate (or deviant) sexuality or sexual arousal seemed to be an important factor, along with personality, and psychological and developmental factors (such as childhood abuse and negative parenting experiences), but he found little if any evidence to support what he termed counterfeit deviance, ie offending due to limited opportunity for appropriate sexual expression or lack of understanding of appropriate sexual behaviour.

Treatment of sexually abusive men

Existing sex offender treatment programmes in UK prisons (e.g. the Sex Offender Treatment Programme, SOTP) and in the community (e.g. probation run programmes) have increasingly been based on the group cognitive-behavioural treatment model (see for example, Marshall et al, 1999), which does appear to be effective (Beckett et al., 1994; Hanson et al, 2002). However, these programmes have often been restricted to offenders whose IQ is 80 or over (Grubin & Thornton, 1994).

There are now some prisons which are running Adapted SOTP programmes (ASOTP), designed for men with lower ability, including learning disabilities, and

there are one or two clinics that run such programmes (such as in Birmingham, Solihull, Newcastle and in parts of Scotland). However, many sex offenders with an IQ below 80 on probation, as well as men with learning disabilities in mental health/learning disability services who have committed sexual offences or engaged in sexually abusive behaviour are not offered such treatment. No doubt part of the reason for this exclusion has been uncertainty over the relevance of these programmes for sex offenders with a learning disability (Allam, Middleton & Browne, 1997; Bowden, 1994; Clare, 1993; Gilby, Wolf, & Goldberg, 1989; Griffiths, Hingsburger & Christian, 1989; Murphy, Coleman & Haynes, 1983).

In the research literature, there have been sporadic reports of programmes or elements of programmes adapted for men with learning disabilities (Charman & Clare, 1992; Clare, 1993; Gardiner, Kelly, & Wilkinson, 1996; Swanson & Garwick, 1990), and some reports of outcome data on individual men or very small groups of men (Lindsay et al, 1998a,b,c; Lindsay et al., 1999; Rose et al, 2002). However, there have been virtually no reports of systematic outcome data on factors such as recidivism, with the exception of Lindsay & Smith, 1998, and only very limited data on changes in process measures, such as social skills, empathy and relevant cognitive distortions following treatment (Lindsay et al, 1998 a, b, c; Rose et al., 2002). While this is no doubt partly due to the short history of clinical work using a cognitive-behavioural approach with this population in general (Kroese, Dagnan & Loumidis, 1997), and to sex-offending in particular (Bowden, 1994; Clare, 1993; O'Connor, 1996), there is an urgent need to establish whether mainstream programmes can be extended to the learning disabled population with the same effectiveness. Moreover, this urgency arises from the prevalence of sex-offenders in this population claimed by some authors (Bodna, 1987; Cockram, Jackson & Underwood, 1992; Hayes, 1991) and the presence of significant numbers of clients in learning disability services with a history of sexually abusive behaviours and no clear treatment options (see McBrien et al., 2003).

Offenders with learning disabilities, of whom sex offenders form a significant proportion (Day, 1994; Klimecki, Jenkinson & Wilson, 1994), pose a number of awkward issues for clinicians. These include the fact that such offenders are to be found in a range of service settings including learning disability services, forensic,

probation and mental health services. Factors affecting the allocation to services seem to be the severity of offending, the presence of secondary features such as mental illness or substance addiction, and the vagaries of individual services and clinicians at key decision points. The majority of men with learning disabilities and sexually abusive behaviour, however, are usually to be found in learning disability services where there is considerable tension between the security and community protection requirements on the one hand, and the requirements for community involvement and integration on the other. For this reason maintaining men with known sexually abusive behaviour within learning disability services has often resulted in additional offending often against other more vulnerable people with a learning disability (Brown & Turk, 1992; Murphy, 1997; Robertson, 1994).

There is thus a major need for an easily accessible form of treatment for sexually abusive men with learning disabilities. The treatment model adopted here is based on a group cognitive-behavioural approach developed in the treatment of mainstream sexual offending. Increasing clarity about which components seem to be practical and efficacious are emerging from the clinical and research literature in this area, and recent publications have established correlational (Hanson & Bussière, 1998; Hanson, et al. 2002) and matched control (Aytes, 2001) evidence for the overall effectiveness of such comprehensive treatment programmes, although the effectiveness of individual components is still uncertain. Lindsay (2005) has argued that there is now evidence to support treatment programmes being directed at cognitive processes (ie cognitive distortions), as well as motivation and offending strategies, and sexual education and awareness. He also argues that retaining and developing societal engagement (while also managing risk) is a vital and often neglected component, especially when individuals are removed from their communities and placed in a secure setting such as low or medium secure hospitals. All of these elements have already been included in the treatment package described here. Social engagement is not as clear a focus of treatment as Lindsay favours, though involvement of carers is a component, and the balancing of community risk with these participants is a difficult task.

AIMS

The aim was to provide group cognitive-behavioural treatment for men with learning disabilities who had shown sexually abusive behaviours and to evaluate the effectiveness of such treatment in changes to the men's knowledge, attitudes, beliefs and re-offending rates.

HYPOTHESES

The null hypotheses were as follows:

1. There will be no change between pre-group, post-group and follow-up scores for sexual knowledge and attitudes for treated men or for control men
2. There will be no change between pre-group, post-group and follow-up scores for victim empathy for treated men or for control men
3. There will be no change between pre-group, post-group and follow-up scores for cognitive distortions for treated men or for control men
4. There will be no change in the rates of sexually abusive behaviour for treated men or for control men

METHOD

This research project involved a collaboration between a number of participating sites, each offering cognitive-behavioural treatment to men with learning disabilities who were at risk of sexual offending. The collaborative group which coordinated the treatment and research was known as SOTSEC-ID (Sex Offender Treatment Services Collaborative – Intellectual Disability) – see Table 2 for information on this group.

Participating sites

The participating sites were spread across the UK and each one consisted of a clinical team, offering the SOTSEC-ID model of cognitive behavioural treatment for men with learning disabilities at risk of committing sexual offences. Normally these clinical teams were based in NHS Mental Health & learning Disability Trusts or Primary Care Trusts, usually as part of Community Learning Disability Teams (CLDTs) but some were based in secure services (often run by the independent sector). One participating site was an independent group of psychologists providing treatment to men with learning disabilities on probation.

Table 2: The collaborating group, SOTSEC-ID

**SEX OFFENDER TREATMENT SERVICES COLLABORATIVE
- INTELLECTUAL DISABILITY (SOTSEC-ID)**

The Sex Offender Treatment Services Collaborative - Intellectual Disability (SOTSEC-ID) is a collaborative group of professionals engaged in providing treatment for men with an intellectual disability who are at risk of sexual offending. Glynis Murphy currently chairs the group and Neil Sinclair is deputy chair. John Williams acts as treasurer and membership secretary. The group exists in order to provide:

- A forum within which clinicians who are engaged in treating this client group may meet to discuss treatment issues and ethical issues which this type of work raises
- Appropriate training and dissemination of cognitive behavioural treatment (CBT) approaches for this client group
- A data set of sufficient size to allow a proper test of the effectiveness of group CBT for this client group

The first aim is achieved through meetings, every 6-8 weeks, of interested professionals. These meetings are usually held in London and Birmingham, alternately.

The second aim is achieved by running basic training in cognitive-behavioural treatment, the SOTSEC-ID model, once per year and arranging periodic seminars and conferences, on cognitive behavioural group treatment for men with an intellectual disability at risk of sexual offending and related topics.

The third aim has been addressed by the development of a common assessment and treatment framework within which treatment can be provided in a standard way, to a homogenous group of clients, so that there is some assurance of standardisation and model fidelity for comparative research purposes. A research grant from the Department of Health has supported this work over a number of years. Care Principles also provided some stop gap funding for a crucial five month period.

Typically, the teams running the treatment consisted of two male and two female clinicians, who would rotate in facilitating treatment sessions (such that there was always one man and one woman clinician facilitating each session). The teams were normally led by a clinical psychologist and the remaining team members would often include other clinical psychologists, behaviourally trained nurses, behaviour

therapists, cognitive therapists, social workers and/or probation officers. All teams were required to undertake the SOTSEC-ID training.

Participants

The participants in the research were all men with learning disabilities and a history of sexually abusive behaviour. The **index group** consisted of men who were attending treatment groups and consented to take part in the research; the **control group** consisted of men suitable for entering treatment groups, but who were awaiting a treatment group (or were living in an area where a treatment group had not yet been set up), and who had consented.

Not all of the participants had *convictions* for sexual offences. Nevertheless they had all engaged in sexually abusive behaviour (in many areas, police are reluctant to prosecute men with learning disabilities, even where it seems likely that sexually abusive behaviour has taken place, especially if the victim is another person with a learning disability).

The definition of sexually abusive behaviour used in this study was as follows:

Sexually abusive behaviour refers to any sexually related behaviour for which:

- *the other person was not consenting (or was unable to consent), and*
- *the behaviour would be defined as illegal within the jurisdiction in which it occurred*

This definition excludes sexual behaviours that may be considered unacceptable or strange, but which are not illegal in the jurisdiction in question (for example, cross-dressing).

Normally the proof of whether a sexual offence has occurred should be established through the criminal justice process. However, if the alleged perpetrator was diverted out of the criminal justice system due to having a learning disability or other mental disorder, or the sexually abusive behaviour was not reported to the usual authorities, then eye-witness accounts of the sexually abusive behaviour (e.g. by the victims or other witnesses), would suffice to establish the probability that an offence occurred.

This definition was deliberately broad and acknowledged that a large number of incidents of sexually abusive behaviour by men with learning disabilities are not reported to the authorities (Brown & Thompson, 1997; McCarthy & Thompson, 1997; Thompson & Brown, 1997; Thompson, 1997) or are reported but not prosecuted (Brown, Stein & Turk, 1995; McCarthy & Thompson, 1997), and are therefore not technically ‘offences’ (since this requires a conviction).

In ascertaining whether someone was suitable for the group, teams were advised to review case notes. Often case notes are vague, with references to 'sexually inappropriate behaviour,' but with insufficient information to give a firm idea of whether the man should be included in the group. Thompson & Brown (1998) suggested that such records should be read with caution particularly taking into account the historical beliefs about sexuality. For example, the label 'sexually inappropriate behaviour' may have been given to sexual contact that was consenting, based on the belief that any sexual contact by people with learning disabilities was wrong (Thompson & Brown 1998). But on the other hand, euphemistic terms may conceal very abusive behaviour at times. If in doubt, participating teams were advised to find out why the person was referred to the group at that point in time, by interviewing the referrer, the staff members who knew him well, and the man himself, to get precise details of the sexually abusive behaviour (teams were reminded to be mindful of the fact that many men deny their behaviour has been sexually abusive).

The inclusion and exclusion criteria for men entering treatment (or acting as controls) were:

Inclusion criteria

- i. **Participants must have been associated with learning disability services whatever their IQ, and must have a Full Scale IQ between 55 and 80.**

This criterion applied regardless of any concurrent mental health diagnosis (i.e. men were not necessarily excluded from the group because they had a co-morbid mental health issue). Men with an IQ over 70 were included, even though they did not technically have a learning disability, because they had been receiving learning disability services (and thus other services, such as

mental health services, had usually rejected them). Experience suggested that these men would be likely to also have social impairments and be on the autistic continuum (often this is why professionals thought them to have a learning disability). In the situation where a man had a large Verbal-Performance (VIQ:PIQ) discrepancy, it was recommended the verbal IQ (VIQ) should be taken as the main guide to suitability for inclusion.

ii. Men aged between 18 and 60 years, with each group having a maximum age range of 30 years

iii. History of sexually abusive behaviour (according to the definition given above)

iv. In a stable residential placement (i.e. not homeless).

v. Deemed suitable for cognitive therapy

Clinicians were advised to use the Pre-Therapy Assessment Package (Knight John, 1999, based on Dagnan & Chadwick 1997), in addition to their own clinical judgement, to assess an individual's suitability for cognitive therapy, if they were in doubt.

vi. Deemed suitable for working in a group

This was a clinical global judgement made on the basis of a number of factors, some of which are detailed below:

- Participation and performance in any previous groups
- Level of communication proficiency, as assessed through interview, formal assessment (e.g. BPVS-II for receptive language) and experience of communicating with the person.
- The presence of behaviours that may be disruptive in the group setting.
- Language, especially the degree of fluency in English. While we did not wish to exclude men from minority ethnic groups, the need for translation posed particular confidentiality problems in this kind of group.
- Mental health issues

vii. Clients could be drawn from a number of places including community, learning disability, health, social services or probation services and low or medium secure settings. Clients could be referred who were not currently

involved with any community or hospital learning disability services, although this was thought unlikely to occur (unless, say, they were referred through probation).

People residing in settings described as low and/or medium secure were included in the research; those residing in high secure were not included in the study. It was not perceived to be problematic for groups to contain members from a variety of settings with different security ratings (i.e. from community through to low and medium secure settings). Some facilitators worried that mixing men from more restrictive settings with men from the community would result in the latter learning more serious sexually abusive behaviour. Our belief was that this was unlikely to be a problem, on the basis of our own experiences and that of others e.g. Salter (1988) and Marshall et al. (1999). This is considered further in the **Discussion** section.

- viii. Clients could be legally restricted (e.g. under sections of the Mental Health Act, or on probation). They could also be unrestricted (e.g. if none of their sexually abusive behaviours had been dealt with under the criminal justice system).**

Exclusion criteria

- i. No history of sexually abusive behaviour**
- ii. No history of involvement with learning disability services**
- iii. Younger than 18 years of age; older than 60 years of age**
- iv. Clients should not be drawn from services designated high secure**
- v. There were no exclusion criteria for mental health diagnoses**
- vi. There are no specific exclusion criteria for level of verbal skills but men with very poor verbal skills (e.g. a British Picture Vocabulary Scale (BPVS-II) score of less than 5 to 6 years age equivalent) were thought unlikely to benefit.**

Measures

All men were assessed on baseline or 'initial' measures at the start of the group and on the dependent 'process' measures (at the start of the group, half way through the

group, at the end of the group and at six month follow-up). In addition, information was collected on sexually abusive behaviour:

- prior to the group
- during the group
- for 6 months following the group.

Initial measures

The initial or screening measures (see Table 3) described important characteristics of the men, such as degree of intellectual disability, adaptive behaviour, and receptive language, as well as the presence of a co-morbid mental health diagnosis, and whether the client fell within the continuum of autistic spectrum disorders. These measures also allowed clinicians to determine whether an individual client referred to the group met the inclusion criteria for the research.

Table 3 : Initial Measures

Variable	Measure
Intelligence	Wechsler Adult Intelligence Scale-Third Edition (WAIS-III; Wechsler, 1997).
Adaptive Behaviour	Vineland Scales of Adaptive Behavior (Vineland; Sparrow, Balla & Cicchetti, 1984).
Receptive Language	British Picture Vocabulary Scale-II (BPVS-II; Dunn, Dunn, Whetton & Burley, 1997)
Mental Health	Psychiatric Assessment for Adults with a Developmental Disability (mini PAS-ADD; Prosser, H., Moss, S., Costello, H., Simpson, N., & Patel, P. 1997). Hester Adrian Research Centre and the Institute of Psychiatry.
Autism	The Diagnostic Criteria Checklist (Operationalises DSM IV criteria for autism) (Howlin, 1997).

Dependent process measures

Dependent measures are those that are hypothesised to be responsive to the treatment programme. Process variables are those that are believed to mediate between the treatment and eventual outcome. The aim of the treatment was to reduce re-offending and it was hypothesised that the treatment would affect positive change in men's sexual attitudes and knowledge, attitudes towards sexual offending, degree of minimisation, denial for the offence(s), blame for the victim, and degree of victim empathy. Process variables are listed in Table 4 and are described below. All of

these measures were administered before treatment began; at the end of treatment; and at six month follow-up. In addition, one of the measures, the Questionnaire on Attitudes Consistent with Sex Offending (QACSO) was administered mid-way through the treatment programme. (See Appendices 7, 8, 9, 10 for extracts of the measures and see below for a brief description of them).

Table 4: Dependent Process Measures

Variable	Measures	Intellectual Disability Specific Yes/No
Sexual Knowledge Variable and Measures		
Sexual Knowledge	Sexual Attitudes and Knowledge (SAK)	Yes
Sexual Offending Variables and Measures		
Distorted Cognitions	Questionnaire on Attitudes Consistent with Sex Offences (QACSO; Lindsay, Carson & Whitefield, 2000)	Yes
	Sexual Offenders Self Appraisal Scale (SOSAS; Bray & Forshaw, 1996a)	Yes
Victim Empathy	Victim Empathy Scale (Beckett & Fisher, 1994) - Adapted	No – but adapted

Sexual Attitudes and Knowledge Questionnaire (SAK, Author Unknown)

The Sexual Attitudes and Knowledge Questionnaire consists of nineteen pictures with accompanying questions regarding sexual knowledge and attitudes, and was designed for use with people who have intellectual disabilities. The questions are spread across four sub-scales which are, 1) understanding relationships, 2) social interaction, 3) sexual awareness, and 4) assertiveness. There is no reliability and validity information relating to this scale known to the authors.

Questionnaire on Attitudes Consistent with Sexual Offending (QACSO; Broxholme & Lindsay, 2003; Lindsay, Carson & Whitefield, 2000)

The Questionnaire on Attitude Consistent with Sexual Offending is a 63 item questionnaire specifically designed for use with sex offenders who have intellectual disabilities. The questionnaire attempts to assess distorted cognitions relating to sexual offending spread across several different offending categories, which include 1) rape, 2) voyeurism, 3) exhibitionism, 4) dating abuse, 5) homosexual assault, 6) paedophilia, and 7) stalking and sexual harassment. Higher scores indicate increased endorsement of distorted cognitions associated with sexual offending. The QACSO

has been found to effectively discriminate between sex offenders and non-offenders with an intellectual disability, and generally good levels of test-retest reliability for all of the offending categories, with the exception of the rape category, have been reported (Broxholme & Lindsay, 2003).

Sexual Offenders Self Appraisal Scale (SOSAS; Bray & Foreshaw, 1996)

The Sexual Offenders Self Appraisal Scale is another questionnaire which is used to examine cognitions about sexual offending. The instrument consists of 20 statements, to which respondents are asked to indicate their degree of agreement or disagreement. Items are scored on a five point scale (from 'disagree a lot' to 'agree a lot') and form four subscales labelled 1) denial, 2) victim blaming, 3) minimisation, and 4) realism. The authors are unaware of any published reliability and validity data for this questionnaire.

Victim Empathy Scale- Adapted (VESA; Beckett & Fisher, 1994)

The Victim Empathy Scale was originally developed for use with sexual offenders who do not have intellectual disabilities. The Victim Empathy Scale-Adapted has been modified for use with sexual offenders who have intellectual disabilities by removing double negatives and simplifying some wording. Respondents are asked to consider how they and their victim feel about a series of statements regarding the respondents' sexual offending. Responses to the items are rated on a four point Likert type scale represented by four columns of varying heights to indicate degree of agreement or disagreement (this pictorial assistance also represents a modification over the original version of the scale). There is no reliability or validity data for the revised version of the measure, but the internal consistency of the original scale has been reported as 0.89 with child molesters (Fisher, Beech & Browne, 1999), and Cronbach's alpha has been found to be 0.90 for child molesters (Fisher, Beech & Brown, 1999) and 0.91 for child molesters and 0.93 for sexual offenders targeting adults by other authors (Tierney & McCabe, 2001).

Dependent outcome measure

Table 5 describes the dependent measures related to outcome, i.e. the number of alleged sexually abusive behaviours, and/or the number of convictions for sexual offences. The treatment programme was hypothesised to affect positive change in

recidivism during and following the treatment. These measures were continually assessed during treatment and for up to six months following the treatment programme.

Covariables

Covariables are variables that may mediate the relationship between the treatment (independent variable) and the dependent variables. They are measured so that any effect they might have can be removed statistically. This is particularly important in studies such as this one where the usual method of controlling for covariables (random assignment) is not possible for ethical reasons. In addition to the co-variables listed below, the measures of IQ, autism, receptive language, and mental state taken at screening (see Table 6) were also considered as co-variables.

Table 5: Dependent outcome measures

Variable	Measures (assessment measure)
Recidivism: during treatment	<ul style="list-style-type: none"> ▪ Sexually abusive behaviour not reported to the police (<i>Men's Group Background Information and Data Base Schedule – Phase Two</i>) ▪ Allegations of sexual offending behaviour reported to the Police (<i>Men's Group Background Information and Data Base Schedule – Phase Two</i>) ▪ Convictions for sexual offending behaviour (<i>Men's Group Background Information and Data Base Schedule – Phase Two</i>)
Recidivism: follow-up	<ul style="list-style-type: none"> ▪ Sexually abusive behaviour not reported to the police (<i>Men's Group Background Information and Data Base Schedule – Phase Three</i>) ▪ Allegations of sexual offending behaviour reported to the Police (<i>Men's Group Background Information and Data Base Schedule – Phase Three</i>) ▪ Convictions for sexual offending behaviour (<i>Men's Group Background Information and Data Base Schedule – Phase Three</i>)

Involvement of service users in the design of research measures

Men with learning disabilities and sexually abusive behaviour from a number of the early treatment groups were asked if they would help us to design a post-group men's interview. We subsequently met with 7 men (from two different groups) to gain their feedback from the groups and to develop suggestions for a post-group

men's interview – see Appendix 11 for the final version of the men's post-group interview.

Table 6: Possible Covariables and Measures

Possible Covariable	Measures (<i>assessment measure</i>)
<u>Service features:</u> Carer involvement Level of security-service Level of security-group Level of supervision - individual	<ul style="list-style-type: none"> • Attendance at carer meetings (<i>Periodic Report Form</i>) • Community or low or medium (<i>Men's Group Background Information and Data Base Schedule</i>) • Level of security of venue for Men's Group (<i>Men's Group Background Information and Data Base Schedule</i>) • Level of supervision required by individual in community (<i>Men's Group Background Information and Data Base Schedule</i>)
<u>Provision of other treatment:</u> Anti-libidinal medication Other medication Individual therapy and other group therapies	<ul style="list-style-type: none"> • Type and Dosage (<i>Men's Group Background Information and Data Base Schedule</i>) • Type and Dosage (<i>Men's Group Background Information and Data Base Schedule</i>) • Theoretical orientation of therapy, duration and frequency of therapy, professional conducting therapy (<i>Men's Group Background Information and Data Base Schedule</i>)
<u>Criminogenic variables:</u> Age at first sexual offence Type of previous offences Number of previous offences (sexual and other) Victim characteristics	} Structured social and forensic history obtained from <i>Men's Group Background Information and Data Base Schedule</i>
<u>Personal history:</u> History of sexual abuse Psychiatric history as child Psychiatric history as adult	} Structured psychiatric and abuse history obtained from <i>Men's Group Background Information and Data Base Schedule</i>

Procedure

Ethical review

Ethical permission for the study was sought through the NHS Multi-Site Research Ethics Committee (MREC) procedures. This process was extremely prolonged and eventually required applications (and revisions) to three successive MREC committees. All three committees required different changes to consent forms and information sheets. All three wanted a randomised control group, rather than the waiting list control group proposed. Random assignment of participants to treatment

or control group was something which was not believed to be practicable, given the number of men referred at any one time, in any one locality, the numbers needed to run a group and the anxieties of service managers about sexually abusive behaviour (and thus about not providing treatment). Eventually MREC approval was gained for the waiting list control design, one year after the first application, and only after assistance from the head of the Central Office for Research Ethics Committees (COREC). The process of gaining consent is described in Hays et al. (2003) – see Appendix 12.

The information sheets and consent forms made it clear to men who participated in the research that participation was voluntary and that they could withdraw their consent at any time. It was also emphasised that men could consent to the treatment without consenting to the research. See Appendix for copies of information sheets and consent forms.

Confidentiality of information during the assessment and/or treatment by the men was dealt with as follows:

- Men were told that information was confidential, provided it did not indicate that they themselves or someone else was in danger/liable to harm.
- If they did reveal information signifying that they or others were in imminent danger/liable to harm, this information would be shared with named people (see Consent forms and Information sheets in Appendix 1-3) and the men were made aware of this.
- All participants were warned at the start of the group and periodically during the group that if disclosures of new offences were made, then a (named) person would need to be contacted, if the victim could be identified.
- Within the treatment group, all men were told that what was said by other men in the group was confidential (i.e. “what is said here, stays here.”) The men were repeatedly reminded of this group rule.
- The men were also told that while the facilitators could guarantee confidentiality, within the above limits (and severe sanctions existed for any breach by facilitators - professional malpractice), confidentiality from other group members could only be requested on a mutual basis, and the only sanction was group

exclusion.

These are the normal limits to confidentiality in sex offender treatment groups (Beckett, Beech, Fisher & Fordham, 1994; Krueger & Kaplan, 1997).

Procedure for joining research

Clinical teams wishing to participate in the research usually contacted SOTSEC-ID because they had one or more referrals of men who needed treatment for sexually abusive behaviour. They were then normally invited to attend SOTSEC-ID meetings, and were lent a treatment manual while they decided whether to participate or not. Very often, teams initially thought they might have only two or three suitable men but found that when they sought referrals in their local area, there were other men who needed treatment and who were being risk managed in services.

Once teams decided to participate they attended the SOTSEC-ID training, where they were shown all aspects of the SOTSEC-ID assessment and treatment model (see below). Teams also applied to their local NHS research ethics committees to register as a participating site.

Each team then invited men who met the inclusion criteria to participate in the treatment groups, usually using the treatment information and consent forms SOTSEC-ID provided (these specific treatment consent forms were not mandatory, unlike the research consent forms) – see Appendix 1. Provided men consented to treatment, they were included in the treatment group. Research consent was sought at a later point, so as not to confuse the men, and this was done using the MREC-approved information and consent forms – see Appendix 2.

Men with learning disabilities and sexually abusive behaviour who were referred after the start of treatment groups, and met the inclusion criteria, were invited to join the control group, while they awaited the next treatment group. MREC-approved information sheets and consent forms were used – see Appendix 3. In some areas where CLDTs knew they would be unable to start a group for at least a year (for example, due to a key clinician being on maternity leave), men were also invited to join the research as control participants, provided they met the inclusion criteria.

Once men had consented to treatment the initial measures were completed (see **Measures** above) and they entered the treatment groups. Measures were also completed half way through the treatment group, at the end of the group and at six month follow-up (see under **Measures** above). No assessment measures or information about the men in treatment were passed to the research team until the men had also consented to participate in the research.

Background information schedules were also completed for all men participating in the research, detailing demographic information, diagnostic information, previous criminal or abusive behaviours, previous treatment, previous abuse as a victim and details of the 'index' sexually abusive behaviour (see Appendix 4). At the end of the treatment group, a further schedule was completed detailing any further sexually abusive behaviour or victimisation, as well as any changes in treatment (for example in medication) during the period of the group (see Appendix 5). A final schedule was completed at six month follow-up, including information, much as for the end of the group (see Appendix 6).

Treatment procedure

The treatment procedure is fully described in the SOTSEC-ID treatment manual (Sinclair et al, 2002). The following information provides a summary of the treatment components (extracted from the website www.sotsec.org):

Summary *The aim of the treatment is to reduce men's sexually abusive behaviour. We also expect to effect positive change in men's sexual attitudes and knowledge, their victim empathy, and their cognitive distortions in relation to sexual offending (e.g. degree of minimization, denial for the offence (s) and blame for the victim). These issues form the main focus of the treatment programme. Some details of the programme curriculum follow.*

Social and therapeutic framework

The first part of the treatment seeks to establish the social and therapeutic framework within which the group treatment will proceed. Components include: establishing group rules, addressing initial denial, and developing group social skills.

Human relations and sex education

The purpose of sex education for the men with intellectual disabilities and sexually abusive behaviour is to provide:

- *A common knowledge base and understanding for human sexuality and relationships, including consent and legal issues*
- *'Permission' to talk about sexuality and sexually abusive behaviour*

- *Opportunities to challenge any myths/beliefs/attitudes/cognitive distortions regarding relationships, behaviour or gender roles, which may contribute to sexually abusive behaviour*

The content is broadly based around two main components: general sex education aimed at those with an intellectual disability and specific education/discussion on areas that are hypothesized to be less understood or known by men with an intellectual disability who engage in sexually abusive behaviours, e.g. legal and illegal behaviours, consequences of such behaviours and consent.

The Cognitive Model

The treatment takes a cognitive approach to changing sexually abusive behaviour, through changing the men's cognitive distortions.

This phase of the treatment introduces men to the cognitive model, i.e. to the idea that there are emotional and cognitive aspects to behaviour. This is approached within a structured, but flexible framework and begins with non-offending examples (e.g. someone being upset because a promised visit from a friend did not take place) and gradually moves on to challenging behaviour/offending (e.g. wanting some chocolate in the shop, not having the money and taking it anyway) and finally to sexually abusive offending (including the men's own offences).

Sexual Offending Model

Finklehor's 4 step model of sex offending provides the framework within which facilitators and participants can discuss the offending behaviour and come to understand it better, especially the various stages or steps involved in the offending process. This part of the programme is intended to help the men to understand that their previous abusive sexual behaviour did not occur in a random or unexplained fashion but that they planned to offend (and therefore that they can plan not to offend). The model provides a relatively simple framework for understanding sexual offending and forms a basis for the later development of relapse prevention. It proposes 4 steps to sexually abusive behaviour:

- *thinking about sexually abusive behaviour (having 'not OK' sexy thoughts)*
- *making excuses about why this is OK*
- *planning how to get access to a victim*
- *overcoming the victim's resistance and engaging in sexually abusive behaviour*

Each man is required to consider these steps in relation to his own past behaviour. In the process of discussion with the men, it usually transpires that they hold a variety of cognitive distortions (e.g. the belief that they didn't plan their offences, they just 'happened'). These cognitive distortions are then challenged, with the help of other men in the group and each man is helped to develop a more honest account of how his sexually abusive behaviour occurred.

Victim Empathy

Empathy has long been considered important for regulating and/ or mediating pro-social behaviour, motivating altruism and inhibiting aggression. It appears that low victim empathy may be related to some of the cognitive distortions that sex offenders hold, in that both minimization of harm and victim blaming may be the result of low victim empathy.

Various methods are used in the treatment to try to increase victim empathy. Initially the men are supported to talk about times when they were victims of

something unpleasant or upsetting. They consider how they felt. The group then works towards getting the men to think about how victims of sexual abuse, generally, might feel. Finally they are helped to face up to how their own victims felt, something which most men find very hard.

Relapse Prevention

Relapse prevention is designed to address the difficulty encountered in most sex offender treatment programmes, that of recidivism or failure of maintenance.

The purpose of relapse prevention strategies is to provide the client with a range of strategies and tactics that will reduce the probability of encountering situations in which a lapse is likely, and reduce the likelihood of lapses becoming relapses.

Such strategies are needed because regardless of how powerful the initial treatment effect is, maintenance relies on self-administration of strategies and tactics to avoid relapse, and if such strategies are not explicitly addressed in treatment, the client is less likely to have the appropriate skills and knowledge to apply them.

Towards the end of the treatment, a number of sessions are spent developing detailed relapse prevention plans for each client. These serve as a summary of relevant points of the group treatment programme and are designed to be portable relapse prevention plans that the man can use at any time and that can also be shown to relevant parties such as the residential service and Care Manager.

Post treatment

The serious consequences of the men's offending behaviour on their victim's means that steps must be taken following the treatment to help reduce the chance of recidivism:

- At a minimal level, the relapse prevention plan developed for each client should be used as a basis for risk management with services responsible for monitoring the individual. Services are encouraged to re-refer to psychology services if circumstances arise that potentially increase the risk of re-offending
- Maintenance groups are held on a regular basis to monitor the relapse prevention plan as well as assisting the client to deal with other issues and problems which may otherwise increase the possibility of offending
- Inclusion in a further year long treatment group may be possible

Involvement of carers

Groups will differ in the extent to which it is possible to involve carers, but most will run at least a few sessions of carers groups (often in parallel with the Men's Group sessions).

RESULTS

Participating sites

Nine participating sites have contributed complete (or almost complete) data. In these sites, treatment providers have run 13 treatment groups and have collected data from 52 men who have consented to participate in the research and have finished treatment. No completed control data has yet been received (but see below). The data presented in this report therefore refers to these 52 men who have completed treatment at these 9 sites.

A number of sites entered the research late, so that a further 7 treatment groups are running (but their data has not been included in this report, as it is not yet complete).

Some participating sites are collecting both index (treatment group) and control data; some are collecting only index data (if there were no men awaiting a treatment group who could be controls) and a few are collecting control data only (usually when local resources did not permit a group to run but men suitable for treatment were available).

The participants

Including men from the 13 completed treatment groups and the 7 treatment groups still running, plus all controls who have consented, there are 75 men enrolled in the research project, 70 of whom have gone through treatment or are going through treatment, and 5 of whom are controls. This is far fewer controls than we had anticipated, but a number of other men are still being assessed for the control group (and are not yet on the database). **All of the data below refers to the men in the 13 treatment groups who have completed treatment and for whom all available data are on the database (52 men³).** It should be noted that of these 52 men, four men participated in two treatment groups and one man in three treatment groups, as clinicians judged that they would benefit from this (and they thus appear in the database more than once)⁴.

³ Even for many of these men, there was still some background information that was not known, particularly information regarding early childhood years.

⁴ This is considered further in the analysis and in the discussion, later in the report

Table 7 shows the mean age of the men in the index (treatment) group, their living situations at the time the groups started, the level of security of the venue where the group was held, and the men’s legal status when the treatment groups started. Some groups included both men living in the community and men living in secure conditions; usually these groups were held in community settings, with the men living in low or medium secure settings being allowed to attend the group provided they were always accompanied, usually by two staff. In terms of ethnicity, 87% of men were reported to be ‘white British’ with fewer than 5% from ‘white Irish’, ‘white other’, Indian and Afro-Caribbean origins. Almost all the men (86%) were receiving no treatment at all for their sexually abusive behaviour at the start of the group. Most men (71%) were not on medications of any kind at the start of the group.

Table 7: Men’s ages, living situations, legal status and the group venues

	Index group
Mean age (& s.d.)	34.9 yrs (s.d. 11.3)
<u>Living situation</u>	
Living at home alone	7.7%
Living at home alone, with part-time support	9.6%
Living in adult placement	1.9%
Living with family members (usually parents)	11.5%
Living in group homes for people with learning disabilities	26.9%
Living in a low secure service	11.5%
Living in a medium secure service	26.9%
Living in a bail hostel	3.8%
<u>Level of security of treatment group venue:</u>	
Community-based	71%
Low secure base	4%
Medium secure base	25%
<u>Legal status at start of group</u>	
Informal	40.0%
Detained under Mental Health Act	34.0%
Community Rehabilitation Order (CRO)	22.0%
On bail	2.0%
Other (eg on licence)	2.0%

Of the five men who repeated treatment groups, two of these five men were informal in status, two were on Community Rehabilitation Orders (CROs) and one (the man who did three cycles of treatment) was detained under the Mental Health Act.

Childhood circumstances

The amount of information available on the men's childhood circumstances was limited for many men. Where information was available, most men (75%) were known to have lived mainly with one or more biological parent during their childhood; 6% lived mainly with step-parents or close relatives; 4% were adopted or fostered; 6% lived largely in residential facilities as children; 10% lived in multiple settings. In 20 cases (39%), the men had spent at least some time in care as children. In 8% of cases, men had no siblings; in 24% they had one sibling, in 32% they had 2 or 3 siblings, and in 37% of cases there were four or more siblings (including step-siblings). By the start of the group, one of the men's parents were known to have had died in 35% of cases (in just over half of these (56%) this had occurred during the participants' childhood).

Where information on the childhood years was available, most men (85%) were known to have been diagnosed as having learning disabilities during childhood, a few were diagnosed as having autistic spectrum disorders (n=6) and/or ADHD (n=6) in childhood and 77% had had contact with psychiatry or psychology or learning disability services as children. In very few cases (n=3) were the causes of the men's learning disabilities known (one had Down syndrome, one had Fragile X syndrome, one had Klinefelter's syndrome). However, it was known that most men (63%) attended special schools during their primary school years, and 82% attended special secondary schools. The majority of men left school when 16 years or over, though 22% left at younger ages. Some men (n=8, 15%) were known to have already had convictions for offences during childhood (32 offences altogether: 1 or 2 convictions in 3 cases; 4 or 5 convictions in 3 cases; 5 or more convictions in 2 cases). Most of these convictions were for burglary/robbery/theft, criminal damage or for violent behaviour. Three men had been convicted for sexual behaviour during childhood (the men had 2, 3, and 4 convictions each).

Contact with services and convictions during adulthood

The majority of the men (92%) had also had contact with learning disability services during adulthood. Most men (89%) had a formal diagnosis of learning disabilities in adulthood; 28% had a diagnosis of personality disorder; 23% had an autistic spectrum disorder diagnosis; 23% had had a diagnosis of a mood disorder; 11% had had a diagnosis of anxiety disorder and 9% a diagnosis of schizophrenia or other psychotic disorder⁵.

Quite a number of men (33%) had had convictions for non-sexual offences during adulthood (31 convictions in all), mostly burglary/robbery or theft, criminal damage or violent behaviour. None had been convicted of drug offences.

Relationships and abuse (as victims)

Most of the men (92%) reported having had consensual *social* relationships with ‘girlfriends’ or ‘boyfriends’ during their lives, but 8% said they had never had either a girlfriend or boyfriend. Most men had only had a few relationships of this kind: 31% had only ever had one girlfriend or boyfriend and a further 41% of men had only had 2 or 3.

The majority of men (78%) said they had also had a consensual *sexual* relationship in the past; conversely 22% said they had never had a consensual sexual relationship. It may be that some of the men referred to relationships as ‘consensual’ where the other partner would not have termed it consensual. In 92% of men, their sexual interests included adult women; in 29% their interests included adult men; in 72% female children; in 26% male children⁶. In a few cases, the men had fathered children themselves (11% of men) but in no cases were these children living with them at the start of the group.

It was not uncommon for the men to have been a victim of sexual abuse themselves: 21 of the men (55% of those for whom the information was known) had been victims of abuse themselves, with this abuse arising from 37 different perpetrators. Ten of these 21 men had been abused by more than one perpetrator. The alleged perpetrators

⁵ These figures add to more than 100% as some men had dual diagnoses

⁶ These figures add to more than 100% as many men had sexual interests in more than one group

for the 21 men known to have been victims of abuse included fathers/step-fathers/foster fathers (for 8 men), mothers/step-mothers/foster mothers (for 2 men), brothers or step-brothers (for 3 men), other close relatives (for 4 men), friends of the family (for 2 men), other people with learning disability (for 3 men), staff (for 2 men), acquaintances/strangers (for 6 men)⁷. The alleged perpetrators were male only for 18 of the 21 men; female only for one man; and both male and female perpetrators were involved for 2 men. In 4 of the 21 cases, the men were less than 5 years old at the time of the first abuse; in 11 cases the men were over 5 years but less than 12 years of age when abused, in 4 cases, they were 12-18 years old when abused and in 8 cases they were adult when abused⁸. The abuse was often of a serious nature: in 11 cases it involved anal penetration, in 13 cases oral sex, in 10 cases it included masturbation and in 10 cases it involved non-contact abuse (these figures add to more than 21 men and more than 37 perpetrators as any one incident of abuse may have involved several different types of behaviours). Only 3 men said they knew their perpetrators (n=6 for these 3 men) had been convicted, even though many men's abuse had gone on for years (n=7). It is possible that the men did not always know when their perpetrators had been convicted, as many were abused while still young children.

Offences and abusive sexual behaviour by the men

Table 8 gives details of the 'index' sexually abusive behaviours (i.e. the one that was most recent, whatever its severity, and regardless of the legal outcome, for each man, at the time of initial assessment). Some known types of abusive behaviours did not occur and are therefore not listed (eg there were no cases involving victims being shown pornography and being photographed). In most cases (61%) there was considerable documentation of the sexually abusive behaviour. However, in 39% of cases the amount of documentation was rated as relatively poor (e.g. accounts in the case notes were extremely brief).

Most men, 74%, were single (ie not in a relationship) at the time of the index sexually abusive behaviour. Many men (35%) were living with their families (usually parents) at the time; 28% were living in group homes; 13% were living in their own homes

⁷ These figures add to more than 21, as many men had been abused by more than one perpetrator

⁸ These figures add to more than 21, as some men had been abused at a variety of ages.

with support; 11% were living in their own homes without support; 2% were in adult ‘foster’ placements and 10% were living in secure provision at the time.

In terms of day activities, many men (23%) were enrolled in day services for people with learning disabilities during the period when the index sexually abusive behaviour occurred; 14% had supported employment; 6% attended college some days per week; 18% were in full-time or part-time employment; 3% attended a combination of activities and 37% were not involved in any formal day activities.

Table 8 The index sexually abusive behaviour for the 52 men in treatment

Index sexually abusive behaviour	Number of men
Contact abuse:	
Perpetrator touching victim’s genitals (unclothed)	9 cases
Perpetrator touching victim’s genitals (clothed)	9 cases
Victim made to touch perpetrator’s genitals (unclothed)	2 cases
Victim made to touch perpetrator’s genitals (clothed)	2 cases
Perpetrator masturbates victim	3 cases
Performs oral sex on victim	1 case
Victim forced to perform oral sex	1 case
Anal/vaginal penetration of victim	10 cases
Other (frotteurism, fetishism, child kissing, child abduction)	10 cases
Non-contact abuse	
Verbal sexual harassment	2 cases
Stalking	4 cases
Indecent exposure	6 cases
Perpetrator masturbates in public	9 cases
Time since the abusive behaviour	
Less than 1 yr	20 cases
1yr or more but less than 2yrs	6 cases
2 yrs or more but less than 3 yrs	8 cases
3 yrs or more	13 cases
Not known exactly	5 cases

Most of the men (65%) were interviewed by the police in relation to the index sexually abusive behaviour and 63% went to court. Three men were found unfit to plead and the legal outcome for the remaining men convicted was as follows:

- 13 received a community rehabilitation order
- 1 received a community treatment order

- 5 received hospital orders
- 3 were given custodial sentences
- 1 was cautioned
- 1 was fined

The social outcome was not always known but 20 men moved placement and 22 received increased supervision as a result of the index sexually abusive behaviour (14 men received both of these social outcomes and 15 men received neither).

Table 9 Victim numbers, ages and gender for the men's index sexually abusive behaviour

	No. of cases
Numbers of victims	
One only	34 cases
Two to 5	10 cases
General public (not known precisely who or how many)	3 cases
Not known for sure (e.g. contradictory or very vague information)	5 cases
Victim gender	
Male	10 cases
Female	35 cases
Both	2 cases
Not known for sure	5 cases
Victim age	
Less than 5 years old	3 cases
5 yrs to less than 12 yrs	10 cases
12 yrs to less than 18 yrs	11 cases
Adults	13 cases
60 yrs or over	1 case
Range of ages (eg general public)	3 cases
Not known for sure	11 cases
Perpetrator's relationship to victim	
Relatives	2 cases
Friends	4 cases
Other service user	8 cases
Staff	4 cases
Acquaintance/stranger	17 cases
Some combination of above	3 cases
Other	8 cases
Unknown	6 cases

Table 9 shows the number of victims, their gender and ages for the men's index sexually abusive behaviour. Also shown is the men's relationships to their victims. The number, gender and age of victims were not always known for sure (for example, files may simply have said 'several young girls' or a 'group of children').

Table 10 History of sexually abusive behaviour by the men

Sexually abusive behaviour	No. of men showing this behaviour
No. of sets of previous sexually abusive behaviour ⁹	
None	7 men
One previous set	7 men
2 previous sets	3 men
3 previous sets	4 men
4 previous sets	6 men
5-9 previous sets	8 men
10 or more previous sets	13 men
Uncertain number	4 men
Contact abuse:	
Perpetrator touching victim's genitals (unclothed)	12 men
Perpetrator touching victim's genitals (clothed)	15 men
Victim made to touch perpetrator's genitals (unclothed)	0 men
Victim made to touch perpetrator's genitals (clothed)	1 man
Perpetrator masturbates victim	2 men
Victim made to masturbate perpetrator	1 man
Perpetrator performs oral sex on victim	1 man
Victim forced to perform oral sex	1 man
Anal/vaginal penetration of victim	13 men
Sadomasochistic sex	1 man
Other (as for Table 8)	21 men
Non-contact abuse	
Verbal sexual harassment	9 men
Stalking	7 men
Indecent exposure	15 men
Victim shown pornography	1 man
Perpetrator masturbates in public	10 men

Many men had engaged in previous sexually abusive behaviour. Table 10 shows the history of such behaviour (i.e. sexually abusive behaviours prior to the index sexually abusive behaviour, described so far) for the 48 men where this was known. When men

⁹ A 'set' is defined as sexually abusive behaviours perpetrated against one victim (even if this happened repeatedly over a period of time). Where there were two victims they are counted as two sets, even if they happened on the same day. Where the number of victims is not known – eg where the general public is the victim, these are counted as one set for each occasion.

were categorised as mostly contact abusers or non-contact abusers, taking all their sexually abusive behaviour into account, 57% were considered contact abusers, 32% non-contact abusers, 10% engaged in both about equally.

The men were often quite young when they first engaged in sexually abusive behaviour: 3 men were under 12 years of age and a further 10 men were under 18 years of age when they first engaged in such behaviour. The men were mostly single (i.e. not in a relationship) when they engaged in sexually abusive behaviours (83%) but 8% were married/co-habiting and 8% were in a relationship but not living together.

The victims' gender, ages and relationships to the 41 men who were known to have committed previous sexually abusive behaviours is shown in Table 11.

Table 11: Previous victims' gender, ages and relationships to the men

	No. of men
Victim gender	
Male victims only	2 men
Female victims only	15 men
Male and female victims	10 men
General public only	2 men
Mixture of male and/or female victims and general public	6 men
Not certain of victims gender	6 men
Victim age¹⁰	
Less than 5 years old	1 man
5 yrs to less than 12 yrs	14 men
12 yrs to less than 18 yrs	13 men
Adults	18 men
60 yrs or over	1 man
Range of ages (eg general public)	10 men
Not known for sure	15 men
Perpetrator's relationship to victim	
Relatives	9 men
Friends	5 men
Other service user	14 men
Staff	9 men
Acquaintance/stranger	30 men
Other	5 men
Not known	4 men

¹⁰ The number of men adds to more than the number who were known to have had previous sexually abusive behaviour (41) because some men had a number of previous such behaviours and targeted victims of different ages (and in various different relationship categories)

Of the 41 men who were known to have engaged in previous sexually abusive behaviour, 35 were known to have been interviewed by the police on at least one occasion, 5 were known never to have been interviewed for their previous sexually abusive behaviour (and there was one man for whom this information was not known). Of the 35 men known to have been interviewed, 26 men had appeared in court on at least one occasion. The legal outcomes in court¹¹ were:

- 1 man was found unfit to plead
- 10 men received community rehabilitation orders
- 1 received a community treatment order
- 1 received a guardianship order
- 4 received hospital orders
- 5 went to prison
- 5 were cautioned
- 5 were fined
- 5 received conditional discharges
- 2 received supervision orders
- 1 received a suspended sentence
- The case was dropped in 3 cases

The social outcomes of past sexually abusive behaviour were not always known. It was known however that 21 men moved placement on at least one occasion, at least 17 had increased supervision and 15 men were referred for specialist treatment.

Psychometric measures at baseline

Before the treatment group began, a number of psychometric measures were taken. The men's mean full scale IQ was 68, range 52-83 (s.d. 7.2); their mean verbal IQ was 68, range 53-85 (s.d. 7.5) and mean performance IQ was 72, range 58-99 (s.d. 8.0). Altogether 16 men had a full scale IQ of over 70, 3 men had a full scale IQ of exactly 70. Thus 19 men did not technically have a learning disability (the definition of learning disability in the UK requires significant impairment in intellectual functioning, i.e. an IQ below 70, and significant impairments in adaptive behaviour,

¹¹ These outcomes add to more than the number of men who went to court because some men went to court more than once

from the developmental period - see BPS, 2001), and yet all of the men had been involved in learning disability services at some time in their lives.

The mean BPVS score for the men was 10.9 yrs (age equivalent), s.d. 3.2 yrs. The mean Vineland adaptive behaviour composite age equivalent was similar, at 10.2 yrs, with poorer mean Vineland communication skills (8.3 yrs) and Vineland socialisation skills (9.5 yrs) than Vineland daily living skills (13.2 yrs). Overall 31% of men reached the criterion for autistic spectrum disorder (on the Howlin's DSM-IV categorical coding), although only about a third of these had been previously formally diagnosed as on the autistic spectrum.

Process measures pre-group, post-group and at follow-up

Almost all of the men who entered treatment and consented to the research completed the group treatments: 94% completed the groups (i.e. had only very occasional weeks of absence due to minor illness or other planned absence). Of those who did not complete the year's treatment, two left because of their deteriorating mental health and one committed a further offence.

There were four psychometric measures taken pre-group, post group and at follow-up to examine progress: the sexual knowledge assessment (SAKS), victim empathy measure (VESA), and two measures of cognitive distortions, the SOSAS and the QACSO. The QACSO was also completed mid-group. Progress in the SAKS is indicated by higher scores; progress in all other measures is indicated by lower scores. Table 12 shows the mean scores on all these measures pre-group, post group and at follow-up for all men for whom they were completed. The mid-point QACSO mean scores were: total 35.9; rape 7.5; voyeurism 2.8; exhibitionism 5.5; dating abuse 4.5; homosexual assault 3.8; offences with children 5.0; stalking 6.8.

Data were checked for normality before analysis and it transpired that the total scores for victim empathy, the SOSAS and the QACSO were not significantly different from normal on any of the occasions (pre-group, post-group, follow-up, and also mid-group for the QACSO). However, the SAKS did not conform to normality. The victim empathy, SOSAS and QACSO data were therefore analysed by parametric methods; the SAKS data were analysed by non-parametric methods. There was some missing

data, particularly in the follow-up phase. Therefore the pre-post group analyses were calculated first, as these have the most complete data. Then the pre, post, follow-up changes were examined.

Table 12: Pre-group, Post group and follow-up mean scores (and standard deviations) for all process measures

Measure	Pre-group Mean (& s.d.)	Post-group Mean (& s.d.)	Follow-up Mean (& s.d.)
Sexual Knowledge and Attitude Scale (SAKS)			
Total score	42.3 (6.6)	45.3 (6.9)	47.0 (4.7)
Understanding relationships	4.5 (1.3)	5.1 (1.0)	5.1 (1.0)
Social interaction	2.3 (0.7)	2.6 (1.0)	2.5 (0.6)
Sexual awareness	27.6 (3.9)	29.3 (3.5)	30.4 (2.4)
Assertiveness	7.8 (1.7)	9.0 (1.4)	9.0 (1.4)
Victim empathy	35.9 (18.7)	27.3 (18.4)	21.4 (16.7)
SOSAS			
Total	55.1 (9.8)	50.8 (11.2)	50.6 (12.0)
Denial	14.7 (4.7)	14.2 (5.2)	13.7 (4.2)
Victim blaming	14.7 (4.6)	14.6 (4.7)	13.7 (5.6)
Minimisation	14.2 (5.2)	12.0 (5.2)	12.2 (5.4)
Realism	11.7 (3.6)	10.3 (4.0)	11.1 (3.8)
QACSO			
Total	50.2 (21.7)	29.3 (21.7)	31.7 (29.7)
Rape	9.0 (4.7)	6.4 (5.9)	7.1 (7.2)
Voyeurism	4.8 (2.4)	2.8 (2.5)	2.6 (2.7)
Exhibitionism	6.6 (3.6)	4.1 (3.7)	4.4 (4.1)
Dating abuse	6.0 (4.1)	3.2 (3.8)	3.8 (4.4)
Homosexual assault	5.6 (3.2)	3.2 (3.0)	2.6 (2.7)
Offences against children	7.7 (5.2)	3.9 (4.2)	5.0 (6.3)
Stalking	10.8 (6.5)	6.0 (4.4)	6.5 (6.4)

Changes to victim empathy and cognitive distortions (on the victim empathy scale, SOSAS and QACSO) between the start and the end of the treatment group were analysed by t-tests (for repeated measures). Changes to sexual knowledge and attitudes (on the SAKS) between the start and the end of the treatment group were analysed by Wilcoxon signed ranks test. These results are also shown in Table 13 below¹².

Table 13: Analyses of pre-post group changes on process measures

Measures	N	Test statistic	Significance
Victim empathy	38	t = 3.635	p = 0.001
SOSAS	41	t = 2.416	p = 0.02
QACSO	40	t = 7.835	p < 0.001
SAKS	46	Z=3.723	p < 0.001

A parametric analysis using a one-factor anova for repeated measures was performed to analyse the changes in QACSO scores between pre-group/mid-group/post-group/follow-up. Similarly, the changes in victim empathy and SOSAS scores were examined between pre-group/post-group/follow-up (see Table 14). For the victim empathy measure, Mauchly's test of sphericity was significant (ie. there was heterogeneity of covariance), so the degrees of freedom were reduced from 2, 30 as shown in the table, in order to adopt a more conservative estimate for the significance. This was also true for the QACSO, reducing the degrees of freedom from 3, 42 as shown in the Table. The SOSAS showed homogeneity of covariance so no adjustment to the degrees of freedom were needed. Post-hoc analysis showed that the changes between post-group and follow-up were not significant for any of the three measures (for pre-group/post-group analysis see t tests discussed previously).

The SAKS measure pre/post/follow-up was analysed by non-parametric means (given it was not normally distributed), using the Friedman test. The results indicated a significant change across time (chi square 21.432, n= 21, p < 0.001). When the changes pre-group/post-group and post-group/follow-up were analysed using the

¹² These results were unchanged when men who had completed more than one treatment group were only entered once into the database (ie. Data from their second/third groups were excluded).

Wilcoxon matched pairs signed ranks test, only the former were significant: $z = 3.72$, $p < 0.01$ ¹³.

Table 14: Parametric analysis: one factor repeated measures anova for Victim Empathy, SOSAS and QACSO

Measure	F value	Degrees of freedom	Significance
Victim empathy	6.35	1.35, 20.32	P<0.02
SOSAS	2.11	2, 32	n.s.
QACSO	15.50	1.69, 23.69	P<0.01

Behaviour during the year of the treatment group

None of the men committed further **non-sexual offences** during the year of the treatment group. However, in 6 cases men committed **further sexually abusive behaviours** during the year of the treatment group. In all 6 cases, these were non-contact behaviours, including public masturbation, indecent exposure, stalking and other non-contact offences (such as verbal sexual harassment). The victims were almost entirely unknown to the men: in all but one case they were groups of general public (possibly including children) or individual adult women from the general public (i.e. acquaintances/strangers to the men); in only one case was the victim a female service user known to the man. Table 15 gives details of these behaviours, the victims and the legal outcome.

Cases 1 and 6 were the same man, Mr. L (treated in two successive groups); likewise, cases 15 & 70 were the same man, Mr. V (again treated in two successive groups). At the time of the sexually abusive behaviour all the men were single; one lived with his family throughout (case 17); one lived in a residential home throughout (case 31).

¹³ When men who had completed more than one treatment group were only entered once, the SAKS, QACSO and VE measures remained significant; the SOSAS was no longer significant.

The other two men (case 1 & 6 and case 15 & 70 lived alone, although Mr L was moved back to live with his family during the second of his treatment groups, because of his re-offending and need for supervision). The frequent offenders were two men (case 1 & 6 and case 17), both of whom had autistic spectrum disorders. As can be seen from the table, in some cases the men were interviewed, on one or more occasion, by the police. One man, Mr V. (cases 15 & 70) appeared in court twice and was sentenced both times.

Table 15: Sexually abusive behaviour during the year of the treatment group

Participant number	No. of sets of sexually abusive behaviour	Victims	No. of time interviewed by police	Legal outcome
1 Mr L	6 (public masturbation X 5, 1 other)	Mostly general public	0	0
6 Mr L	40 (39 public masturbation; 1 indecent exposure)	Mostly general public	3	0
15 Mr V	1 (public masturbation & stalking)	Adult female, acqu/stranger	1	Appeared in court; CRO & fine
17	5 (other)	All adult female, acqu/strangers	0	0
31	1 (public masturbation)	Adult female service user	0	0
70 Mr V	1 (public masturbation & stalking)	Adult female, acqu/stranger	1	Appeared in court; CRO & fine

Behaviour during the six month follow-up period

None of the men committed further **non-sexual offences** in the 6 month follow-up period after the treatment group finished. However, in seven cases, men engaged in **further sexually abusive behaviours** and details of these, the victims and the legal outcomes are shown in Table 16. In five of these 7 cases, the men had also re-offended during the treatment groups (see Table 15) and, as can be seen in Table 16, Mr L (case 1 & 6) and Mr V (cases 15 & 70) feature again.

Table 16 Sexually abusive behaviour during the follow-up period

Participant number	No. of sets of sexually abusive behaviour	Victims	No. of times interviewed by police	Legal outcome
1 Mr L	8 (public masturbation X 7; stalking X 1)	General public; 1 adult female	0	Nil
3	1 (touched victims genitals through clothing X 1)	Female staff member	0	Nil
6 Mr L	17 (public masturbation X 16; verbal sexual harassment X 1)	General public & 1 known to be 5-12yrs of age	1	CRO
7	1 (touched victims genitals through clothing X 1; other X 1)	Adult male service user	0	Nil
15 Mr V	1 (public masturbation X 1)	Female, 12-18yrs old; acq/stranger	1	CRO
17	13 (verbal sexual harassment X 13)	Adult female; acq/strangers	0	Nil
70 Mr V	1 (public masturbation X 1)	Female, 12-18 yrs old; acq/stranger	1	CRO

Almost all of the sexually abusive behaviour during the 6 month follow-up period consisted of non-contact abusive behaviour but there were two cases in which the men touched people's genitals through their clothing (in one case the victim was a female staff member and in the other a male service user (see Table for details). The victims of the non-contact abuse were sometimes children (see Table for details). All the men were single at the time (i.e. not in a relationship) and three lived in their own homes (case 1; and case 15 & 70 – Mr V), while two lived with their family (cases 6 & 17), one lived in an adult foster placement (case 7) and one lived in a low secure setting (case 3). The frequent offenders (case 1 & 6 and case 17) had autistic spectrum disorders, as did cases 3 and 7. As can be seen from the table, in three of the seven cases, the police interviewed the men; all three were convicted (one man was convicted twice - case 15 & 70, Mr V).

Predicting future sexually abusive behaviour

Variables that were thought likely to affect outcome (i.e. the appearance of further sexually abusive behaviour) were examined. For a number of variables, there were insufficient numbers of men for this to be evaluated: for example, whether men had mental health needs (few did), whether men completed the treatment group (almost all men did). Other variables were examined and proved not to be significantly related to outcome: for example, there were no significant differences between the men who later showed further sexually abusive behaviour and those who did not, in terms of their IQ (full scale, verbal or performance), comprehension of language, their pre-group SAKS, victim empathy, SOSAS or QACSO scores. Nor were there significant differences in their post-group scores, apart from for the QACSO (where only 3 of the cases who showed further sexually abusive behaviour had a post-group score). There were no correlations between IQ or language skills and pre-group or post-group or follow-up SAKS, victim empathy, SOSAS or QACSO scores. None of the following were significantly related to later sexually abusive behaviour: the presence of a personality disorder, the presence of mental health problems, living in a secure setting, the previous experience of sexual abuse as a victim, a childhood history of any offending, a previous history as an adult of non-sexual offending, a previous history as an adult of sexually abusive behaviour (as the perpetrator). However, several variables did seem important in relation to further sexually abusive behaviour:

the presence of autistic spectrum disorder and the use of concurrent therapy prior to the group and during the group.

Men who were receiving concurrent therapy for sexual behaviour at the **start** of the group were significantly more likely to commit further sexually abusive behaviour during follow-up (Fisher's Exact test, $p=0.011$), and there was a trend in the same direction in relation to further sexually abusive behaviour during the year of the treatment group (Fisher's Exact test, $p=0.045$). Likewise, men who were receiving concurrent therapy for sexual behaviour **during** the group were significantly more likely to commit further sexually abusive behaviour during follow-up (Fisher's Exact test, $p=0.014$), and there was a trend in the same direction in relation to sexually abusive behaviour during the year of the treatment group (Fisher's Exact test, $p=0.061$). In addition, men who had been diagnosed as being on the autistic spectrum by the time they were adults ($n=12$) were significantly more likely to have re-offended during the follow-up period than other men (Fisher's exact test, $p=0.025$), though they were not significantly more likely to offend than other men during the year in which the treatment group ran¹⁴. They also had significantly poorer QACSO scores post-group than did other (non-autistic) men, though no other measures (SAKS, victim empathy, SOSAS) showed such differences at post-group. There were no significant differences in any of the measures (QACSO, SAKS, SOSAS, victim empathy) between autistic and non-autistic men pre-group.

The Men's Views

It was possible to interview some of the men who completed treatment to find out their views of the treatment groups (see Hays et al, submitted). By no means all of the groups' facilitators managed to do this. However, where it was possible ($n=16$ so far), the men indicated that they had a good understanding of when the group ran and how long for. Most of them (94%) could name group facilitators. Many of them also identified that the aim of the group was to help with 'sexual problems', 'offending' or 'sexual offending' or to 'stop (them) getting into trouble'. Some men could only bring themselves to admit that the group was to 'talk about problems' or to 'get help'.

¹⁴ This was also true when men who completed more than one treatment group were only entered into the data base once (ie their second/third treatment data were removed). Fisher's exact test, $p<0.04$.

When asked about the content of the group, the men could name a variety of topics that the groups covered, such as:

- Establishing group rules
- Discussing ‘good things’ and ‘bad things’ from the week
- Sex education and relationships
- Legal and illegal behaviours (and the consequences of these)
- Sexual problems and sexual assaults
- The reasons for sexual offending

The men also said they had learnt from the group about ‘how not to get into trouble’, or said the group ‘stopped me (doing) sexual abuse’. One man said he had learnt how victims feel.

When asked what they thought were the ‘best things’ about the group they commented on the importance of getting support and talking through problems with men who had similar problems to themselves. Several valued helping other group members. Some men mentioned the importance of the coffee break and others gave vague answers, such as that they had ‘enjoyed it’.

The ‘worst things’ about the group they felt were:

- Talking about their own offences
- Knowing why they were all there, i.e. that they all had the same problems
- ‘Keeping people on trust’ (i.e. trusting other people not to talk about details of offences from the group)
- The group finished (not everyone was sorry about this though)

Two men also said ‘it was boring’. When asked if they would like to attend another Men’s group the majority (69%) said they would.

DISCUSSION

The men with sexually abusive behaviour who consented to treatment and also consented to the research were very similar to men described in previous studies of sexually abusive behaviour by men with learning disabilities (for example, Day, 1994; Hayes, 1991; Briggs & Hawkins 1996; Thompson & Brown, 1997; Lindsay et al, 2001). They were almost always identified as having learning disabilities in childhood (86%), had often had contact with psychiatry or psychology services in childhood, had often attended special schools (especially in the secondary years – 82%), and had frequent dual diagnoses. They had frequently suffered disturbed childhoods, with 25% not living with at least one biological parent, 17% having more than two changes to parenting arrangements, nearly 20% having one or more parents die during their childhood and nearly 40% having at least some time in care as a child. Surprisingly though, despite the men having to have had contact with learning disability services in order to enter the project, only 30 technically had an IQ below 70 (ie. had the intellectual component for a diagnosis of learning disabilities), while 19 had an IQ of 70 or above (and for 3 men there were no IQ data). Thompson & Brown (1997) also noted that many men described as having learning disabilities and sexually abusive behaviour did not really have learning disabilities.

In this study, only a few men had a history of any kinds of offences (convictions) during childhood (n=10; 22%) and even fewer had convictions for sexual offences in childhood (n=3). A relatively high proportion (55%) of the men, however, had been sexually abused as children, often in a prolonged manner, much as Lindsay also found (Lindsay et al., 2001).

By the time they joined the group as adults, the majority of men (nearly 80%) had engaged in sexually abusive behaviour on more than one occasion in the past, with 21 men (40%) having been recorded as having 5 or more sexually abusive behaviours, in addition to their index sexually abusive behaviour. About a third of the men engaged largely in non-contact sexually abusive behaviours but, amongst the other two thirds, their previous sexually abusive behaviour was often serious, including attempted penetration in 13 cases, for example. Often these prior sexually abusive behaviours

began before the age of 18 years (in 33% of men for whom this information was known), even though very few men were convicted in childhood.

The victims of these past sexually abusive behaviours included people of all ages (including children) and the majority of the victims were acquaintances/ strangers (i.e. they were people who were not known to the men beforehand), though other service users and staff were the second and third most common victim groups. Many men (35 of the 40 men who had shown previous sexually abusive behaviour and for whom this information was known) had been interviewed by the police at least once in the past and 26 of these men had appeared in court (the vast majority were convicted).

The index sexually abusive behaviours (i.e. the one that had occurred most closely to the start of the treatment group) usually had a similar profile, in terms of form and victims to the prior sexually abusive behaviour. For these index behaviours, sixty percent of men were interviewed by the police and 48% appeared in court, with most of these receiving a conviction of some kind.

Once the men had started in the treatment group, the vast majority stayed until the end, one year later. This was impressive considering many of the men (40%) were not required by law to attend. The men's feedback at the end of the group suggested that many had found the support of the group helpful, even though they acknowledged that facing up to talking about their offences had been difficult.

According to the SAKS measure taken before the group and repeated at the end of the group and at follow-up, the men's sexual knowledge and attitudes had improved significantly over the period of the group and this change was maintained at follow-up. Likewise the men's victim empathy had improved during the period of the treatment group and was maintained at follow-up. Cognitive distortions measured on the QACSO had improved during the group and were maintained at follow-up, but those measured on the SOSAS tended to show less significant changes. Previous studies of the effectiveness of group cognitive-behavioural treatment for men with learning disabilities and sexually abusive behaviour have tended to show similar findings, though many included very small numbers of participants so that statistical

testing of results was not possible (Lindsay et al, 1998a, Lindsay et al, 1998b, Lindsay et al, 1998c, Lindsay et al, 1999, Rose et al., 2002, all with between 2 and 6 men).

Nevertheless, some men in this study did show further sexually abusive behaviour during the year of the treatment group and/or in the six months following the end of the treatment group. Mostly these behaviours were non-contact sexually abusive behaviours and many of the men engaging in them were on the autistic spectrum. Analysis of the variables which seem to be related to a poorer outcome demonstrated that, so far, only two variables were associated with a worse outcome. The first was whether or not the man was in receipt of concurrent therapy (before the treatment group and during the treatment group). It is likely that being in receipt of concurrent therapy was in part a result of facilitators' beliefs that the man was at risk of continued offending, so it is not a very useful predictor. Interestingly, though, the second significant predictor was whether the man had been considered to have autistic spectrum disorder. The men on the autistic spectrum were statistically more likely to show further sexually abusive behaviour and also had statistically poorer post-group scores on the main measure of cognitive distortions (the QACSO) compared to other men. Other studies of re-offending amongst men with sexually abusive behaviour have not been able to identify any relevant variables for predicting outcome, apart from Lindsay and Smith (1998) who showed that men who had received two years of treatment did better than men who had received one year.

The research had some major advantages over previous research of this kind:

- It was multi-site and therefore could acquire a dataset of over 50 men who had participated in treatment
- All facilitators had training in the treatment model and the treatment was guided by a treatment manual
- A variety of measures of sexual knowledge, victim empathy and cognitive distortions were used
- All known sexually abusive behaviours were logged, rather than just convictions (for men with learning disabilities this is particularly important as it sometimes seems rather arbitrary whether or not police interview them)

However, the research also had limitations and difficulties:

- Some sites have been slow at getting started, so that the research has taken longer than expected (this was greatly exacerbated by the slowness of ethics and R&D procedures)
- The involvement of a number of sites has meant it has been difficult and time-consuming to ensure the datasets are complete for each man.
- There are as yet insufficient controls to compare treated and untreated men for re-offending rates

Future work

The length of treatment (one year, with a six month follow-up) and the late start of many groups, has meant that some treatment group participants and some control group participants are still not through their participation period on the project (see Method section), so their data has not yet been entered on the database. Moreover new facilitators are still approaching SOTSEC-ID and wanting to join the project. We have therefore applied for, and obtained, further funding from the Baily Thomas fund. This will allow us to employ a half-time research worker for two further years. This research worker will help organise SOTSEC-ID training events, will support SOTSEC-ID six weekly meetings and will collate and enter data from treatment and control group participants as they complete. We hope we will also be able to do a longer follow-up, in addition to the six month follow-up reported here.

ACKNOWLEDGEMENTS

We owe all the men who participated in the research a debt of gratitude. It is not easy to admit to having sexually abusive behaviour, nor is it easy to accept treatment for such behaviour, nor to join research projects.

We are also very grateful to all the facilitators, both those named at the front of this report and others who have also participated (for example, in helping lead facilitators to run treatment groups and in collecting data for treated men and men in the control group).

Finally we would like to express our thanks to the Dept of Health for funding the main part of this research and to Care Principles for funding the research worker during a gap in funding.

REFERENCES

- Allam, J., Middleton, D., & Browne, K. (1997). Different clients, different needs? Practice issues in community-based treatment for sex offenders. *Criminal Behaviour and Mental Health*, 7, 69-84.
- American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition. Washington, D.C.: American Psychiatric Press.
- Aytes, K. E. (2001). Cognitive behavioural treatment for sex offenders: An examination of recidivism. *Sexual Abuse: Journal of Research and Treatment*, 13(4), 223 - 231.
- Beckett, R., Beech, A., Fisher, D. & Fordham, A.S. (1994). Community-based Treatment for Sex Offenders: An Evaluation of Seven Treatment Programmes. London: Home Office
- Beckett, R., & Fisher, D. (1994). Victim Empathy Measure. In R. Beckett, A. Beech, D. Fisher, & A. S. Fordham, (1994). *Community -Based Treatment for Sex Offenders: An Evaluation of Seven Treatment Programmes*. Home Office: London.
- Bodna, B. (1987). *Finding the Way: The Criminal Justice System and the Person with Intellectual Disabilities*. Melbourne, Victoria, Australia: Office of the Public Advocate.
- Bowden, K. (1994). 'No Control of Penis or Brain'? Key questions in the assessment of sex offenders with a learning difficulty. *The Journal of Sexual Aggression*, 1(1), 57-63.
- Bray, D. & Forshaw, N. (1996). *Sex Offender's Self Appraisal Scale. Version 1.1*. Lancashire Care NHS Trust; North Warwickshire NHS Trust.

British Psychological Society (2001) *Learning Disability: Definitions and Contexts*.
Leicester: Professional Affairs Board of the British Psychological Society.

Brown, H. (1999) Abuse of people with learning disabilities: layers of concern and analysis, in (Eds.) N. Stanley, J. Manthorpe & B. Penhale *Institutional Abuse: Perspectives across the life course*. London: Routledge

Brown, H. & Stein, J. (1998) Implementing Adult Protection policies in Kent and East Sussex. *Journal of Social Policy*, 27, 371-396.

Brown, H., Stein, J. & Turk, V., (1995) The sexual abuse of adults with learning disabilities: a second incidence study, *Mental Handicap Research*, 8, 3-24.

Brown, H. & Thompson, D. (1997). The ethics of research with men who have learning disabilities and abusive sexual behaviour: A minefield in a vacuum. *Disability and Society*, 12(5), 695 - 707.

Brown, H. & Turk, V. (1992). Defining sexual abuse as it affects adults with learning disabilities. *Mental Handicap*, 20(2): 44 - 55.

Broxholme, S. L., & Lindsay, W. R. (2003). Development and preliminary evaluation of a questionnaire on cognitions related to sex offending for use with individuals who have mild intellectual disabilities. *Journal of Intellectual Disability Research*, 47, 472-482.

Buchanan, A.H. & Wilkins, R. (1991). Sexual abuse of the mentally handicapped: difficulties in establishing prevalence. *Psychiatric Bulletin*, 15, 601-605

Chamberlain, A., Rauh, J., Passer, A., McGrath, M. & Burket, R. (1984) Issues in fertility control for mentally retarded female adolescents: 1. Sexual activity, sexual abuse and contraception. *Pediatrics*, 73, 445-450.

Charman, T. & Clare, I.C.H. (1992). Education about the laws and social rules relating to sexual behaviour. *Mental Handicap*, 20, 74-80.

Clare, I. C. H. (1993). Issues in the assessment of male sex offenders with mild learning disabilities, *Sexual and Marital Therapy*, 8(2), 167 - 180.

Cockram, J., Jackson, R., & Underwood, R. (1992). Perceptions of the judiciary and intellectual disability. *Australia & New Zealand Journal of Developmental Disabilities*, 18, 189-200.

Dagnan, D., & Chadwick, P. (1997). Cognitive-behaviour therapy for people with learning disabilities: assessment and intervention. In B. Stenfort-Kroese, D. Dagnan, & K. Loumidis, (Eds.). *Cognitive Behaviour Therapy for People with Learning Disabilities* (pp.110-123). Routledge.

Day, K. (1994). Male mentally handicapped sex offenders. *British Journal of Psychiatry*, 165, 630-639.

Di Vasto, P.V., Kaufman, L.R., Jackson, R., Christy, J., Pearson, S. & Burgett, T. (1984). The prevalence of sexually stressful events among females in the general population. *Archives of Sexual Behaviour*, 13, 59-67.

Dunn, L. M., Dunn, L. M., Whetton, C., & Burley, J. (1997). *The British Picture Vocabulary Scale, Second Edition Manual*. The NFER-NELSON Publishing Company Ltd.

Finklehor, D. (1984) *Child Sexual Abuse: New Theory and Research*. New York: Free Press.

Finkelhor, D. (1986). *A Sourcebook on Child Sexual Abuse*. Beverly Hills, CA: Sage Publications.

Finklehor, D. (1994) The international epidemiology of child sexual abuse. *Child Abuse and Neglect*, 18, 409-417.

Fisher, D., Beech, A., & Browne, K. (1999). Comparison of sex offenders to

non-offenders on selected psychological measures. *International Journal of Offender Therapy and Comparative Criminology*, 43, 473-491.

Gardiner M. Kelly, K., & Wilkinson, D. (1996). Group for male sex offenders with learning disabilities. *NAPSAC Bulletin*, 15, 3 - 6.

Gilby, R., Wolf, L. & Goldberg, B. (1989) Mentally retarded adolescent sex offenders: A survey and pilot study. *Canadian Journal of Psychiatry*, 34, 542-548.

Griffiths, S.D.M., Qinsey, V.L. & Hingsburger, D. (1989). *Changing Inappropriate Sexual Behaviour: A Community Based Approach for Persons with Developmental Disabilities*. Baltimore, MD: Paul H. Brookes.

Grubin, D., & Thornton, D. (1994). A national programme for the assessment and treatment of sex offenders in the English prison system. *Criminal Justice and Behaviour*, 21(1), 55-71.

Hanson, R. K., & Bussière, M. T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology*, 66, 344 - 362.

Hanson, R.K., Gordon, A., Harris, A.J.R., Marques, J.K., Murphy, W., Quinsey, V.L., Seto, M.C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14, 169-194

Hard, S. & Plumb, W. (1987) Sexual abuse of persons with developmental disabilities. A case study. Unpublished manuscript

Hays, S.J., Murphy, G.H. & Sinclair, N. (2003). Gaining ethical approval for research into sensitive topics: 'two strikes and you're out?'. *British Journal of Learning Disabilities*, 31, 181-189.

Hays, S.J., Murphy, G.H., Langdon, P.L., Rose, D., Reed, T. (to be submitted March 2006). Treatment for men with intellectual disabilities and sexually abusive behaviour: service user views. *Journal of Intellectual & Developmental Disability*.

Hayes, S. (1991). Sex offenders. *Australia & New Zealand Journal of Developmental Disabilities*, 17, 220-227.

Hayes, S.C. & Craddock, G. (1992). *Simply Criminal* (2nd ed). Sydney: Federation Press.

Howell, D. (1997) *Statistical Methods for Psychology*. 4th edition. Belmont, CA: Duxbury Press.

Howlin, P. (1997). *The Diagnostic Criteria Checklist*. St George's Hospital Medical School.

Klimecki, M.R., Jenkinson, J. & Wilson, L. (1994). A study of recidivism among offenders with intellectual disability. *Australia & New Zealand Journal of Developmental Disabilities*, 19, 209-219.

Knight John, T. (1999). *Pre-Therapy Assessment Package*. Based on Dagnan, D. & Chadwick, P (1997): *Cognitive Behaviour Therapy for People with Learning Disabilities, Assessment and Intervention*. Unpublished manuscript.

Kroese, B.S., Dagnan, D. & Loumidis, K. (1997). *Cognitive-Behaviour Therapy for People with Learning Disabilities*. London: Routledge.

Krueger, R. B. & Kaplan, M. S. (1997). Frotteurism: Assessment and treatment. In: D. R. Laws & W. O'Donohue (Eds.), *Sexual Deviance: Theory, Assessment and Treatment* (pp. 131 - 151). N.Y: Guilford Press.

Lindsay, W.R. (2005). Model underpinning treatment for sex offenders with mild learning disability: Current theories of sex offending. *Mental Retardation*, 43, 428-441.

Lindsay, W.R., Carson, D. & Whitefield, E. (2000). Development of a questionnaire on attitudes consistent with sex offending for men with intellectual disabilities. *Journal of Intellectual Disability Research*, 44, 368-...

Lindsay, W.R., Law, J., Quinn, K., Smart, N. & Smith A.H.W. (2001) A comparison of physical and sexual abuse histories: sexual and non-sexual offenders with intellectual disability. *Child Abuse and Neglect*, 25, 989-995.

Lindsay, W.R., Neilson, C., Morrison, F. & Smith, A.H.W. (1998a). The treatment of six men with a learning disability convicted of sex offences with children. *British Journal of Clinical Psychology*, 37, 83-98.

Lindsay, W.R., Marshall, L., Neilson, C., Quinn, K. & Smith, A.H.W. (1998b). The treatment of men with a learning disability convicted of exhibitionism. *Research in Developmental Disabilities*, 19, 295-316.

Lindsay, W.R., Olley, S., Jack, C., Morrison, F. & Smith, A.H.W. (1998c). The treatment of two stalkers with intellectual disabilities using a cognitive approach. *Journal of Applied Research in Intellectual Disabilities*, 11, 333-344.

Lindsay, W. R., Olley, S., Baillie, N., Smith, A. H. W. (1999) Treatment of adolescent sex offenders with intellectual disability. *Mental Retardation*, 37, 201 - 211.

Lindsay, W.R. & Smith, A.H.W. (1998) Responses to treatment for sex offenders with intellectual disability: a comparison of men with one and two year probation sentences. *Journal of Intellectual Disability Research*, 42, 346-353.

Lindsay, W.R., Smith, A.H.W., Law, J., Quinn, K., Anderson, A., Smith, A., Overend, T. & Allan, R. (2002). A treatment service for sex offenders and abusers with intellectual disability: characteristics of referrals and evaluation. *Journal of Applied Research in Intellectual Disabilities*, 15, 166-174.

Marshall, W.L., Anderson, D. & Fernandez, Y. (1999). *Cognitive-Behavioural Treatment of Sex Offenders*. Chichester: Wiley & Sons Ltd.

McBrien, J., Hodgetts, A., & Gregory, J. (2003) Offending and risk behaviours in community services for people with intellectual disabilities in one local authority. *The Journal of Forensic Psychiatry and Psychology*, 14, 280-297.

McCarthy, M. & Thompson, D. (1997) A prevalence study of sexual abuse of adults with intellectual disabilities referred for sex education. *Journal of Applied Research in Intellectual Disabilities*, 10, 105-124.

McGee, H., Garavan, R., de Barra, M., Byrne, J. & Conroy, R. (2002) *The SAVI Report : Sexual Abuse and Violence in Ireland*. Dublin: Liffey Press.

Murphy, G. H. (1997). Treatment and risk management. In: J. Churchill, H. Brown, A. Craft, & C. Horrocks (Eds). *There Are No Easy Answers. The Provision of Continuing Care and Treatment to Adults with Learning Disabilities Who Sexually Abuse Others*. ARC & NAPSAC.

Murphy, G. (2000) Justice denied. *Mental Health Care*, 3, 256-257.

Murphy, G.H. & O'Callaghan, A. (2004) Capacity of adults with intellectual disabilities to consent to sexual relationships. *Psychological Medicine*.

Murphy, W.D., Coleman, E.M. & Haynes, M.R. (1983). Treatment and evaluation issues with the mentally retarded sex offender. In J.D.Greer & I.R. Stuart (eds.) *The Sexual Aggressor: Current Perspectives on Treatment*. New York: Nostrand-Rheinhold (pp.21-41)

Myhill, A. & Allen, J. (2002) *Rape and Sexual Assault of Women: the Extent and Nature of the Problem*. Home Office Research Study 237. London: Home Office Research, Development and Statistics Directorate.

O'Connor, H. (1996) A problem-solving intervention for sex offenders with an intellectual disability. *Journal of Intellectual and Developmental Disability, 21*, 219-235.

Prosser, H., Moss, S., Costello, H, Simpson, N, & Patel, P. (1996) *The Mini PAS-ADD*. Hester Adrian Research Centre: University of Manchester.

Comment [SB3]: ? 1997

Robertson, J. (1994). Risk management for men who have learning disabilities and have sexually abused others, *NAPSAC Bulletin, 8*, 7-11.

Rose, J., Jenkins, R., O'Connor, C., Jones, C. & Felce, D. (2002). A group treatment for men with intellectual disabilities who sexually offend or abuse. *Journal of Applied Research in Intellectual Disabilities, 15*, 138-150.

Russell, D. (1984) *Sexual Exploitation: Rape, Child Sexual Abuse and Workplace Harassment*. Beverly Hills, CA: Sage.

Salter, A. (1988) *Treating Child Sex Offenders and Victims: A Practical Guide*. Newbury Park, California: Sage Publications.

Sinclair, N., Booth, S.J. & Murphy, G.H. (2002) *Cognitive-Behavioural Treatment for Men with Intellectual Disabilities who Are at Risk of Sexual Offending: A Treatment Manual*. Unpublished manuscript.

Sobsey, D. (1994). *Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?* Baltimore: Paul H Brookes.

Sobsey, D. & Doe T. (1991). Patterns of sexual abuse and assault. *Sexuality & Disability, 9*, 243-259.

Sparrow, S. S., Balla, D. A., & Cicchetti, D. V. (1984). *Vineland Adaptive Behavior Scales*. American Guidance Service

Swanson, C.K. & Garwick, G.B. (1990). Treatment for low functioning sex offenders: group therapy and interagency coordination. *Mental Retardation*, 28, 155-161.

Thompson, D. (1997) Profiling the sexually abusive behaviour of men with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 10, 125-139.

Thompson, D. & Brown, H. (1997). Men with intellectual disabilities who sexually abuse: A review of the literature. *Journal of Applied Research in Intellectual Disabilities*, 10, 140-158.

Tierney, D.W. & McCabe, M.P. (2001). An evaluation of self-report measures of cognitive distortions and empathy among Australian sex offenders. *Archives of Sexual Behavior*, 30, 495-519.

Torrey, M. (1991). When will we be believed? Rape myths and the idea of a fair trial in rape prosecutions. *David Law Review*, 24, 1013.

Turk, V. & Brown, H. (1993) The sexual abuse of adults with learning disabilities: results of a two-year incidence survey. *Mental Handicap Research*, 6, 193-216.

Walby, S. & Allen, J. (2004) *Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey*. Home Office Research Study 276. London: Home Office Research Development and Statistics Directorate.

Wechsler, D. (1981). *Wechsler Adult Intelligence Scale-Revised*. San Antonio, TX: The Psychological Corporation.

Wechsler, D. (1997). *Wechsler Adult Intelligence Scale-Third Edition*. San Antonio, TX: The Psychological Corporation.

Appendices

- Appendix 1.** Treatment information sheet and consent form
- Appendix 2** Research information sheet and consent forms (treatment group)
- Appendix 3** Research information sheet and consent forms (control group)
- Appendix 4** Background information database schedule 1
- Appendix 5** Background information database schedule 2
- Appendix 6** Background information database schedule 3
- Appendix 7** Sexual attitudes and knowledge schedule
- Appendix 8** Victim Empathy Scale - Adapted (extract only)
- Appendix 9** Sex Offender Self-Appraisal Scale (extract only)
- Appendix 10** Questionnaire on Attitudes Consistent with Sex Offending (extract only)
- Appendix 11** Post-group interview (partly developed by group graduates)
- Appendix 12** Hays et al (2003) paper on ethical issues - from BJLD

Appendix 1 Consent to treatment (consent form and information sheet)

TREATMENT: Consent to Treatment for Legally Restricted Participants
[Local hospital/Trust headed paper]

Centre Number:
Study Number:
Participant Identification Number:

CONSENT FORM FOR TREATMENT

Men's Group

Name of Group Leaders: [Facilitator 1], [Facilitator 2], [Facilitator 3]
and [Facilitator 4].

Please tick \checkmark the 'YES' box if you agree. Put a X if you don't agree

- | | YES |
|--|--------------------------|
| I understand the information sheet | <input type="checkbox"/> |
| I have asked any questions I wanted to | <input type="checkbox"/> |
| I understand that the court has said that I need to join the Men's Group | <input type="checkbox"/> |
| I understand that it may affect the services I get if I take part or not | <input type="checkbox"/> |
| I agree for my Key Worker to know I am joining the Men's Group | <input type="checkbox"/> |
| I agree for my Care Manager to know I am joining the Men's Group | <input type="checkbox"/> |
| I agree for my Parents to know I am joining the Men's Group, (they don't have to know if I don't want them to) | <input type="checkbox"/> |
| I agree for my doctor to know that I am joining the Men's Group | <input type="checkbox"/> |

YES

I agree for my probation officer to know I am joining the Men's Group

I agree to join the Men's Group

My Name: _____

Date: _____

Signature: _____

Group Leader: _____

Date: _____

Signature: _____

Sometimes the group leaders may need to talk to someone else if they think that you or someone else is in danger. Please give the name and telephone number of the person we can contact in this situation:

Name: _____

Who is my: _____ (key worker, probation officer etc).

Telephone Number: _____

Men's Group

Some men with learning disabilities are being asked to join a Men's Group. The Men's Group is to help them stop sexually offending. You are being invited to join a Men's Group.

Background:

Some men with learning disabilities commit sexual offences like:

- Touching a child on the 'private parts' (genitals)
- Showing other people their 'private parts' in public.
- Forcing someone to have sex with them.

Doing these things is against the law and can get these men into trouble with the police.

The Men's Group

We are starting a group to help men stop doing these sexual offences. The group will teach men about:

- Their bodies
- Who it is OK to touch and who it is not OK to touch
- What can get you into trouble
- Feelings
- How to stop sexual offending.

Joining the Men's Group

- The Men's Group is every week at [location] for [duration] hours.
- The group lasts for one year.
- There will be 5 – 10 men in the group.
- You would need to go to the Men's Group each week

Do I have to take part in the Men's Group?

Yes, the court/your doctor/your probation officer has said you need to join the Men's Group. If you don't join the Men's Group then you may need to go back to court.

What if I don't like the Men's Group?

If you don't go to the Men's Group you may need to go back to court.

Is there anything bad about joining the Men's Group?

- Sometimes the group may make you feel sad or upset. You can tell the group leader if you feel upset.
- The group will try to help you but it might not work

Is there anything good about joining the Men's Group?

- Yes, you may learn new things to help you
- You will meet new people
- The group may help you to make safe choices and stay out of trouble

What happens at the end of the group?

- You may not need any more help.
- If you do need more help, you may be asked to come to another Men's Group.

What if I don't like what happens in the Men's Group?

- You can make a complaint to [hospital/Trust]
- You will be given information about how to complain
- You may want to ask a friend or staff member to help you make a complaint

Will things that I talk about in the group be private?

- One of the rules for the Men's Group will be: 'what's said in the group, stays in the group.'
- We will talk to some people that help you, like your (probation officer, Responsible Medical Officer) about your progress in the group.
- We will only talk to other people if we think that you or someone else is in danger or you tell us about a new offence.

Will I find out about how I have done at the end of the group?

Yes. You will be told at the end of the group how you have done.

Contact name for further information:

You can talk to [Facilitator #] if you want more information. [His/Her] telephone number is [insert telephone number].

Appendix 2 : Research consent form and information sheet (Treatment group)

Consent to Research Treatment group
(Local Hospital/Trust headed paper)

Centre Number:
Study Number:
Participant Identification Number:

CONSENT FORM FOR RESEARCH

Men's Group Research

Name of Researchers: Glynis Murphy, Neil Sinclair, Sarah-Jane Booth

Name of Group Facilitators: (insert local researchers)

Please tick ✓ the 'YES' box if you agree. Put an X if you don't agree.

- | | YES |
|--|--------------------------|
| I have had the information sheet dated 27/1/03 (version 6) | |
| explained to me by(name) and(my carer / advocate) | <input type="checkbox"/> |
| I have asked any questions I wanted to | <input type="checkbox"/> |
| I understand that I do not have to take part in the research | <input type="checkbox"/> |
| I understand that I can pull out at any time without giving a reason | <input type="checkbox"/> |
| If I pull out I understand that I can still go to the Men's Group | <input type="checkbox"/> |
| I agree for the research team to look at my medical notes and other health records | <input type="checkbox"/> |
| I agree to Sarah-Jane visiting my group sometimes | <input type="checkbox"/> |
| I agree for my Key Worker to know I am taking part | <input type="checkbox"/> |
| I agree for my Care Manager to know that I am taking part | <input type="checkbox"/> |

YES

I agree for my parents to know that I am taking part (they don't have to know if I don't want them to)

I agree for my doctor (GP, Psychiatrist) to know that I am taking part

I agree for my Probation Officer to know that I am taking part

I agree to take part in the research

My name: _____

Date: _____

Signature: _____

My carer's / advocate's name: _____

Date: _____

Signature: _____

Researcher's name: _____

Date: _____

Signature: _____

Sometimes the researchers may need to talk to someone else if they think that you or someone else is in danger. Please give the name and telephone number of the person we can contact in this situation:

Name: _____

Who is my: _____ (Keyworker, Probation Officer etc)

Telephone Number: _____

Information Sheet for Participation in Research
(Local Hospital/Trust headed paper)

Does the Men's Group really help men?

It is great that you want to be part of the Men's Group. We want to find out if the Men's Group really helps men to stop sexual offending. This is research work. We are inviting you to take part in this work. Please read this information before you decide. You can talk to someone (like your carer or an advocate) to help you decide.

Why are we asking you?

We are asking you because you have said "YES" to joining the Men's Group.

Do you have to take part in finding out if the Men's Group really works?

- No, you do not have to take part in this research work.
- If you say "YES", it is still OK to change your mind later and say "NO." You do not have to give a reason.
- You will still be able to go to the Men's Group even if you say "NO"

What do you have to do, if you say "YES" to this?

As you know, the Men's Group lasts one year.

(Name) or (name), who run the Men's Group will talk to you and ask you some questions:

- before the first day of the group,
- halfway through the group and
- after the last day of the group
- and 6 months after the end of the group.

You need to answer the questions as honestly as you can. There might be some questions that you do not want to answer. That is OK. You do not have to give a reason.

The questions will take about two or three visits to talk through. (Name) will see you either at home or at your day centre or at (name of the local health centre), whichever you prefer.

There are 120 men with Learning Disabilities taking part in this work.

What do we want to know?

- We want to know whether the Men's Group helps men, by looking at your answers to the questions.
- Sarah-Jane Booth is one of the research workers. She may visit the group sometimes to see how the group is working.
- All the men in the group will be asked if this is OK, for her to visit
- If some men don't want Sarah-Jane to visit, then she won't come

Is there anything bad about this work?

- Sometimes the questions may make you feel sad or upset. You can tell the person asking you the questions if you feel upset.
- Being part of this work may not help you.

Is there anything good about this work?

- The group may help you to feel safer around other people.
- By saying "YES" to taking part, you will help other men because we will find out whether the Men's Group really works.

What if you don't like the way this work is done?

- You can make a complaint to (name).
- We will give you information about how to complain
- You may want to ask a friend or staff member to help you to make a complaint.

Will information kept about you be private?

- Yes. We will only tell someone else if we think that you or someone else is in danger, or if you tell us about a new offence.
- We will ask you if it is OK to tell your doctor about you being part of the research.
- We may need to look at your medical records and we will ask you if this is OK
- All of the results of this work will be kept locked away and only the research workers will be able to look at the files.
- If you pull out, the information about you will be destroyed.

What happens at the end?

- We will tell you how well you have done
- We will tell you whether the Men's Group helps men
- If you need more help (treatment or counselling) you can ask for some.
- The researchers will write about the work. No names or addresses will be given.

Who are the research workers?

- Glynis Murphy, Neil Sinclair and Sarah-Jane Booth are the research workers. They are all psychologists.
- The Department of Health is paying for the work.

Has the work been checked?

- People have looked at the work to check that it is safe
- People have also checked that everyone gets good information before they start.

Further information:

- Thank you for reading the information about this work.
- You will be given a copy of the information sheet and consent form.
- If you want any extra information, you or your support person can call Glynis Murphy (01524 592771) or Neil Sinclair (01227 833 700). Or you can write to Glynis Murphy at the Institute for \Health research, Lancaster University, Lancaster, LA1 4YT.

Appendix 3: Consent form and information sheet (control group)

Consent to Research for Control group
(Hospital/Institution headed paper)

Centre Number:
Study Number:
Participant Identification Number:

CONSENT FORM FOR RESEARCH

Men's Group Research

Name of Researchers: Glynis Murphy, Neil Sinclair, Sarah-Jane Booth

Name of Group Facilitators: (Insert local names)

Please tick \surd the 'YES' box if you agree. Put an X if you don't agree.

YES

- I have had understand the information sheet dated 27/1/03 (version 6) explained to me by (name) and (my carer / advocate)
- I have asked any questions I wanted to
- I understand that I do not have to take part in the research
- I understand that I can pull out at any time without giving a reason
- If I pull out I understand that I can still go to the next Men's Group
- I agree for the research team to look at my medical notes and other health records
- I agree for my Key Worker to know I am taking part
- I agree for my Care Manager to know that I am taking part

I agree for my parents to know that I am taking part (they don't have to know if I don't want them to)

I agree for my doctor (GP, Psychiatrist) to know that I am taking part

I agree for my Probation Officer to know that I am taking part

I agree to take part in the research

My name: _____

Date: _____

Signature: _____

My carer's /advocate's name: _____

Date: _____

Signature: _____

Researcher's Name: _____

Date: _____

Signature: _____

Sometimes the researchers may need to talk to someone else if they think that you or someone else is in danger. Please give the name and telephone number of the person we can contact in this situation:

Name: _____

Who is my: _____ (Keyworker, Probation Officer etc)

Telephone Number: _____

Information Sheet for Participation in Research as a Control
(Local Hospital/Trust headed paper)

Does the Men's Group really help men?

Some men with learning disabilities do sexual offences. We have started a Men's Group to help them stop sexually offending. We want to find out if the Men's Group really helps men to stop sexual offending. This is research work. We are inviting you to take part in this work. Please read this information before you decide. You can talk to someone (like a carer or an advocate) to help you decide.

Why are we asking you?

We are asking you because you are waiting to join the next Men's Group.

Do you have to take part in finding out if the Men's Group really works?

- No, you do not have to take part in this research work.
- If you say "YES", it is still OK to change your mind later and say "NO." You do not have to give a reason.
- You will still be able to join the next Men's Group, even if you say "NO"

What do you have to do, if you say "YES" to this?

- (Name) or (Name), will talk to you and ask you some questions.
- They will ask you the questions before you start the Men's Group.
- The questions will take two or three visits to talk through. (Name) will see you either at home or at your day centre or at (name of local health centre), whichever you prefer

You need to answer the questions as honestly as you can. There might be some questions that you do not want to answer. That is OK. You do not have to give a reason.

If you say "YES" to the research, you will be part of this work for one and a half years.

There are 120 men with Learning Disabilities participating in this work.

What do we want to know?

We want to know whether the Men's Group helps men, by looking at your answers to the questions.

Is there anything bad about this work?

- Sometimes the questions may make you feel sad or upset. You can tell the person asking you the questions if you feel upset.
- Being part of this work may not help you.

Is there anything good about this work?

By saying "YES" to taking part, you will help other men because we will find out whether the Men's Group works.

What if you don't like the way this work is done?

- You can make a complaint to (name)
- We will give you information about how to complain
- You may want to ask a friend or staff member to help you to make a complaint.

Will information kept about you be private?

- Yes. We will only tell someone else if we think that you or someone else is in danger, or if you tell us about a new offence.
- We will ask you if it is OK to tell your doctor about you being part of the research.
- We may need to look at your medical records and we will ask you if this is OK
- All of the results of this work will be kept locked away and only the research workers will be able to look at the files.
- If you pull out, the information about you will be destroyed.

What happens at the end?

- We will tell you whether the Men's Group really helps men
- You will be asked if you want to come to the next Men's Group, which is due to start on (insert date).
- The researchers will write about the work. No names or addresses will be given.

Who are the research workers?

- Glynis Murphy, Neil Sinclair and Sarah-Jane Booth are the research workers. They are all psychologists.
- The Department of Health is paying for the work.

Has the work been checked?

- People have looked at the work to check that it is safe.
- People have also checked that everyone gets good information before they start.

Further Information:

- Thank you for reading the information about this work
- You will be given a copy of the information sheet and consent form.
- If you want any extra information, you or your support person can call Glynis Murphy (01524 592771) or Neil Sinclair (01227 833 700). Or you can write to Glynis Murphy, Institute for Health Research, Lancaster University, Lancaster LA1 4YT

Appendix 4: Database schedule for background information: phase 1

MEN'S GROUP BACKGROUND INFORMATION AND DATA BASE SCHEDULE

PHASE ONE

Purpose

The purpose of the schedule is to provide a systematic way of gathering background information on each of the men who have agreed to participate in the SOTSEC-ID research. A further purpose of the schedule is to provide codes for entering data onto the database.

Introduction

The Men's Group Background Information and Data Base Schedule was designed to provide a way of coding information following a clinical interview or whilst reviewing a participant's medical or other health records. The Men's Group Background Information and Data Base Schedule is split into three phases:

- Phase One collects demographic and background information for participants prior to the beginning of the Men's Group.
- Phase Two collects information at the completion of the Men's Group
- Phase Three collects information at 6 months follow-up.

Phase One contains 8 sections each designed to obtain background and current information about the individual.

Section 1: Demographic Data and Current Situation: Gathers demographic information for the participant prior to the start of the group.

Section 2: Background Information - Family: Gathers information about who the participant lived with during childhood.

Section 3: Background Information - Educational: Gathers information about the amount of formal education received by the participant.

Section 4: Background Information - Medical/Psychiatric/Psychological Problems: Gathers information about the aetiology of the participant's learning disability along with psychiatric diagnoses and psychological problems suffered during childhood and adulthood.

Section 5: Background Information - Sexual: This section gathers information regarding consenting sexual experiences as an adult.

Section 6: Background Information – History of Sexual Assault (as Victim):

Describes non-consenting sexual experiences of participant as both a child and an adult.

Section 7: Index Sexually Abusive Incident (as Perpetrator): Gathers information about the sexually abusive incident perpetrated by the participant that resulted in the referral to the Men's Group.

Section 8: Background Information – History of Sexually Abusive Incidents (as Perpetrator): gathers information on the number and type of sexually abusive incidents perpetrated by the man.

Categories for some of the questions are based on findings in previous studies/publications including:

A. Kalinsky (personal communication July 24, 2003). The Offenders Index Codebook. November 2002.

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders*. Forth Edition, American Psychiatric Association, Washington D.C.

Research Development and Statistics Directorate (1998). *The Offenders Index: Codebook*. Home Office.

Research Development and Statistics Directorate (2003). Home Office Counting Rules for Recorded Crime. Home Office. Retrieved 24 July 2003, from <http://www.homeoffice.gov.uk/rds/countrules.html>

McCarthy, M. & Thompson, D. (1997). A prevalence study of sexual abuse of adults with intellectual disabilities referred for sex education. *Journal of Applied Research in Intellectual Disabilities*, 10(2), 105 - 124.

Thompson, D. (1997). Profiling the sexually abusive behaviour of men with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 10(2), 125 - 139.

Definitions

Boyfriend is used in the schedule to refer to any man defined by the participant as their 'boyfriend.' The nature of this relationship would usually be more intimate than a plutonic friendship with the same sex, and may refer to a (presumed) consensual sexual relationship.

Child is someone who is 18 years or younger.

Close Relatives: refers to any relative or step relative. For example, auntie/uncle, grandparents/stepgrandparents, brother/sister, step brother/sister.

Course of Therapy refers to a block of therapy designed to help the individual with a specific problem.

Dissociative Disorders. In DSM-IV the 'essential feature of the Dissociative Disorders is a disruption in the usually integrated functions of consciousness, memory, identity or perception of the environment' (p. 477). Please refer to DSM-IV for further information on Dissociative Disorders.

Factitious Disorders in DSM-IV are 'characterized by physical or psychological symptoms that are intentionally produced or feigned in order to assume the sick role... [and] are distinguished from acts of Malingering. In Malingering, the individual also produces the symptoms intentionally, but has a goal that is obviously recognizable when the environmental circumstances are known. For example, the intentional production of symptoms to avoid jury duty, standing trial or conscription into the military would be classified as Malingering' (p. 471). Please refer to DSM-IV for further information on Factitious Disorders.

Formal Education includes attendance at primary school, secondary school/college and any further approved education course.

Girlfriend is used in the schedule to refer to any woman defined by the participant as their 'girlfriend.' Usually the nature of this relationship would be more intimate than a plutonic friendship with the opposite sex, and may refer to a (presumed) consensual sexual relationship.

Index Sexually Abusive Incident (Section 7) is defined as a sexually abusive behaviour that was the most recent in terms of the start of the Men's Group. *Sexually Abusive Behaviour* has been used in *Section 7* to refer to all sexually abusive behaviour that occurs on a specific day. Please see below for a definition of *Sexually Abusive Behaviour*.

Offence has been defined in this schedule as a behaviour that has resulted in a conviction through the courts.

Parent refers to primary adult responsible for caring for the individual. For example biological parents, adopted parents, same sex parents or anyone defined by the participant as their 'parent' as long as this does not include persons paid to look after the participant.

Public Place: Please note the following:

- If the participant engages in self only masturbation, whilst alone in a public place, but in private area (where others cannot gain access or accidentally come across him/discover him) – this is NOT coded as a sexual assault (For example if participant goes to public place, e.g. sports centre, and masturbates in a locked private toilet cubicle).
- If the participant engages in self only masturbation whilst either alone or in presence of others, in a public place but not in a private area (where others may discover him, even if he thinks he is hiding) – this is CODED as a sexual assault regardless of whether there is/are identifiable victim(s). (For example the following would be coded as a sexually abusive incident: 1) if participant goes to public place, e.g. sports centre, and masturbates in general toilet area, where there is the potential for him to be discovered by public. 2) if participant goes to public place, e.g. railway bridge/park, and masturbates by bridge/in park behind a tree where he thinks he is hiding but where could be discovered by public).

These definitions exclude behaviours such as voyeurism, where the participant may be masturbating in a locked private area following viewing nudity or sexual activity of another person without their knowledge and consent. This definition also excludes a perpetrator (participant) masturbating a victim, or masturbation in front of a victim in a private and locked area (e.g. bedroom). In addition, this definition excludes other illegal sexual behaviours that may occur in private areas.

Set of Sexual Assaults (Section 6) is defined as the participant being the victim of any number of assaults with a specific perpetrator. Please note that sexual assaults may continue over a period of time (e.g. months/years), yet are still considered to be one ‘set’ of sexual assaults if the same perpetrator is implicated.

Set of Sexual Assaults (Section 8) is/are defined as the participant being the perpetrator of any number of sexual assaults with a specific victim. Assaults on different victims, even if they occur on the same day, are coded as different ‘sets’ of assaults. Assaults on same victim are counted as one ‘set’ even if they occur over a period of time (e.g. months/years). If multiple, but unidentifiable victims (e.g. general public) then code as one ‘set’ of sexual assaults. If no identifiable victim(s) (e.g. it is known that perpetrator masturbated in public place but not known if this, or other sexual behaviours, were observed by others), code each known incident as one ‘set’ of sexual assaults. Please also refer to definition of *public place* for coding sexual incidents of public masturbation by participant.

Sexually Abusive Behaviour is defined as occurring when the other person is non consenting and/or the behaviour(s) would be regarded as illegal if it came to the attention of the police. This term refers to behaviours that have resulted in a conviction as well as those behaviours that have not come to the attention of the police, the court, or resulted in a conviction through the courts but which meet the above criteria. Please also refer to definition of *public place* for coding sexual incidents of public masturbation by participant.

Sexual Relationship(s) refers to (presumed consensual) sexual experiences with a specific partner (of legal age). For example, where the individual has had a number of different sexual experiences with the same partner, the experiences are coded as one sexual relationship. Sexual contact could include such behaviours as genital touching, kissing, mutual masturbation, intercourse, oral sex etc.

Support Person refers to an individual who is paid to look after a person with intellectual disabilities in the support person's own home. This includes adult placements and adult foster arrangements.

Staff refers to employees of institution (e.g. residential facility, hospital) who are paid to care for the individual.

Type of Concurrent Therapy. Please indicate only one type of therapy under this section. Where the therapist is adopting an eclectic approach for working with the participant, please determine the predominant type of therapy that is being given.

Instructions for use

Please cross categories that apply, by clicking in the relevant box(es). Please only cross one box on questions requiring a Yes/No response. You may cross as many categories as are relevant for open-ended questions. Some questions require you to calculate the number of times a particular behaviour has occurred. Please put the number in the relevant box.

Please fill in as much information as possible for each of the questions. If there is no documentary information for a particular question then please state underneath the question that there is no information documented.

If the question does not have the response that is needed please use space underneath the question to document what is written in the file.

Questions/phrases with further explanations in the 'definitions' section are indicated by a *.

Please complete

Name of person filling out form:

Please indicate where information for filling out the schedule was obtained (more than one may apply):

- Clinical interview with individual
- Clinical interview with family/carer/key worker/doctor/probation officer
- Learning Disability Service clinical records
- Psychiatry clinical records
- Social services clinical records
- Other. Define:

Section 1: Demographic Data and Current Situation

1. **Participant's first name:**
2. **Initial of participant's last name:**
3. **Participant's date of birth:** (dd/mm/yyyy)
4. **Ethnicity (taken from last census): (Ask the Man)**

White

- White British = 1
- White Irish = 2
- Other White backgrounds = 3

Mixed

- White and Black Caribbean = 4
- White and Black African = 5
- White and Asian = 6
- Any other Mixed backgrounds = 7

Asian or Asian British

- Indian = 8
- Pakistani = 9
- Bangladeshi = 10
- Other Asian background = 11

Black or Black British

- Caribbean = 12
- African = 13
- Other Black background = 14

Chinese or other ethnic group

- Chinese = 15
- Any other ethnic group = 16

Not known = 99

5. **Participant's research status: (Please cross only one of the options below).**

- Participating in research as treatment participant = 1
- Participating in research as control participant (i.e. is not receiving group CBT treatment according to SOTSEC-ID model) = 2

6. **Location of Men's Group:**

7. Level of security of venue for Men's Group:

- community venue = 1
- secure environment - low secure = 2
- secure environment - medium secure = 3
- secure environment - high secure = 4

8. Name of lead facilitator:

9. Group start date: (dd/mm/yyyy)

10. Date(s) that filling out this form:

11. Participant's residential status at start of group:

- own home (supported) = 1
- own home (unsupported) = 2
- family (or close relative) = 3
- group/residential home = 4
- secure environment - low secure = 5
- secure environment - medium secure = 6
- secure environment - high secure = 7
- with support person* in support person's home = 8

12. Legal status at start of group:

- Informal = 1
- Under Mental Health Act = 2. Define Section:
- Community Rehabilitation Order (used to be Probation Order) = 3. Define length and conditions:
- Guardianship Order = 4. Define conditions:

13. Level of security/escort required by participant when in community?

- no escort required = 1
- 1:1 escort required = 2
- 2:1 escort required = 3
- 3:1 escort required = 4
- no community outings regardless of number of escorts = 5

14. Is the participant receiving concurrent therapy at start of Men's Group?

(Please note that previous therapy will be coded under Section 4)

- Yes = 1
- No = 2
- Not known = 99

15. Reason for participant receiving concurrent therapy. (N.B indicate all that apply) (Code Yes = 1, No = 2, Not Known = 99, Not Applicable = 999)

- Perpetrating sexually abusive behaviour

- Other. Define:
- Not known
- Not applicable

16. Type of concurrent therapy. Please only complete if answer to question 14 is 'perpetrating sexually abusive behaviour' or indicate 'question not applicable':

- individual cognitive behaviour therapy = 1
- group cognitive behaviour therapy (excluding the Men's Group) = 2
- 'other' type concurrent therapy = 3. Define: .
- not known = 99

- Question not applicable = 999

17. Professional conducting therapy (N.B. therapy is for perpetrating sexually abusive behaviour)

- Clinical psychologist = 1
- Social worker = 2
- Psychiatrist = 3
- Behaviourally trained nurse = 4
- Learning disability trained nurse = 5
- Counsellor = 6
- Probation officer = 7
- No formal qualification = 8
- Other. = 9. Define:
- Not known = 99
- Question not applicable = 999

Name of therapist:

18. Frequency of concurrent therapy (on average) (N.B. therapy is for perpetrating sexually abusive behaviour)

- | | |
|---|--|
| <input type="checkbox"/> ≥ 3 times per week = 1 | <input type="checkbox"/> < once per fortnight = 5 |
| <input type="checkbox"/> 2 times per week = 2 | <input type="checkbox"/> not known = 99 |
| <input type="checkbox"/> once per week = 3 | <input type="checkbox"/> question not applicable = 999 |
| <input type="checkbox"/> once per fortnight = 4 | |

19. Duration of this current treatment to date (calculated backwards from the start of Men's Group)

- | | |
|--|--|
| <input type="checkbox"/> < 6 weeks = 1 | <input type="checkbox"/> > 52 weeks = 5 |
| <input type="checkbox"/> 7 - 12 weeks = 2 | <input type="checkbox"/> not known = 99 |
| <input type="checkbox"/> 13 - 24 weeks = 3 | <input type="checkbox"/> question not applicable = 999 |
| <input type="checkbox"/> 25 - 52 weeks = 4 | |

20. Current Psychotropic Medications (please cross all categories that apply).
(Code Yes = 1, No = 2, Not known = 99)

- Stimulants e.g. amphetamine, methylphenidate
- Antidepressants: tricyclic antidepressants, serotonergic antidepressants
SSRIs
(e.g. fluoxetine), Monoamine oxidase inhibitors
- Lithium
- Neuroleptics: phenothiazines (e.g. chlorpromazine), butyrophenones
(e.g. haloperidol),
thioxanthenes (e.g. flupenthixol)
- Minor tranquillizers: anxiolytic and hypnotic drugs e.g. benzodiazepines
and
antihistamines
- Anticonvulsants e.g. carbamazepine
- Antilipidinal e.g. androcur

- On no medications
- None of the medication types is known

Please list **ALL** medications that the participant is taking and dose:

--

Section 2: Background Information - Family

1. How many siblings or step siblings does the participant have?

- | | |
|---|---|
| <input type="checkbox"/> none = 1 | <input type="checkbox"/> 4 – 5 siblings |
| <input type="checkbox"/> 1 sibling = 2 | <input type="checkbox"/> > 5 siblings |
| <input type="checkbox"/> 2 – 3 siblings = 3 | <input type="checkbox"/> not known = 99 |

2. Participant's primary residence as a child* (until age 18)

- | | |
|--|--|
| <input type="checkbox"/> with at least one biological parent = 1 | <input type="checkbox"/> hospital facility = 5 |
| <input type="checkbox"/> with <u>close relatives</u> * = 2 | <input type="checkbox"/> multiple = 6 |
| <input type="checkbox"/> adopted/fostered = 3 | <input type="checkbox"/> not known = 99 |
| <input type="checkbox"/> residential facility = 4 | |

3. If participant lived with *biological parents/step-parents, close relatives* or was *adopted/fostered*, please give parent's* main occupation during participant's childhood:

Parent One's Occupation:

Parent Two's Occupation:

4. During the participant's childhood, were there changes in main parents* (e.g. due to divorce, separation or new partners)?

- Rarely/never (once or twice over duration of participant's childhood) = 1
- Occasionally (every 2 – 5 years) = 2
- Frequently (\geq every 1 – 2 years) = 3
- Not known = 99

5. Death of participant's parent*? (only count if parent living with participant):

- Yes = 1
- No = 2
- Not known = 99

6. Age of participant when parent* died:

- <5 years of age = 1
- ≥6 - <12 years of age = 2
- ≥12 - <18 years of age = 3
- ≥ 18 years of age = 4
- not known = 99
- not applicable = 999

7. If participant lived in *residential facility* or *hospital facility*, please detail the number of years in care as a child:

- < 1 year = 1
- ≥ 1 year - <5 years = 2
- ≥ 5 years - <10 years = 3
- ≥ 10 years = 4
- not known = 99
- question not applicable = 999

8. How many children does the participant have?

- #
- number of biological children
 - number of step children

9. How many of these children live with the participant?

- #
- number of biological children living with participant
 - number of step children living with participant

Section 3: Background Information - Education

1. Age at which left school:

2. Attended Special Primary School?

- Yes = 1
- No = 2
- Not known = 99

3. Attended Special Secondary School?

- Yes = 1
- No = 2
- Not known = 99

Section 4: Background Information - Medical/Psychiatric/Psychological Problems

1. Please document any known cause of intellectual disability and any chronic medical conditions diagnosed in *childhood*:

Cause of Intellectual Disability:

Other Medical Conditions:

2. Did participant have contact with psychiatric/psychology/learning disability services as a *child**?*

- Yes = 1
 No = 2
 Not known = 99

3. Number of years in contact with psychiatric/psychology/learning disability services as a *child**:

- < 1 year = 1
 1 - 2 years = 2
 2 - 3 years = 3
 3 - 4 years = 4
 >4 years = 5
 Not known = 99
 Not applicable = 999

4. Define participant's psychological/psychiatric problems in childhood: (Please cross all categories that apply). (Code: Yes = 1, No = 2, Not Known = 99).

The following categories relate to DSM-IV diagnoses. Please note that DSM-IV does not make a distinction between disorders diagnosed in childhood and adulthood, i.e. adults may be diagnosed with disorders in the section 'Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence.' Likewise children can be diagnosed with disorders in other parts of the manual e.g. mood disorders, anxiety disorders.

- Intellectual Disability (i.e. DSM-IV diagnosis 'Mental Retardation')
- Learning Disorders (e.g. Reading Disorder, Mathematics Disorder)
- Motor Skills Disorder (e.g. Developmental Coordination Disorder)
- Communication Disorders (e.g. Expressive Language Disorder, Stuttering)
- Pervasive Developmental Disorders (e.g. Autistic Disorder, Asperger's Disorder)
- Attention-Deficit and Disruptive Behaviour Disorders (e.g. ADHD, Conduct Disorder)
- Feeding And Eating Disorders of Infancy or Early Childhood (e.g. Pica)
- Tic Disorders (e.g. Tourette's Disorder).
- Elimination Disorders (e.g. Encopresis, Enuresis).
- Other Disorders of Infancy, Childhood or Adolescence (e.g. Separation Anxiety Disorder).
Please give details:
- Delirium, Dementia, and Amnesic and Other Cognitive Disorders
- Mental Disorders Due to a General Medical Condition Not Elsewhere Classified
- Substance Related Disorders
- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders*
- Dissociative Disorders* (e.g. Dissociative Identity Disorder)
- Sexual and Gender Identity Disorders
- Eating Disorders
- Sleep Disorders
- Impulse-Control Disorders Not Otherwise Classified
- Adjustment Disorders
- Personality Disorders. Define:
- Other Conditions that May Be a Focus of Clinical Attention. Give Details:

- It is not known whether the participant had any formal diagnoses of psychiatric/psychological problems in childhood.

5. **Has participant received therapy in *childhood* for any of the problems listed above?** (Do not include therapy for perpetrating/suspected of perpetrating sexually abusive behaviour - refer to question 7)

- Yes = 1
- No = 2
- Not known = 99
- Not applicable = 999

6. **If answer to question 5 is 'yes', please document the number of courses* of therapy in *childhood*:** (Do not include therapy for perpetrating/suspected of perpetrating sexually abusive behaviour)

- #
- number of courses individual cognitive behaviour therapy (CBT) = 1
 - number of courses of group CBT = 2
 - number of courses of 'other' treatment = 3. Define:
 - number of courses where therapy type is not known = 99
- Question not applicable = 999

7. **Has the participant been convicted of any offences (i.e. including sexual offences) in *childhood*?**

- yes = 1
- no = 2
- not known = 99

8. **If answer to question 7 is 'yes', how many offences in *childhood* has the participant been convicted?**

- #
- total number of convictions for other offences
 - total number of convictions for sexually abusive behaviour (details of these behaviours are coded in Section 8)
- Question not applicable = 999

9. Please document the number of ‘other’ convictions for offences (i.e. excluding sexual offences) in *childhood*:

- #
- | | |
|--------------------------|---|
| <input type="checkbox"/> | violence against the person e.g. murder, grievous bodily harm (gbh), actual bodily harm (abh) |
| <input type="checkbox"/> | burglary/robbery/theft and handling stolen goods |
| <input type="checkbox"/> | fraud and forgery |
| <input type="checkbox"/> | criminal damage e.g. arson |
| <input type="checkbox"/> | drug offences |
| <input type="checkbox"/> | motoring offences |
| <input type="checkbox"/> | other. Define: |
| <input type="checkbox"/> | type of offence that participant convicted of in childhood is/are not known |
- question not applicable = 999

10. Please document any known chronic medical conditions (including mental disorders) diagnosed in *adulthood*:

11. Does/has the participant have/had contact with psychiatric/psychology/learning disability services as an *adult*?

- Yes = 1
 No = 2
 Not known = 99

12. Number of years in contact with psychiatric/psychology/learning disability services as an *adult*?

- < 1 year = 1
 ≥1 - <2 years = 2
 ≥2 - <3 years = 3
 ≥3 - <4 years = 4
 ≥4 years = 5
 Not known = 99
 Not applicable = 999

13. Define psychological/psychiatric problems in adulthood. (Please indicate all categories that apply) (Code Yes = 1, No = 2, Not known = 99)

The following categories relate to DSM-IV diagnoses. Please note that DSM-IV does not make a distinction between disorders diagnosed in childhood and adulthood, i.e. adults may be diagnosed with disorders in the section ‘Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence.’ Likewise children can be diagnosed with disorders in other parts of the manual e.g. mood disorders, anxiety disorders.

- Intellectual Disability (i.e. DSM-IV diagnosis ‘Mental Retardation’)
- Learning Disorders (e.g. Reading Disorder, Mathematics Disorder)
- Motor Skills Disorder (e.g. Developmental Coordination Disorder)
- Communication Disorders (e.g. Expressive Language Disorder, Stuttering)
- Pervasive Developmental Disorders (e.g. Autistic Disorder, Asperger’s Disorder)
- Attention-Deficit and Disruptive Behaviour Disorders (e.g. ADHD, Conduct Disorder)
- Feeding And Eating Disorders of Infancy or Early Childhood (e.g. Pica)
- Tic Disorders (e.g. Tourette’s Disorder).
- Elimination Disorders (e.g. Encopresis, Enuresis).
- Other Disorders of Infancy, Childhood or Adolescence (e.g. Separation Anxiety Disorder).
Please give details:
- Delirium, Dementia, and Amnesic and Other Cognitive Disorders
- Mental Disorders Due to a General Medical Condition Not Elsewhere Classified
- Substance Related Disorders
- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders*
- Dissociative Disorders* (e.g. Dissociative Identity Disorder)
- Sexual and Gender Identity Disorders
- Eating Disorders
- Sleep Disorders
- Impulse-Control Disorders Not Otherwise Classified
- Adjustment Disorders
- Personality Disorders. Define:
- Other Conditions that May Be a Focus of Clinical Attention. Give Details:

- It is not known whether the participant had any formal diagnoses of psychiatric/psychological problems in childhood.

14. Has the participant received psychological treatment in *adulthood* for any of the problems listed above? (Do not include therapy for perpetrating/suspected of perpetrating sexually abusive behaviour - refer to Sections 7 & 8)

- Yes = 1
- No = 2
- Not known = 99
- Not applicable = 999

15. If answer to question 14 is 'yes,' please document the number of courses* of psychological treatment in *adulthood*: (Do not include therapy for perpetrating/suspected of perpetrating sexually abusive behaviour)

- #
- number of courses individual cognitive behaviour treatment (CBT) = 1
 - number of courses of group CBT = 2
 - number of courses of 'other' treatment = 3. Define:
 - number of courses where the type of therapy not known = 99
- Question not applicable = 999

16. Has the participant been convicted of any offences (i.e. excluding sexual offences) in *adulthood*?

- yes = 1
- no = 2
- not known = 99

17. If answer to question 16 is yes, how many 'other' offences (i.e. excluding sexual offences) in *adulthood* has the participant been convicted?

- #
- total number of convictions for 'other' offences
- Question not applicable = 999

18. Please indicate the number of convictions for each 'other' offences (i.e. excluding sexual offences) in *adulthood*: (N.B. convictions for 'other' offences that occur during or following the group will be coded in phase two and three).

#

- violence against the person e.g. murder grievous bodily harm (gbh), actual bodily harm (abh)
 - burglary/robbery/theft and handling stolen goods
 - fraud and forgery
 - criminal damage e.g. arson
 - drug offences
 - motoring offences
 - other. Define:
 - type of offence that participant convicted of in adulthood not known
- question not applicable = 999

Section 5: Background Information - Sexual

1. Has the participant had any girlfriends/boyfriends*?

- Yes = 1
- No = 2
- Not known = 99

2. If answer to question 1 is 'yes', please indicate the number of girlfriends/boyfriends* the participant has had:

- 1 girlfriend/boyfriend = 1
- 2 - 3 girlfriends/boyfriends = 2
- 4 - 5 girlfriends/boyfriends = 3
- >5 girlfriends/boyfriends = 4
- number of girlfriend(s)/boyfriend(s) not known = 99

- Question not applicable = 999

3. Has he (participant) had any sexual relationships* (presumed consensual) over the age of 16?

- Yes = 1
- No = 2
- Not known = 99

4. If answer to question 3 is 'yes', please indicate the number of sexual relationships* (presumed consensual) the participant has had:

- 1 sexual relationship = 1
- 2 - 3 sexual relationships = 2
- 4 - 5 sexual relationships = 3
- >5 sexual relationships = 4
- number of sexual relationships not known = 99

- Question not applicable = 999

5. What is/are the perpetrator's sexual interest(s)? (Indicate all that apply) (*Code: Yes = 1, No = 2, Not Known = 99*)

- Adult men
- Adult women
- Male children
- Female children
- Animals
- None of perpetrator's (participant's) sexual interest(s) are known

Section 6: Background Information: History of Sexual Assaults (as Victim)

1. Has the participant been the victim of sexual assault in childhood and/or adulthood? (If 'no' or 'not known', then do not fill out the rest of the section.) *(In this situation, code questions 2 – 9 as: question not applicable = 999)*

- Yes = 1
- No = 2
- Not known = 99

A set of sexual assaults is defined as: the participant being the victim of any number of assaults with a specific perpetrator. Please note that sexual assaults may continue over a period of time (e.g. months/years), yet are still considered to be one 'set' of sexual assaults if the same perpetrator is implicated.

2. How many different sets of sexual assaults* has the participant suffered? (Do not count assaults by the same perpetrator as different assaults)

 Total number of sets of sexual assaults

3. Please indicate the number of sexually abusive behaviours that occurred for the set(s) of sexual assaults: (N.B. where man/research participant was victim. Each set of sexual assaults may have more than one type of sexually abusive behaviour).

#	
<input type="text"/>	Perpetrator masturbates victim
<input type="text"/>	Perpetrator masturbates in <u>public place</u> *
<input type="text"/>	Perpetrator performs oral sex on victim
<input type="text"/>	Victim made to masturbate perpetrator
<input type="text"/>	Victim made to perform oral sex on perpetrator
<input type="text"/>	Perpetrator: attempted/actual anal penetration of victim. Define type (if known):
<input type="text"/>	Victim made to penetrate other. Define type (if known):
<input type="text"/>	Perpetrator touch of victim's genitals and/or bottom and/or chest (unclothed)
<input type="text"/>	Perpetrator touch of victim's genitals and/or bottom and/or chest (through clothing)
<input type="text"/>	Victim made to touch perpetrator's genitals and/or bottom and/or breasts/chest (unclothed)
<input type="text"/>	Victim made to touch perpetrator's genitals and/or bottom and or breasts/chest (through clothing)
<input type="text"/>	Perpetrator performs indecent exposure
<input type="text"/>	Victim shown pornography
<input type="text"/>	Victim photographed pornographically
<input type="text"/>	Verbal sexual harassment by perpetrator
<input type="text"/>	Sadomasochistic sex
<input type="text"/>	Stalking behaviour
<input type="text"/>	Other. Define type

4. Please indicate the number of sets of sexual assault(s)* where the perpetrator's gender is: (N.B. the total number should add to equal the total for question 2).

#	
<input type="text"/>	Male
<input type="text"/>	Female
<input type="text"/>	Gender of perpetrator not known

5. Please indicate the **number of sets of sexual assault(s)* where the perpetrator's relationship to victim (participant) was:** (N.B. the total number should add to equal the total for question 2).

- | | |
|----------------------|---|
| # | |
| <input type="text"/> | Female sibling/step sibling |
| <input type="text"/> | Male sibling/step sibling |
| <input type="text"/> | Female parent; adopted/foster/step parent |
| <input type="text"/> | Male parent; adopted/foster/step parent |
| <input type="text"/> | Other relative (e.g. uncle/auntie, grandparents, including step relatives) |
| <input type="text"/> | Close friend of participant |
| <input type="text"/> | Close friend of participant's parents |
| <input type="text"/> | Other service user |
| <input type="text"/> | Staff member |
| <input type="text"/> | Support person |
| <input type="text"/> | Acquaintance/Stranger |
| <input type="text"/> | Other. Define: |
| <input type="text"/> | Number of sets of sexual assaults where perpetrator's relationship to victim is not known |

6. **Number of sets of sexual assault(s)* where the victim (participant) was aged:** (N.B. the total number should add to equal the total for question 2).

- | | |
|----------------------|---------------------------------------|
| # | |
| <input type="text"/> | < 5 years old |
| <input type="text"/> | ≥5 – <12 years old |
| <input type="text"/> | ≥12 years of age, < 18 years of age |
| <input type="text"/> | adult |
| <input type="text"/> | ≥60 years old |
| <input type="text"/> | age of victim (participant) not known |

Exact age of victim (participant) for each of the sets of sexual assaults (please list):

7. How **many** convictions have there been for sexual assaults against the victim (participant)?

- | | |
|----------------------|---|
| # | |
| <input type="text"/> | Total number of convictions for sexual assaults on victim (participant) |

8. How **many** convictions were there for: (N.B. the total number should add to equal the total for question 7).

#	
<input type="text"/>	Buggery
<input type="text"/>	Indecent assault on male/female
<input type="text"/>	Gross indecency between males
<input type="text"/>	Rape of a male/female
<input type="text"/>	Unlawful sexual intercourse with girl under 13
<input type="text"/>	Unlawful sexual intercourse with girl under 16
<input type="text"/>	Incest
<input type="text"/>	Abuse of position of trust
<input type="text"/>	Gross indecency with a child
<input type="text"/>	Stalking
<input type="text"/>	Indecent exposure
<input type="text"/>	Sexual harassment
<input type="text"/>	Other (e.g. procurement, abduction, bigamy, soliciting or importuning by a man. Define:
<input type="text"/>	Type of conviction not known

question not applicable

9. Please take the **one set** of sexual assaults, where the sexual assaults continued over the longest period of time, and state how frequently this same one perpetrator sexually assaulted the victim (participant):

- Once (includes numerous incidents with same perpetrator if occur only on one day)= 1
- several times (total of 2 – 4 times over different days) = 2
- continuously over months = 3
- continuously over years = 4
- not known = 99

Section 7: Index Sexually Abusive Incident (as Perpetrator)

Index Sexually Abusive Incident (As Perpetrator) is defined as a sexually abusive behaviour that was the most recent in terms of the start of the Men's Group. *Sexually Abusive Behaviour* has been used in *Section 7* to refer to all sexual behaviour on a specific day where the other person/people is/are non consenting and/or would be regarded as illegal if it came to the attention of the police. This term refers to behaviours that have resulted in a conviction as well as those behaviours that have not come to the attention of the police, the court, or resulted in a conviction through the courts but which meet the above criteria.

1. **Brief description of what is documented/alleged to have happened:** (please include date of incident if possible).

2. **Please indicate the number of sexually abusive behaviours that occurred during index incident:** (N.B. where man/research participant is perpetrator).

#	
<input type="checkbox"/>	Perpetrator masturbates victim
<input type="checkbox"/>	Perpetrator masturbates in <u>public place</u> *
<input type="checkbox"/>	Perpetrator performs oral sex on victim
<input type="checkbox"/>	Victim made to masturbate perpetrator
<input type="checkbox"/>	Victim made to perform oral sex on perpetrator
<input type="checkbox"/>	Perpetrator: attempted/actual anal/vaginal penetration of victim. Define type (if known):
<input type="checkbox"/>	Victim made to penetrate other. Define type (if known):
<input type="checkbox"/>	Perpetrator touch of victim's genitals and/or bottom and/or breasts/chest (unclothed)
<input type="checkbox"/>	Perpetrator touch of victim's genitals and/or bottom and/or breasts/chest (through clothing)
<input type="checkbox"/>	Victim made to touch perpetrator's genitals and/or bottom and/or chest (unclothed)
<input type="checkbox"/>	Victim made to touch perpetrator's genitals and/or bottom and/or chest (through clothing)
<input type="checkbox"/>	Perpetrator performs indecent exposure
<input type="checkbox"/>	Victim shown pornography
<input type="checkbox"/>	Victim photographed pornographically
<input type="checkbox"/>	Verbal sexual harassment by perpetrator
<input type="checkbox"/>	Sadomasochistic sex
<input type="checkbox"/>	Stalking behaviour
<input type="checkbox"/>	Other. Define type

- None of the sexually abusive behaviour(s) is/are known = 99

3. Number of victim(s) of index sexually abusive behaviour(s)?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> One = 1 | <input type="checkbox"/> Five = 5 |
| <input type="checkbox"/> Two = 2 | <input type="checkbox"/> ≥ six = 6 |
| <input type="checkbox"/> Three = 3 | <input type="checkbox"/> not known = 99 |
| <input type="checkbox"/> Four = 4 | |

4. Victim group that sexually abusive behaviour directed at:

- Individual only = 1
- Small group of people (2 - 5 people) = 2
- General public = 3
- Combination of above types = 4
- Not known = 99

5. Victim Gender:

- Male = 1
- Female = 2
- Both = 3
- Not known = 99

6. Victim age range:

- | | |
|--|---|
| <input type="checkbox"/> <5 years old = 1 | <input type="checkbox"/> ≥60 years old = 5 |
| <input type="checkbox"/> ≥5 – <12 years old = 2 | <input type="checkbox"/> Range of ages (general public) = 6 |
| <input type="checkbox"/> ≥12 – <18 years old = 3 | <input type="checkbox"/> Not known = 99 |
| <input type="checkbox"/> Adult = 4 | |

Exact age of victim(s) for each of the sets of sexual assaults (please list):

7. Victim's relationship to perpetrator:

- Own son/step son = 1
- Own daughter/step daughter = 2
- Female sibling/step sibling = 3
- Male sibling/step sibling = 4
- Female parent; adopted/foster/step parent = 5
- Male parent; adopted/foster/step parent = 6
- Other relative (e.g. uncle/auntie, grandparents, including step relatives) = 7
- Close friend of participant = 8
- Close friend of participant's parents = 9
- Other service user = 10
- Staff member* = 11
- Support person* = 15
- Acquaintance/stranger = 12
- Combination of different relationships to victim = 13
- Other = 14. Define:
- Relationship of victim(s) to perpetrator not known = 99

8. Number of months/years since index sexually abusive behaviour: (calculate backwards from Men's Group start date).

- 0 – <1 year = 1
- ≥1 year – <2 years = 2
- ≥2 years – <3 years = 3
- ≥3 years = 4
- not known = 99

9. Was participant interviewed by police in relation to index sexually abusive incident?

- Yes = 1
- No = 2
- Not known = 99

10. Did participant appear in court (or participant's case go to court) in relation to index sexually abusive incident?

- Yes = 1
- No = 2
- Not known = 99
- Not applicable = 999

11. Legal outcome of index sexually abusive behaviour:

- Found unfit to plead = 1
- Community Rehabilitation Order (used to be probation order) = 2
- Community Treatment Order = 3
- Guardianship Order = 4
- Hospital Order = 5
- Prison/Custodial Sentences for Young Offenders = 6
- Cautioned = 7
- Acquitted/Absolute Discharge = 8
- Case Dropped = 9
- Fined/Payment of Damages = 10
- Conditional Discharge = 11
- Supervision Order = 12
- Community Punishment Order (used to be Community Service Order) = 13
- Community Punishment and Rehabilitation Order (used to be Combination Order) = 14
- Fully/Partly Suspended Sentence = 15
- Other (e.g. Attendance Centre Order, Care Order, Custody under Children and Young Persons Act, Curfew Order) = 16. Define:
- Not known = 99
- Not applicable = 999

12. If convicted, of what offence was the participant convicted?

- Buggery = 1
- Indecent assault on male/female = 2
- Gross indecency between males = 3
- Rape of a man/woman = 4
- Unlawful sexual intercourse with girl under 13. = 5
- Unlawful sexual intercourse with girl under 16. = 6
- Incest = 7
- Abuse of position of trust = 8
- Gross indecency with a child = 9
- Stalking = 10
- Indecent exposure = 11
- Sexual harassment = 12
- Other = 13 (e.g. procurement, abduction, bigamy, soliciting or importuning by a man. Define:
- Type of conviction not known = 99
- Not applicable = 999

13. Social outcome for participant of index sexually abusive behaviour: (Indicate all categories that apply) (*Code Yes = 1, No = 2, Not known = 99*)

- change of residential placement
- loss of job/change of work placement
- specialist treatment/therapy
- verbal reprimand
- loss of 'privileges' e.g. cigarettes or outings
- increased supervision
- medication. Define:
- nothing (i.e. there were no social outcomes)
- other. Define:

- None of the social outcomes is known = 99

14. Relationship status at the time of index sexually abusive behaviour

- single = 1
- married/cohabiting = 2
- divorced/separated = 3
- widowed = 4
- in relationship but not living together = 5
- not known = 99

15. Contact with family (e.g. parents/siblings) at time of index sexually abusive behaviour

- lives with parents/siblings = 1
- frequent (once every week or two weeks) = 2
- medium frequency (twice every month) = 3
- occasionally (less than once per month, more than once per 6 months) = 4
- rare (less than once every 6 months) = 5
- no contact = 6
- not known = 99

16. Residential status at time of index sexually abusive behaviour

- own home (supported) = 1
- own home (unsupported) = 2
- with family (or close relative) = 3
- group/residential home = 4
- secure environment - low secure = 5
- secure environment - medium secure = 6
- secure environment - high secure = 7
- with support person in support person's home = 8
- not known = 99

17. Employment status at time of index sexually abusive behaviour

- | | |
|--|--|
| <input type="checkbox"/> day centre = 1 | <input type="checkbox"/> full time paid employment = 5 |
| <input type="checkbox"/> supported work experience = 2 | <input type="checkbox"/> no day activity/employment = 6 |
| <input type="checkbox"/> college/adult education = 3 | <input type="checkbox"/> combination of employment types = 7 |
| <input type="checkbox"/> part time paid employment = 4 | <input type="checkbox"/> not known = 99 |

18. Substance Abuse (include alcohol) at time of index sexually abusive behaviour

- Yes = 1. Define:
- No = 2
- Not known = 99

19. Please describe any life events that you would consider a trigger to the index sexually abusive behaviour. (Do not assume that it is a life event trigger unless it happened in the 3 months leading up to the index sexually abusive behaviour).

20. Please describe the amount of information available in the file to substantiate allegations that participant was the perpetrator of sexually abusive behaviour:

- None: There was nothing but a passing mention of suspicion in the notes or there may be no documentation in the clinical notes that the participant was suspected of perpetrating sexually abusive behaviour = 1
- Some: There is some documentation of suspicions throughout the notes that the person had perpetrated sexually abusive behaviour. However, there may only be limited independent documentation to substantiate that the abuse occurred (e.g. staff observed participant and another person coming out of a bedroom, one or both looking dishevelled; person with intellectual disability says that they've been assaulted by participant, on further questioning person changes their account) = 2
- Much: there is documented evidence from a number of different sources that the participant engaged in sexually abusive behaviour, such as eye witness accounts, documentation regarding his conviction = 3

Section 8: Background Information - History of Sexually Abusive Incidents (as Perpetrator)

1. **Has the participant engaged in any other sexually abusive behaviours in the past (do not include Index Sexually Abusive Incident.** If ‘no’ or ‘not known’ – there is no need to answer the rest of this section). *(In this situation, Code questions 2 - 17 as: Question not applicable = 999)*

- Yes = 1
 No = 2
 Not known = 99

Please note:

Do not include *Index Sexually Abusive Incident* (i.e. the abusive incident described in Section 7) in calculations for the below questions, unless otherwise stated.

Please include any sets of sexual assaults when the perpetrator (participant) is a child.

‘Sets of Assaults’: Assaults on different identifiable victims even if they occur on the same day are coded as different sets of sexual assaults. Assaults on same victim are counted as one ‘set’ even if they occur over a period of time.

If multiple, but unidentifiable victims (e.g. general public) then code as one ‘set’ of sexual assaults.

If no identifiable victim(s) (e.g. it is known that perpetrator masturbated in public place but not known if this, or other sexual behaviours, were observed by others), code each known incident as one ‘set’ of sexual assaults.

2. **How many different sets of sexual assault(s)* did the research participant perpetrate?**

 Total number of sets of sexual assaults

- 3. Please indicate the number of sexually abusive behaviours that occurred for the set(s) of sexual assaults:** (N.B. where man/research participant is perpetrator. Each set of sexual assaults may have more than one type of sexually abusive behaviour).

#	
<input type="text"/>	Perpetrator masturbates victim
<input type="text"/>	Perpetrator masturbates in <u>public place</u> *
<input type="text"/>	Perpetrator performs oral sex on victim
<input type="text"/>	Victim made to masturbate perpetrator
<input type="text"/>	Victim made to perform oral sex on perpetrator
<input type="text"/>	Perpetrator: attempted/actual anal/vaginal penetration of victim. Define type (if known):
<input type="text"/>	Victim made to penetrate other. Define type (if known):
<input type="text"/>	Perpetrator touch of victim's genitals and/or bottom and/or breasts/chest (unclothed)
<input type="text"/>	Perpetrator touch of victim's genitals and/or bottom and/or breasts/chest (through clothing)
<input type="text"/>	Victim made to touch perpetrator's genitals and/or bottom and/or chest (unclothed)
<input type="text"/>	Victim made to touch perpetrator's genitals and/or bottom and/or chest (through clothing)
<input type="text"/>	Perpetrator performs indecent exposure
<input type="text"/>	Victim shown pornography
<input type="text"/>	Victim photographed pornographically
<input type="text"/>	Verbal sexual harassment by perpetrator
<input type="text"/>	Sadomasochistic sex
<input type="text"/>	Stalking behaviour
<input type="text"/>	Other. Define type

- 4. What age was the participant when he first perpetrated each different set of sexual assault(s)*?** (N.B. the total number should add to equal the total for question 2).

#	
<input type="text"/>	number of sets of sexual assaults when perpetrator aged $\geq 5 - < 12$ years old
<input type="text"/>	number of sets of sexual assaults when perpetrator aged ≥ 12 years, < 18 years of age
<input type="text"/>	number of sets of sexual assaults where perpetrator an adult
<input type="text"/>	number of sets of sexual assaults where perpetrator ≥ 60 years old
<input type="text"/>	number of sets of sexual assaults where age of perpetrator not known

Exact age of perpetrator when he first perpetrated each different set of sexual assaults (please list):

5. Please indicate the **number of sets of sexual assault(s)*** where the victim's gender is: (N.B. the total number should add to equal the total for question 2).

#	
	male
	female
	both (e.g. general public)
	gender of victim not known

6. Please indicate the **number of sets of sexual assault(s)*** where the victim's relationship to the perpetrator (participant) was: (N.B. The total number should add to equal the total for question 2)

#	
	Own son/step son
	Own daughter/step daughter
	<i>Female sibling/step sibling</i>
	Male sibling/step sibling
	Female parent; adopted/foster/step parent
	Male parent; adopted/foster/step parent
	Other relative (e.g. uncle/auntie, grandparents, including step relatives)
	Close friend of participant
	Close friend of participant's parents
	Other service user
	<u>Staff member*</u>
	<u>Support person*</u>
	Acquaintance/Stranger
	Other. Define:
	Number of sets of sexual assaults where relationship of victim to perpetrator not known

7. Please indicate the **number of sets of sexual assault(s)*** where the victim was aged: (N.B. The total number should add to equal the total for question 2)

#	
	<5 years old
	≥5 – <12 years old
	≥12 – <18 years old
	adult
	≥60 years old
	range of ages (e.g. general public)
	age of victim not known

Exact age of victim for each of the sets of sexual assaults (please list):

8. Please indicate the **number of times the perpetrator (participant) has been interviewed by the police/come to the attention of the police, in relation to sets of sexual assaults***: (N.B. If all interviews with the police are regarding one set of sexual assaults then please code as one interview. Two interviews would be coded if the participant was interviewed by the police/come to the attention of the police for two different sets of sexual assaults)

 Numbers of interviews with police/times come to the attention of the police

9. Please indicate the number of times the perpetrator's (participant's) case has gone to court (N.B. each set of sexual assaults counts as only one court case if the case proceeded to court):

 Number of times perpetrator's case gone to court

10. Number of times legal outcome of court appearance for **sets of sexual assaults*** was:

- #
- Found unfit to plead
 - Community Rehabilitation Order (used to be Probation Order)
 - Community Treatment Order
 - Guardianship Order
 - Hospital Order
 - Prison/Custodial Sentences for Young Offenders
 - Cautioned
 - Acquitted/Absolute Discharge
 - Case dropped
 - Fined/Payment of Damages
 - Conditional Discharge
 - Supervision Order
 - Community Punishment Order (used to be Community Service Order)
 - Community Punishment and Rehabilitation Order (used to be Combination Order)
 - Fully/Partly Suspended Sentence
 - Other (e.g. Attendance Centre Order, Care Order, Custody under Children and Young Persons Act, Curfew Order). Define:
 - Number of times legal outcome not known

11. If convicted for sets of sexual assaults*, please indicate the number of convictions for:

#	
<input type="text"/>	buggery
<input type="text"/>	indecent assault on male/female
<input type="text"/>	gross indecency between males
<input type="text"/>	rape of a man/woman
<input type="text"/>	unlawful sexual intercourse with girl under 13
<input type="text"/>	unlawful sexual intercourse with girl under 16
<input type="text"/>	incest
<input type="text"/>	abuse of position of trust
<input type="text"/>	gross indecency with child
<input type="text"/>	stalking
<input type="text"/>	indecent exposure
<input type="text"/>	sexual harassment
<input type="text"/>	other (e.g. procurement, abduction, bigamy, soliciting or importuning by a man.
Define:	
<input type="text"/>	number of times type of conviction not known

12. Number of times where the social outcome of a set of sexual assaults was:
(N.B. each set of sexual assaults may have more than one social outcome associated with it).

#	
<input type="text"/>	change of residential placement
<input type="text"/>	loss of job/change of work placement
<input type="text"/>	specialist treatment/therapy e.g. psychology sessions
<input type="text"/>	verbal reprimand
<input type="text"/>	loss of 'privileges' e.g. cigarettes or outings
<input type="text"/>	increased supervision
<input type="text"/>	medication. Define:
<input type="text"/>	other. Define:
<input type="text"/>	nothing (i.e. there were no social outcomes)
<input type="text"/>	number of sets of sexual assaults where social outcome not known

13. If in question 12, participant receives specialist treatment (or participant has received treatment for perpetrating sexual abuse at any time in past, including following Index Sexual Assault), please give the number of different courses* of each type of treatment:

- #
- | | |
|----------------------|--|
| <input type="text"/> | individual cognitive behavioural |
| <input type="text"/> | group cognitive behavioural (non SOTSEC-ID model). Define: |
| <input type="text"/> | group cognitive behavioural (SOTSEC-ID model) |
| <input type="text"/> | monthly maintenance group (or similar) |
| <input type="text"/> | number where type of previous therapy for sexually abusive behaviour not known |
| <input type="text"/> | other: Define: |
- Question not applicable (i.e. participant has never received any treatment for perpetrating sexual abuse)

14. Number of times where relationship status at time of a set(s) of sexual assault(s)* was:

- #
- | | |
|----------------------|---|
| <input type="text"/> | single |
| <input type="text"/> | married/cohabiting |
| <input type="text"/> | divorced/separated |
| <input type="text"/> | widowed |
| <input type="text"/> | in relationship but not living together |
| <input type="text"/> | relationship status not known |

15. Number of times where residence at time of sets of sexual assault(s)* was:

- #
- | | |
|----------------------|--|
| <input type="text"/> | own home (supported) |
| <input type="text"/> | own home (unsupported) |
| <input type="text"/> | family (or close relative) |
| <input type="text"/> | group/residential home |
| <input type="text"/> | secure environment – low secure |
| <input type="text"/> | secure environment – medium secure |
| <input type="text"/> | secure environment – high secure |
| <input type="text"/> | with support person in support person's home |
| <input type="text"/> | residence not known |

16. How often did participant (perpetrator) use illicit substances (include alcohol) at time of sets of sexual assault(s)* (N.B. average percentage of time that participant used illicit substances over the different sets of sexual assaults may need to be estimated)

- never/not known = 1.
- rarely (e.g. less than approximately 10% of time on average, over the different sets of sexual assaults) = 2
- sometimes (e.g. approximately 11 – 50% of the time on average, over the different sets of sexual assaults) = 3
- often (e.g. approximately 51 – 75% of the time on average, over the different sets of sexual assaults) = 4
- majority of the time (approximately greater than 75% of the time on average over the different sets of sexual assaults) = 5

17. Please take the one set of sexual assaults, where the sexual assaults continued over the longest period of time, and state how frequently the perpetrator (participant) sexually assaulted the same victim:

- Once (includes numerous incidents with same victim if occur only on one day) = 1
- several times (total of 2 – 4 times over different days) = 2
- continuously over months = 3
- continuously over years = 4
- not known = 99

18. Taking all sets of sexual assaults, does the participant predominantly perpetrate contact or non-contact sexually abusive behaviours? (Please cross only one of the two options below).

- Predominantly contact sexually abusive behaviours = 1
- Predominantly non contact sexually abusive behaviours = 2

Appendix 5: Database schedule for background information phase 2

MEN'S GROUP BACKGROUND INFORMATION AND DATA BASE SCHEDULE

PHASE TWO

Purpose

The purpose of the schedule is to provide a systematic way of gathering background information on each of the men who have agreed to participate in the SOTSEC-ID research. A further purpose of the schedule is to provide codes for entering data onto the database.

Introduction

The Men's Group Background Information and Data Base Schedule was designed to provide a way of coding information following a clinical interview or whilst reviewing a participant's medical or other health records. The Men's Group Background Information and Data Base Schedule is split into three phases:

- Phase One collects demographic and background information for participants prior to the beginning of the Men's Group.
- Phase Two collects information at the completion of the Men's Group
- Phase Three collects information at 6 months follow-up.

Phase Two contains 2 sections designed to obtain demographic information at completion of the Men's Group and to document any incidents of the participant perpetrating sexually abusive behaviour during the year duration that the Men's Group has been running.

Section 1: Demographic Data Phase Two: Gathers demographic information for the participant at the conclusion of the group.

Section 2: New Sexually Abusive Incidents (as Perpetrator): Gathers information on any incidents of sexually abusive behaviour perpetrated by the participant during the year that the Men's group runs.

Categories for some of the questions are based on findings in previous studies/publications including:

A. Kalinsky (personal communication July 24, 2003). The Offenders Index Codebook. November 2002.

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders*. Forth Edition, American Psychiatric Association, Washington D.C.

Research Development and Statistics Directorate (1998). *The Offenders Index: Codebook*. Home Office.

Research Development and Statistics Directorate (2003). Home Office Counting Rules for Recorded Crime. Home Office. Retrieved 24 July 2003, from <http://www.homeoffice.gov.uk/rds/countrules.html>

McCarthy, M. & Thompson, D. (1997). A prevalence study of sexual abuse of adults with intellectual disabilities referred for sex education. *Journal of Applied Research in Intellectual Disabilities*, 10(2), 105 - 124.

Thompson, D. (1997). Profiling the sexually abusive behaviour of men with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 10(2), 125 - 139.

Definitions

Boyfriend is used in the schedule to refer to any man defined by the participant as their 'boyfriend.' The nature of this relationship would usually be more intimate than a platonic friendship with the same sex, and may refer to a (presumed) consensual sexual relationship.

Child is someone who is 18 years or younger.

Close Relatives: refers to any relative or step relative. For example, auntie/uncle, grandparents/stepgrandparents, brother/sister, step brother/sister.

Course of Therapy refers to a block of therapy designed to help the individual with a specific problem.

Dissociative Disorders. In DSM-IV the 'essential feature of the Dissociative Disorders is a disruption in the usually integrated functions of consciousness, memory, identity or perception of the environment' (p. 477). Please refer to DSM-IV for further information on Dissociative Disorders.

Factitious Disorders in DSM-IV are 'characterized by physical or psychological symptoms that are intentionally produced or feigned in order to assume the sick role... [and] are distinguished from acts of Malingering. In Malingering, the individual also produces the symptoms intentionally, but has a goal that is obviously recognizable when the environmental circumstances are known. For example, the intentional production of symptoms to avoid jury duty, standing trial or conscription into the military would be classified as Malingering' (p. 471). Please refer to DSM-IV for further information on Factitious Disorders.

Formal Education includes attendance at primary school, secondary school/college and any further approved education course.

Girlfriend is used in the schedule to refer to any woman defined by the participant as their 'girlfriend.' Usually the nature of this relationship would be more intimate than a platonic friendship with the opposite sex, and may refer to a (presumed) consensual sexual relationship.

Offence has been defined in this schedule as a behaviour that has resulted in a conviction through the courts.

Parent refers to primary adult responsible for caring for the individual. For example biological parents, adopted parents, same sex parents or anyone defined by the participant as their 'parent' as long as this does not include persons paid to look after the participant.

Public Place: Please note the following:

- If the participant engages in self only masturbation, whilst alone in a public place, but in private area (where others cannot gain access or accidentally come across him/discover him) – this is NOT coded as a sexual assault (For

example if participant goes to public place, e.g. sports centre, and masturbates in a locked private toilet cubicle).

- If the participant engages in self only masturbation whilst either alone or in presence of others, in a public place but not in a private area (where others may discover him, even if he thinks he is hiding) – this is CODED as a sexual assault regardless of whether there is/are identifiable victim(s). (For example, the following would be coded as a sexually abusive incident: 1) if participant goes to public place, e.g. sports centre, and masturbates in general toilet area, where there is the potential for him to be discovered by public. 2) if participant goes to public place, e.g. railway bridge/park, and masturbates by bridge/in park behind a tree where he thinks he is hiding but where could be discovered by public).

These definitions exclude behaviours such as voyeurism, where the participant may be masturbating in a locked private area following viewing nudity or sexual activity of another person without their knowledge and consent. This definition also excludes a perpetrator (participant) masturbating a victim, or masturbation in front of a victim in a private and locked area (e.g. bedroom). In addition, this definition excludes other illegal sexual behaviours that may occur in private areas.

Set of Sexual Assaults (Section 2) is/are defined as the participant being the perpetrator of any number of sexual assaults with a specific victim. Assaults on different victims, even if they occur on the same day, are coded as different ‘sets’ of assaults. Assaults on same victim are counted as one ‘set’ even if they occur over a period of time (e.g. months/years). If multiple, but unidentifiable victims (e.g. general public) then code as one ‘set’ of sexual assaults. If no identifiable victim(s) (e.g. it is known that perpetrator masturbated in public place but not known if this, or other sexual behaviours, were observed by others), code each known incident as one ‘set’ of sexual assaults. Please also refer to definition of *public place* for coding sexual incidents of public masturbation by participant.

Sexually Abusive Behaviour is defined as occurring when the other person is non-consenting and/or the behaviour(s) would be regarded as illegal if it came to the attention of the police. This term refers to behaviours that have resulted in a conviction as well as those behaviours that have not come to the attention of the police, the court, or resulted in a conviction through the courts but which meet the above criteria. Please also refer to definition of *public place* for coding sexual incidents of public masturbation by participant.

Sexual Relationship(s) refers to (presumed consensual) sexual experiences with a specific partner (of legal age). For example, where the individual has had a number of different sexual experiences with the same partner, the experiences are coded as one sexual relationship. Sexual contact could include such behaviours as genital touching, kissing, mutual masturbation, intercourse, oral sex etc.

Support Person refers to an individual who is paid to look after a person with intellectual disabilities in the support person's own home. This includes adult placements and adult foster arrangements.

Staff refers to employees of institution (e.g. residential facility, hospital) who are paid to care for the individual.

Type of Concurrent Therapy. Please indicate only one type of therapy under this section. Where the therapist is adopting an eclectic approach for working with the participant, please determine the predominant type of therapy that is being given.

Instructions for use

Please cross categories that apply, by clicking in the relevant box(es). Please only cross one box on questions requiring a Yes/No response. You may cross as many categories as are relevant for open-ended questions. Some questions require you to calculate the number of times a particular behaviour has occurred. Please put the number in the relevant box.

Please fill in as much information as possible for each of the questions. If there is no documentary information for a particular question then please state underneath the question that there is no information documented.

If the question does not have the response that is needed please use space underneath the question to document what is written in the file.

Questions/phrases with further explanations in the 'definitions' section are indicated by a *.

Please complete

Name of person filling out form:

Please indicate where information for filling out the schedule was obtained (more than one may apply):

- Clinical interview with individual
- Clinical interview with family/carer/key worker/doctor/probation officer
- Learning Disability Service clinical records
- Psychiatry clinical records
- Social services clinical records
- Other. Define:

Section 1: Demographic Data

The purpose of this section is to gather demographic data for the participant at the end of the Men's Group. Questions refer to all men (i.e. men who received treatment and those who were control participants) unless otherwise stated).

1. **Participant's first name:**
2. **Initial of participant's last name**
3. **Participant's date of birth:** (dd/mm/yyyy)
4. **Participant's research status: (Please cross only one of the options below).**
 - Participating in research as treatment participant = 1
 - Participating in research as control participant (i.e. is not receiving group CBT treatment according to SOTSEC-ID model) = 2
5. **Location of Men's Group:**
6. **Name of lead facilitator:**
7. **Group start date:** (dd/mm/yyyy)
8. **Group end date:** (dd/mm/yyyy)
9. **Date(s) that filling out this form:**
10. **Did the participant complete the Men's Group (Treatment participant only):**
 - Yes = 1
 - No = 2
 - Question not applicable = 999
11. **If the man did not complete the Men's Group, what was the reason: (Treatment participant only)**
 - Left following completion of statutory requirement to attend treatment (despite treatment not being complete) = 1
 - Did not wish to continue (and no statutory requirement to continue) = 2
 - Was asked to leave by facilitators because was not coping intellectually/socially with the demands of the group = 3
 - Committed another offence and was unable to keep coming due to legal process = 4. Define legal processes e.g. put in prison:
 - Other = 5. Define:
 - Question not applicable = 999

12. Residential status at end of group:

- own home (supported) = 1
- own home (unsupported) = 2
- family (or close relative) = 3
- group/residential home = 4
- secure environment - low secure = 5
- secure environment - medium secure = 6
- secure environment - high secure = 7
- with support person* in support person's home = 8

13. Legal status at end of group:

- Informal = 1
- Under Mental Health Act = 2. Define Section
- Community Rehabilitation Order (used to be Probation Order) = 3. Define length and conditions:
- Guardianship Order = 4. Define conditions:

14. Level of security/escort required by participant when in community?

- no escort required = 1
- 1:1 escort required = 2
- 2:1 escort required = 3
- 3:1 escort required = 4
- no community outings regardless of number of escorts = 5

At the start of the Men's Group X was receiving _____ (type of therapy) with (Name of therapist). Please indicate below if this therapy is continuing, or when the therapy ceased.

15. Therapy at start of (and concurrent to) the Men's Group continuing?

- Yes = 1
- No = 2
- Not known = 99
- Not applicable = 999

If therapy has ceased, please write the date that the therapy finished:

Date therapy finished: _____ (dd/mm/yyyy)

16. Has the participant received any new therapy during the year the Men's Group ran? (do not include that mentioned in question 15).

- Yes = 1
- No = 2
- Not known = 99

17. Reason for participant receiving new therapy during the year that the Men's Group ran: (N.B. Indicate all that apply) (*Code Yes = 1, No = 2, Not known = 99, Not Applicable = 999*)

- Perpetrating sexually abusive behaviour
- Other. Define:
- Not known
- Not applicable

18. Type of therapy. Please only complete if answer to question 17 is 'perpetrating sexually abusive behaviour':

- Individual cognitive behaviour therapy = 1
- Group cognitive behavioural therapy (excluding Men's Group) = 2
- 'Other' type of concurrent therapy = 3. Define:
- Not known = 99
- Not applicable = 999

19. Professional conducting therapy (N.B. Therapy is for 'perpetrating sexually abusive behaviour')

- Clinical psychologist = 1
- Social worker = 2
- Psychiatrist = 3
- Behaviourally trained nurse = 4
- Learning disability trained nurse = 5
- Counsellor = 6
- Probation officer = 7
- No formal qualification = 8
- Other = 9. Define:
- Not known = 99
- Not applicable = 999

Name of therapist:

20. Frequency of therapy (on average) (N.B. therapy is for ‘perpetrating sexually abusive behaviour’).

- ≥ 3 times per week = 1
- 2 times per week = 2
- once per week = 3
- once per fortnight = 4
- $<$ once per fortnight = 5
- not known = 99
- not applicable = 999

21. Current Psychotropic Medications (please indicate all categories that apply). (Code Yes = 1, No = 2, Not known = 99)

- Stimulants e.g. amphetamine, methylphenidate
- Antidepressants: tricyclic antidepressants, serotonergic antidepressants SSRIs (e.g. fluoxetine), Monoamine oxidase inhibitors
- Lithium
- Neuroleptics: phenothiazines (e.g. chlorpromazine), butyrophenones (e.g. haloperidol), thioxanthenes (e.g. flupenthixol)
- Minor tranquillizers: anxiolytic and hypnotic drugs e.g. benzodiazepines and antihistamines
- Anticonvulsants e.g. carbamazepine
- Antilibidinal e.g. androcur

- On no medications
- Not known

Please list **ALL** medications that the participant is taking and dose:

--

22. Please document the number of ‘other’ convictions for offences (i.e. not including sexual offences) that occur during the year that the Men's Group runs. (N.B. convictions for other offences that occur **following** the completion of group will be coded in *Phase Three*).

#

<input type="text"/>	Violence against the person e.g. murder.
<input type="text"/>	Burglary/robbery/theft and handling stolen goods.
<input type="text"/>	Fraud and forgery.
<input type="text"/>	Criminal damage e.g. arson.
<input type="text"/>	Drug offences.
<input type="text"/>	Motoring offences.
<input type="text"/>	Other. Define:

Section 2: New Sexually Abusive Incidents* (as Perpetrator)

1. **Has the participant engaged in any other sexually abusive incidents during the year that the Men's Group has been running?** If 'no' or 'not known' – there is no need to answer the rest of this section). (*In this situation, code questions 2 – 17 as: Question not applicable = 999*).

- Yes = 1
 No = 2
 Not known = 99

Please note:

All questions relate to sets of sexual assaults that were perpetrated during the year (not necessarily calendar year) that the Men's Group was running.

'Sets of Assaults': Assaults on different identifiable victims even if they occur on the same day are coded as different sets of assaults. Assaults on same victim are counted as one 'set' even if they occur over a period of time.

If multiple, but unidentifiable victims (e.g. general public) then code as one 'set' of sexual assaults.

If no identifiable victim(s) (e.g. it is known that perpetrator masturbated in public place but not known if this, or other sexual behaviours, were observed by others), code each known incident as one 'set' of sexual assaults.

2. **How many different sets of sexual assault(s) did the participant perpetrate during the year that the Men's Group has been running?**

 Total number of sets of sexual assaults

3. **Brief description of what is documented/alleged to have happened for each set of sexual assaults*:** (please include the dates of incident(s) if possible).

Description of set of sexual assaults:

Description of set of sexual assaults:

Description of set of sexual assaults:

Description of set of sexual assaults:

4. **Please indicate the number of sexually abusive behaviours that occurred for the set(s) of sexual assaults, perpetrated during the year of the Men's Group:** (N.B. where man/research participant is perpetrator. Each set of sexual assaults may have more than one type of sexually abusive behaviour).

- #
- Perpetrator masturbates victim
 - Perpetrator masturbates in public place*
 - Perpetrator performs oral sex on victim
 - Victim made to masturbate perpetrator
 - Victim made to perform oral sex on perpetrator
 - Perpetrator: attempted/actual anal/vaginal penetration of victim. Define type (if known):
 - Victim made to penetrate other. Define type (if known):
 - Perpetrator touch of victim's genitals and/or bottom and/or breasts/chest (unclothed)
 - Perpetrator touch of victim's genitals and/or bottom and/or breasts/chest (through clothing)
 - Victim made to touch perpetrator's genitals and/or bottom and/or chest (unclothed)
 - Victim made to touch perpetrator's genitals and/or bottom and/or chest (through clothing)
 - Perpetrator performs indecent exposure
 - Victim shown pornography
 - Victim photographed pornographically
 - Verbal sexual harassment by perpetrator
 - Sadomasochistic sex
 - Stalking behaviour
 - Other. Define type

5. Please indicate the number of sets of sexual assault(s)*where the victim's gender is: (N.B. the total number should add to equal the total for question 2).

- #
- male
 - female
 - both (e.g. general public)
 - gender of victim not known

6. Please indicate the number of sets of sexual assault(s)* where the victim's relationship to the perpetrator (participant) was: (N.B. The total number should add to equal the total for question 2)

#	
<input type="text"/>	Own son/step son
<input type="text"/>	Own daughter/step daughter
<input type="text"/>	<i>Female sibling/step sibling</i>
<input type="text"/>	Male sibling/step sibling
<input type="text"/>	Female parent; adopted/foster/step parent
<input type="text"/>	Male parent; adopted/foster/step parent
<input type="text"/>	Other relative (e.g. uncle/auntie, grandparents, including step relatives)
<input type="text"/>	Close friend of participant
<input type="text"/>	Close friend of participant's parents
<input type="text"/>	Other service user
<input type="text"/>	<u>Staff member*</u>
<input type="text"/>	<u>Support person*</u>
<input type="text"/>	Acquaintance/Stranger
<input type="text"/>	Other. Define:
<input type="text"/>	Number of sets of sexual assaults where relationship of victim to perpetrator not known

7. Please indicate the number of sets of sexual assault(s)* where the victim was aged: (N.B. The total number should add to equal the total for question 2)

#	
<input type="text"/>	< 5 years old
<input type="text"/>	≥ 5 – <12 years old
<input type="text"/>	≥ 12 – <18 years old
<input type="text"/>	adult
<input type="text"/>	≥ 60 years old
<input type="text"/>	range of ages (e.g. general public)
<input type="text"/>	age of victim not known

Exact age of victim for each of the sets of sexual assaults (please list):

8. Please indicate the **number** of times the perpetrator (participant) has been interviewed by the police/come to the attention of the police, in relation to **sets of sexual assaults*** perpetrated during the year of the Men's Group: (N.B. If all interviews with the police are regarding one set of sexual assaults then please code as one interview. Two interviews would be coded if the participant was interviewed by the police/came to the attention of the police for two different sets of sexual assaults)

 Numbers of interviews with police/times come to the attention of the police

9. Please indicate the number of times the perpetrator's (participant's) case has gone to court or is proceeding to court (N.B. if case is proceeding to court, each set of sexual assaults is coded as one court case):

 Number of times perpetrator's case gone to court/or is proceeding to court

10. **Number of times legal outcome of court appearance for sets of sexual assaults* was:** (In unusual circumstances a man (X) may have appeared in court for two different sets of sexual assaults that occurred on the same day (NB this equals two victims and two court appearances). When coding the legal outcome of court appearances, the outcome for each set of sexual assaults is coded separately (and then added together below). For example, X may receive a supervision order following his appearances in court. However, as this outcome relates to two sets of sexual assaults (i.e. two victims), two supervision orders are coded.

#

<input type="checkbox"/>	Found unfit to plead
<input type="checkbox"/>	Community Rehabilitation Order (used to be Probation Order)
<input type="checkbox"/>	Community Treatment Order
<input type="checkbox"/>	Guardianship Order
<input type="checkbox"/>	Hospital Order
<input type="checkbox"/>	Prison/Custodial Sentences for Young Offenders
<input type="checkbox"/>	Cautioned
<input type="checkbox"/>	Acquitted/Absolute Discharge
<input type="checkbox"/>	Case dropped
<input type="checkbox"/>	Fined/Payment of Damages
<input type="checkbox"/>	Conditional Discharge
<input type="checkbox"/>	Supervision Order
<input type="checkbox"/>	Community Punishment Order (used to be Community Service Order)
<input type="checkbox"/>	Community Punishment and Rehabilitation Order (used to be Combination Order)
<input type="checkbox"/>	Fully/Partly Suspended Sentence
<input type="checkbox"/>	Other (e.g. Attendance Centre Order, Care Order, Custody under Children and Young Persons Act, Curfew Order). Define:

Number of times legal outcome not known/awaiting outcome of court case

11. If convicted for sets of sexual assaults*, please indicate the number of convictions for: (If convicted for 1 victim, this = 1; if convicted for 2 victims, this = 2 etc).

#	
<input type="text"/>	buggery
<input type="text"/>	indecent assault on male/female
<input type="text"/>	gross indecency between males
<input type="text"/>	rape of a man/woman
<input type="text"/>	unlawful sexual intercourse with girl under 13
<input type="text"/>	unlawful sexual intercourse with girl under 16
<input type="text"/>	incest
<input type="text"/>	abuse of position of trust
<input type="text"/>	gross indecency with child
<input type="text"/>	stalking
<input type="text"/>	indecent exposure
<input type="text"/>	sexual harassment
<input type="text"/>	other (e.g. procurement, abduction, bigamy, soliciting or importuning by a man.
Define:	
<input type="text"/>	number of times type of conviction not known/awaiting outcome of court case

12. Number of times where the social outcome of a set of sexual assaults* was: (N.B. each set of sexual assaults may have more than one social outcome associated with it. Please add together social outcomes for all sets of sexual assaults).

#	
<input type="text"/>	change of residential placement
<input type="text"/>	loss of job/change of work placement
<input type="text"/>	specialist treatment/therapy e.g. psychology sessions
<input type="text"/>	verbal reprimand
<input type="text"/>	loss of 'privileges' e.g. cigarettes or outings
<input type="text"/>	increased supervision
<input type="text"/>	medication. Define:
<input type="text"/>	other. Define:
<input type="text"/>	nothing (i.e. there were no social outcomes)
<input type="text"/>	number of sets of sexual assaults where social outcome not known

13. Number of times where relationship status at time of a set(s) of sexual assault(s)* was:

#	
<input type="checkbox"/>	single
<input type="checkbox"/>	married/cohabiting
<input type="checkbox"/>	divorced/separated
<input type="checkbox"/>	widowed
<input type="checkbox"/>	in relationship but not living together
<input type="checkbox"/>	relationship status not known

14. Number of times where residence at time of sets of sexual assault(s)* was:

#	
<input type="checkbox"/>	own home (supported)
<input type="checkbox"/>	own home (unsupported)
<input type="checkbox"/>	family (or close relative)
<input type="checkbox"/>	group/residential home
<input type="checkbox"/>	secure environment – low secure
<input type="checkbox"/>	secure environment – medium secure
<input type="checkbox"/>	secure environment – high secure
<input type="checkbox"/>	with support person in support person's home
<input type="checkbox"/>	residence not known

15. How often did participant (perpetrator) use illicit substances (include alcohol) at time of sets of sexual assault(s)* (N.B. average percentage of time that participant used illicit substances over the different sets of sexual assaults may need to be estimated)

- never/not known = 1.
- rarely (e.g. less than approximately 10% of time on average, over the different sets of sexual assaults) = 2
- sometimes (e.g. approximately 11 – 50% of the time on average, over the different sets of sexual assaults) = 3
- often (e.g. approximately 51 – 75% of the time on average, over the different sets of sexual assaults) = 4
- majority of the time (approximately greater than 75% of the time on average over the different sets of sexual assaults) = 5

16. Please take the one set of sexual assaults, where the sexual assaults continued over the longest period of time, and state how frequently the perpetrator (participant) sexually assaulted the same victim:

- Once (includes numerous incidents with same victim if occur only on one day) = 1
- several times (total of 2 – 4 times over different days) = 2
- continuously over months = 3
- continuously over years = 4
- not known = 99

17. How many sets of sexual assaults were:

- #
- Predominantly contact sexual assaults
 - Predominantly non-contact sexual assaults

Appendix 6: Database schedule for background information phase 3

MEN'S GROUP BACKGROUND INFORMATION AND DATA BASE SCHEDULE

PHASE THREE

Purpose

The purpose of the schedule is to provide a systematic way of gathering background information on each of the men who have agreed to participate in the SOTSEC-ID research. A further purpose of the schedule is to provide codes for entering data onto the database.

Introduction

The Men's Group Background Information and Data Base Schedule was designed to provide a way of coding information following a clinical interview or whilst reviewing a participant's medical or other health records. The Men's Group Background Information and Data Base Schedule is split into three phases:

- Phase One collects demographic and background information for participants prior to the beginning of the Men's Group.
- Phase Two collects information at the completion of the Men's Group
- Phase Three collects information at 6 months follow-up.

Phase Three contains 2 sections designed to obtain demographic information at 6 months follow-up. In this phase any incidents of the participant perpetrating sexually abusive behaviour during the six months follow-up from the end of the Men's Group are also documented.

Section 1: Demographic Data Phase Three: Gathers demographic information for the participant at 6 months follow-up.

Section 2: New Sexually Abusive Incidents (as Perpetrator): Gathers information on any incidents of sexually abusive behaviour perpetrated by the participant during the six months from the end of the Men's Group.

Categories for some of the questions are based on findings in previous studies/publications including:

A. Kalinsky (personal communication July 24, 2003). The Offenders Index Codebook. November 2002.

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders*. Forth Edition, American Psychiatric Association, Washington D.C.

Research Development and Statistics Directorate (1998). *The Offenders Index: Codebook*. Home Office.

Research Development and Statistics Directorate (2003). Home Office Counting Rules for Recorded Crime. Home Office. Retrieved 24 July 2003, from <http://www.homeoffice.gov.uk/rds/countrules.html>

McCarthy, M. & Thompson, D. (1997). A prevalence study of sexual abuse of adults with intellectual disabilities referred for sex education. *Journal of Applied Research in Intellectual Disabilities*, 10(2), 105 - 124.

Thompson, D. (1997). Profiling the sexually abusive behaviour of men with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 10(2), 125 - 139.

Definitions

Boyfriend is used in the schedule to refer to any man defined by the participant as their 'boyfriend.' The nature of this relationship would usually be more intimate than a plutonic friendship with the same sex, and may refer to a (presumed) consensual sexual relationship.

Child is someone who is 18 years or younger.

Close Relatives: refers to any relative or step relative. For example, auntie/uncle, grandparents/stepgrandparents, brother/sister, step brother/sister.

Course of Therapy refers to a block of therapy designed to help the individual with a specific problem.

Dissociative Disorders. In DSM-IV the 'essential feature of the Dissociative Disorders is a disruption in the usually integrated functions of consciousness, memory, identity or perception of the environment' (p. 477). Please refer to DSM-IV for further information on Dissociative Disorders.

Factitious Disorders in DSM-IV are 'characterized by physical or psychological symptoms that are intentionally produced or feigned in order to assume the sick role... [and] are distinguished from acts of Malingering. In Malingering, the individual also produces the symptoms intentionally, but has a goal that is obviously recognizable when the environmental circumstances are known. For example, the intentional production of symptoms to avoid jury duty, standing trial or conscription into the military would be classified as Malingering' (p. 471). Please refer to DSM-IV for further information on Factitious Disorders.

Formal Education includes attendance at primary school, secondary school/college and any further approved education course.

Girlfriend is used in the schedule to refer to any woman defined by the participant as their 'girlfriend.' Usually the nature of this relationship would be more intimate than a plutonic friendship with the opposite sex, and may refer to a (presumed) consensual sexual relationship.

Offence has been defined in this schedule as a behaviour that has resulted in a conviction through the courts.

Parent refers to primary adult responsible for caring for the individual. For example biological parents, adopted parents, same sex parents or anyone defined by the participant as their 'parent' as long as this does not include persons paid to look after the participant.

Public Place: Please note the following:

- If the participant engages in self only masturbation, whilst alone in a public place, but in private area (where others cannot gain access or accidentally come across him/discover him) – this is NOT coded as a sexual assault (For

example if participant goes to public place, e.g. sports centre, and masturbates in a locked private toilet cubicle).

- If the participant engages in self only masturbation whilst either alone or in presence of others, in a public place but not in a private area (where others may discover him, even if he thinks he is hiding) – this is CODED as a sexual assault regardless of whether there is/are identifiable victim(s). (For example, the following would be coded as a sexually abusive incident: 1) if participant goes to public place, e.g. sports centre, and masturbates in general toilet area, where there is the potential for him to be discovered by public. 2) if participant goes to public place, e.g. railway bridge/park, and masturbates by bridge/in park behind a tree where he thinks he is hiding but where could be discovered by public).

These definitions exclude behaviours such as voyeurism, where the participant may be masturbating in a locked private area following viewing nudity or sexual activity of another person without their knowledge and consent. This definition also excludes a perpetrator (participant) masturbating a victim, or masturbation in front of a victim in a private and locked area (e.g. bedroom). In addition, this definition excludes other illegal sexual behaviours that may occur in private areas.

Set of Sexual Assaults (Section 2) is/are defined as the participant being the perpetrator of any number of sexual assaults with a specific victim. Assaults on different victims, even if they occur on the same day, are coded as different ‘sets’ of assaults. Assaults on same victim are counted as one ‘set’ even if they occur over a period of time (e.g. months/years). If multiple, but unidentifiable victims (e.g. general public) then code as one ‘set’ of sexual assaults. If no identifiable victim(s) (e.g. it is known that perpetrator masturbated in public place but not known if this, or other sexual behaviours, were observed by others), code each known incident as one ‘set’ of sexual assaults. Please also refer to definition of *public place* for coding sexual incidents of public masturbation by participant.

Sexually Abusive Behaviour is defined as occurring when the other person is non-consenting and/or the behaviour(s) would be regarded as illegal if it came to the attention of the police. This term refers to behaviours that have resulted in a conviction as well as those behaviours that have not come to the attention of the police, the court, or resulted in a conviction through the courts but which meet the above criteria. Please also refer to definition of *public place* for coding sexual incidents of public masturbation by participant.

Sexual Relationship(s) refers to (presumed consensual) sexual experiences with a specific partner (of legal age). For example, where the individual has had a number of different sexual experiences with the same partner, the experiences are coded as one sexual relationship. Sexual contact could include such behaviours as genital touching, kissing, mutual masturbation, intercourse, oral sex etc.

Support Person refers to an individual who is paid to look after a person with intellectual disabilities in the support person's own home. This includes adult placements and adult foster arrangements.

Staff refers to employees of institution (e.g. residential facility, hospital) who are paid to care for the individual.

Type of Concurrent Therapy. Please indicate only one type of therapy under this section. Where the therapist is adopting an eclectic approach for working with the participant, please determine the predominant type of therapy that is being given.

Instructions for use

- Please cross categories that apply, by indicating in the relevant box(es).
- Please only cross one box on questions requiring a Yes/No response.
- You may cross as many categories as are relevant for open-ended questions.
- Some questions require you to calculate the number of times a particular behaviour has occurred. Please put the number in the relevant box.
- Some questions are about status **at** 6 months after the end of the Men's Group and some refer to a period of time **during** the 6 months from the end of the Men's Group.

Please fill in as much information as possible for each of the questions. If there is no documentary information for a particular question then please state underneath the question that there is no information documented.

If the question does not have the response that is needed please use space underneath the question to document what is written in the file.

Questions/phrases with further explanations in the 'definitions' section are indicated by a *.

Please complete

Name of person filling out form:

Please indicate where information for filling out the schedule was obtained (more than one may apply):

- Clinical interview with individual
- Clinical interview with family/carer/key worker/doctor/probation officer
- Learning Disability Service clinical records
- Psychiatry clinical records
- Social services clinical records
- Other. Define:

Section 1: Demographic Data

The purpose of this section is to gather demographic data for the participant at 6 months follow-up. Questions refer to all men (i.e. men who received treatment and those who were control participants) unless otherwise stated.

23. Participant's first name:

24. Initial of participant's last name

25. Participant's date of birth: (dd/mm/yyyy)

26. Participant's research status: (Please cross only one of the options below).

- Participating in research as treatment participant = 1
- Participating in research as control participant (i.e. is not receiving group CBT treatment according to SOTSEC-ID model) = 2

27. Location of Men's Group:

28. Name of lead facilitator:

29. Group start date: (dd/mm/yyyy)

30. Group end date: (dd/mm/yyyy)

31. Six month follow-up date: (dd/mm/yyyy)

32. Date(s) that filling out this form:

33. Did the participant complete the Men's Group:

- Yes = 1
- No = 2
- Control Participant (question not applicable = 999)

34. If the man did not complete the Men's Group, what was the reason?:
(Treatment participant only). Please continue to fill out the form even if the man dropped out of treatment.

- Left following completion of statutory requirement to attend treatment (despite treatment not being complete) = 1
- Did not wish to continue (and no statutory requirement to continue) = 2
- Was asked to leave by facilitators because was not coping intellectually/socially with the demands of the group = 3
- Committed another offence and was unable to keep coming due to legal process = 4. Define legal processes e.g. put in prison:
- Other = 5. Define:
- Question not applicable = 999

35. Residential status at 6 months follow-up:

- own home (supported) = 1
- own home (unsupported) = 2
- family (or close relative) = 3
- group/residential home = 4
- secure environment - low secure = 5
- secure environment - medium secure = 6
- secure environment - high secure = 7
- with support person* in support person's home = 8

36. Legal status at 6 months follow-up:

- Informal = 1
- Under Mental Health Act = 2.
Define Section
- Community Rehabilitation Order (used to be Probation Order) = 3.
Define length and conditions:
- Guardianship Order = 4.
Define conditions:

37. Level of security/escort required by participant when in community at 6 months follow-up?

- no escort required = 1
- 1:1 escort required most or all of the time = 2
- 2:1 escort required = 3
- 3:1 escort required = 4
- no community outings regardless of number of escorts = 5

38. Therapy concurrent to the Men's Group continuing?

During the Men's Group X was also receiving (type of therapy) with (Name of therapist). Please indicate below if this therapy is continuing, or when the therapy ceased.

- Yes = 1
- No = 2
- Not known = 99
- Not applicable = 999

If therapy has ceased, please write the date that the therapy finished:

Date therapy finished: (dd/mm/yyyy)

39. Has the participant received any new therapy during the 6 months following the end of the Men's Group? (do not include that mentioned in question 16).

- Yes = 1
- No = 2
- Not known = 99

40. Reason for participant receiving new therapy during the 6 months following the end of the Men's Group: (N.B. Indicate all that apply) (*Code Yes = 1, No = 2, Not known = 99, Not Applicable = 999*)

- Perpetrating sexually abusive behaviour
- Other. Define:
- Not known
- Not applicable

41. Type of therapy. Please only complete if answer to question 17 is 'perpetrating sexually abusive behaviour':

- Individual cognitive behaviour therapy = 1
- Group cognitive behavioural therapy (excluding Men's Group) = 2
- New Men's Group (SOTSEC-ID model) = 3
- Monthly maintenance Men's Group (or similar) = 4
- 'Other' type of concurrent therapy = 5. Define:
- Not known = 99
- Not applicable = 999

42. Professional conducting therapy (N.B. Therapy is for 'perpetrating sexually abusive behaviour')

- Clinical psychologist = 1

- Social worker = 2
- Psychiatrist = 3
- Behaviourally trained nurse = 4
- Learning disability trained nurse = 5
- Counsellor = 6
- Probation officer = 7
- No formal qualification = 8
- Other = 9. Define:
- Not known = 99
- Not applicable = 999

Name of therapist:

43. Frequency of therapy (on average) (N.B. therapy is for ‘perpetrating sexually abusive behaviour’).

- ≥ 3 times per week = 1
- 2 times per week = 2
- once per week = 3
- once per fortnight = 4
- $<$ once per fortnight = 5
- not known = 99
- not applicable = 999

44. Current psychotropic medications at 6 months follow-up (please indicate all categories that apply). (Code Yes = 1, No = 2, Not known = 99)

- Stimulants e.g. amphetamine, methylphenidate
- Antidepressants: tricyclic antidepressants, serotonergic antidepressants SSRIs (e.g. fluoxetine), Monoamine oxidase inhibitors
- Lithium
- Neuroleptics: phenothiazines (e.g. chlorpromazine), butyrophenones (e.g. haloperidol), thioxanthenes (e.g. flupenthixol)
- Minor tranquillizers: anxiolytic and hypnotic drugs e.g. benzodiazepines and antihistamines
- Anticonvulsants e.g. carbamazepine
- Antilipidinal e.g. androcur

- On no medications
- Not known

Please list **ALL** medications that the participant is taking and dose:

--

45. Please document the number of ‘other’ convictions for offences (i.e. not including sexual offences) that occurred during the 6 months following the end of the Men’s Group:

- | # | |
|----------------------|---|
| <input type="text"/> | Violence against the person e.g. murder. |
| <input type="text"/> | Burglary/robbery/theft and handling stolen goods. |
| <input type="text"/> | Fraud and forgery. |
| <input type="text"/> | Criminal damage e.g. arson. |
| <input type="text"/> | Drug offences. |
| <input type="text"/> | Motoring offences. |
| <input type="text"/> | Other. Define: |

Section 2: New Sexually Abusive Incidents* (as Perpetrator)

18. Has the participant engaged in any other sexually abusive incidents during the 6 months since the end of the Men's Group? If 'no' or 'not known' – there is no need to answer the rest of this section). (*In this situation, code questions 2 – 17 as: Question not applicable = 999*).

- Yes = 1
- No = 2
- Not known = 99

Please note:

All questions relate to sets of sexual assaults that were perpetrated during the 6 months following the end of the Men's Group.

'Sets of Assaults': Assaults on different identifiable victims even if they occur on the same day are coded as different sets of assaults. Assaults on same victim are counted as one 'set' even if they occur over a period of time.

If multiple, but unidentifiable victims (e.g. general public) then code as one 'set' of sexual assaults.

If no identifiable victim(s) (e.g. it is known that perpetrator masturbated in public place but not known if this, or other sexual behaviours, were observed by others), code each known incident as one 'set' of sexual assaults.

19. How many different sets of sexual assault(s) did the participant perpetrate in the 6 months following the end of the Men's Group?

 Total number of sets of sexual assaults

20. Brief description of what is documented/alleged to have happened for each set of sexual assaults*: (please include the dates of incident(s) if possible).

Description of set of sexual assaults:

Description of set of sexual assaults:

Description of set of sexual assaults:

Description of set of sexual assaults:

21. Please indicate the number of sexually abusive behaviours that occurred for the set(s) of sexual assaults, perpetrated during the 6 months following the end of the Men's Group: (N.B. where man/research participant is perpetrator).

Each set of sexual assaults may have more than one type of sexually abusive behaviour. For example, where there have been two sets of sexual assaults:

Set 1: perpetrator touches child on bottom. Child is naked.

Set 2: perpetrator touches child on bottom and engages in anal intercourse

This would be coded by placing a 2 under '*perpetrator touch of victim's genitals and/or bottom and/or breasts/chest*' and a 1 would be placed under '*perpetrator: attempted/actual anal/vaginal penetration of victim*'.

- | | |
|--------------------------|--|
| # | |
| <input type="checkbox"/> | Perpetrator masturbates victim |
| <input type="checkbox"/> | Perpetrator masturbates in <u>public place</u> * |
| <input type="checkbox"/> | Perpetrator performs oral sex on victim |
| <input type="checkbox"/> | Victim made to masturbate perpetrator |
| <input type="checkbox"/> | Victim made to perform oral sex on perpetrator |
| <input type="checkbox"/> | Perpetrator: attempted/actual anal/vaginal penetration of victim. Define type (if known): |
| <input type="checkbox"/> | Victim made to penetrate other. Define type (if known): |
| <input type="checkbox"/> | Perpetrator touch of victim's genitals and/or bottom and/or breasts/chest (unclothed) |
| <input type="checkbox"/> | Perpetrator touch of victim's genitals and/or bottom and/or breasts/chest (through clothing) |
| <input type="checkbox"/> | Victim made to touch perpetrator's genitals and/or bottom and/or chest (unclothed) |
| <input type="checkbox"/> | Victim made to touch perpetrator's genitals and/or bottom and/or chest (through clothing) |
| <input type="checkbox"/> | Perpetrator performs indecent exposure |
| <input type="checkbox"/> | Victim shown pornography |
| <input type="checkbox"/> | Victim photographed pornographically |
| <input type="checkbox"/> | Verbal sexual harassment by perpetrator |
| <input type="checkbox"/> | Sadomasochistic sex |
| <input type="checkbox"/> | Stalking behaviour |
| <input type="checkbox"/> | Other. Define type |

22. Please indicate the number of sets of sexual assault(s)*where the victim's gender is: (N.B. the total number should add to equal the total for question 2).

- | | |
|--------------------------|----------------------------|
| # | |
| <input type="checkbox"/> | male |
| <input type="checkbox"/> | female |
| <input type="checkbox"/> | both (e.g. general public) |
| <input type="checkbox"/> | gender of victim not known |

23. Please indicate the number of sets of sexual assault(s)* where the victim's relationship to the perpetrator (participant) was: (N.B. The total number should add to equal the total for question 2)

#	
<input type="text"/>	Own son/step son
<input type="text"/>	Own daughter/step daughter
<input type="text"/>	<i>Female sibling/step sibling</i>
<input type="text"/>	Male sibling/step sibling
<input type="text"/>	Female parent; adopted/foster/step parent
<input type="text"/>	Male parent; adopted/foster/step parent
<input type="text"/>	Other relative (e.g. uncle/auntie, grandparents, including step relatives)
<input type="text"/>	Close friend of participant
<input type="text"/>	Close friend of participant's parents
<input type="text"/>	Other service user
<input type="text"/>	<u>Staff member*</u>
<input type="text"/>	<u>Support person*</u>
<input type="text"/>	Acquaintance/Stranger
<input type="text"/>	Other. Define:
<input type="text"/>	Number of sets of sexual assaults where relationship of victim to perpetrator not known

24. Please indicate the number of sets of sexual assault(s)* where the victim was aged: (N.B. The total number should add to equal the total for question 2)

#	
<input type="text"/>	< 5 years old
<input type="text"/>	≥ 5 – <12 years old
<input type="text"/>	≥ 12 – <18 years old
<input type="text"/>	adult
<input type="text"/>	≥ 60 years old
<input type="text"/>	range of ages (e.g. general public)
<input type="text"/>	age of victim not known

Exact age of victim for each of the sets of sexual assaults (please list):

25. Please indicate the number of times the perpetrator (participant) has been interviewed by the police/come to the attention of the police, in relation to sets of sexual assaults* perpetrated in the 6 months following the end of the Men's Group: (N.B. If all interviews with the police are regarding one set of sexual assaults then please code as one interview. Two interviews would be coded if the participant was interviewed by the police/came to the attention of the police for two different sets of sexual assaults)

 Numbers of interviews with police/times come to the attention of the police

26. Please indicate the number of times the perpetrator's (participant's) case has gone to court or is proceeding to court for sets of sexual assaults* perpetrated in the 6 months following the end of the Men's Group: (N.B. if case is proceeding to court, each set of sexual assaults is coded as one court case):

 Number of times perpetrator's case gone to court/or is proceeding to court

27. Number of times legal outcome of court appearance for sets of sexual assaults* was: (In unusual circumstances a man (X) may have appeared in court for two different sets of sexual assaults that occurred on the same day (NB this equals two victims and two court appearances). When coding the legal outcome of court appearances, the outcome for each set of sexual assaults is coded separately (and then added together below). For example, X may receive a supervision order following his appearances in court. However, as this outcome relates to two sets of sexual assaults (i.e. two victims), two supervision orders are coded.

#

<input type="text"/>	Found unfit to plead
<input type="text"/>	Community Rehabilitation Order (used to be Probation Order)
<input type="text"/>	Community Treatment Order
<input type="text"/>	Guardianship Order
<input type="text"/>	Hospital Order
<input type="text"/>	Prison/Custodial Sentences for Young Offenders
<input type="text"/>	Cautioned
<input type="text"/>	Acquitted/Absolute Discharge
<input type="text"/>	Case dropped
<input type="text"/>	Fined/Payment of Damages
<input type="text"/>	Conditional Discharge
<input type="text"/>	Supervision Order
<input type="text"/>	Community Punishment Order (used to be Community Service Order)
<input type="text"/>	Community Punishment and Rehabilitation Order (used to be Combination Order)
<input type="text"/>	Fully/Partly Suspended Sentence
<input type="text"/>	Other (e.g. Attendance Centre Order, Care Order, Custody under Children and Young Persons Act, Curfew Order). Define:

Number of times legal outcome not known/awaiting outcome of court case

28. If convicted for sets of sexual assaults*, please indicate the number of convictions for: (If convicted for 1 victim, this = 1; if convicted for 2 victims, this = 2 etc).

#	
<input type="text"/>	buggery
<input type="text"/>	indecent assault on male/female
<input type="text"/>	gross indecency between males
<input type="text"/>	rape of a man/woman
<input type="text"/>	unlawful sexual intercourse with girl under 13
<input type="text"/>	unlawful sexual intercourse with girl under 16
<input type="text"/>	incest
<input type="text"/>	abuse of position of trust
<input type="text"/>	gross indecency with child
<input type="text"/>	stalking
<input type="text"/>	indecent exposure
<input type="text"/>	sexual harassment
<input type="text"/>	other (e.g. procurement, abduction, bigamy, soliciting or importuning by a man.
Define:	
<input type="text"/>	number of times type of conviction not known/awaiting outcome of court case

29. Number of times where the social outcome of a set of sexual assaults* was: (N.B. each set of sexual assaults may have more than one social outcome associated with it. Please add together social outcomes for all sets of sexual assaults).

#	
<input type="text"/>	change of residential placement
<input type="text"/>	loss of job/change of work placement
<input type="text"/>	specialist treatment/therapy e.g. psychology sessions
<input type="text"/>	verbal reprimand
<input type="text"/>	loss of 'privileges' e.g. cigarettes or outings
<input type="text"/>	increased supervision
<input type="text"/>	medication. Define:
<input type="text"/>	other. Define:
<input type="text"/>	nothing (i.e. there were no social outcomes)
<input type="text"/>	number of sets of sexual assaults where social outcome not known

30. Number of times where relationship status at time of a set(s) of sexual assault(s)* was:

#	
<input type="checkbox"/>	single
<input type="checkbox"/>	married/cohabiting
<input type="checkbox"/>	divorced/separated
<input type="checkbox"/>	widowed
<input type="checkbox"/>	in relationship but not living together
<input type="checkbox"/>	relationship status not known

31. Number of times where residence at time of sets of sexual assault(s)* was:

#	
<input type="checkbox"/>	own home (supported)
<input type="checkbox"/>	own home (unsupported)
<input type="checkbox"/>	family (or close relative)
<input type="checkbox"/>	group/residential home
<input type="checkbox"/>	secure environment – low secure
<input type="checkbox"/>	secure environment – medium secure
<input type="checkbox"/>	secure environment – high secure
<input type="checkbox"/>	with support person in support person's home
<input type="checkbox"/>	residence not known

32. How often did participant (perpetrator) use illicit substances (include alcohol) at time of sets of sexual assault(s)* (N.B. average percentage of time that participant used illicit substances over the different sets of sexual assaults may need to be estimated)

- never/not known = 1.
- rarely (e.g. less than approximately 10% of time on average, over the different sets of sexual assaults) = 2
- sometimes (e.g. approximately 11 – 50% of the time on average, over the different sets of sexual assaults) = 3
- often (e.g. approximately 51 – 75% of the time on average, over the different sets of sexual assaults) = 4
- majority of the time (approximately greater than 75% of the time on average over the different sets of sexual assaults) = 5

33. Please take the one set of sexual assaults, where the sexual assaults continued over the longest period of time, and state how frequently the perpetrator (participant) sexually assaulted the same victim:

- Once (includes numerous incidents with same victim if occur only on one day) = 1
- several times (total of 2 – 4 times over different days) = 2
- continuously over months = 3
- continuously over years = 4
- not known = 99

34. How many sets of sexual assaults were:

- #
- Predominantly contact sexual assaults
 - Predominantly non-contact sexual assaults

