

# Engaging Positive Behavior Support in Sexual Violence Prevention

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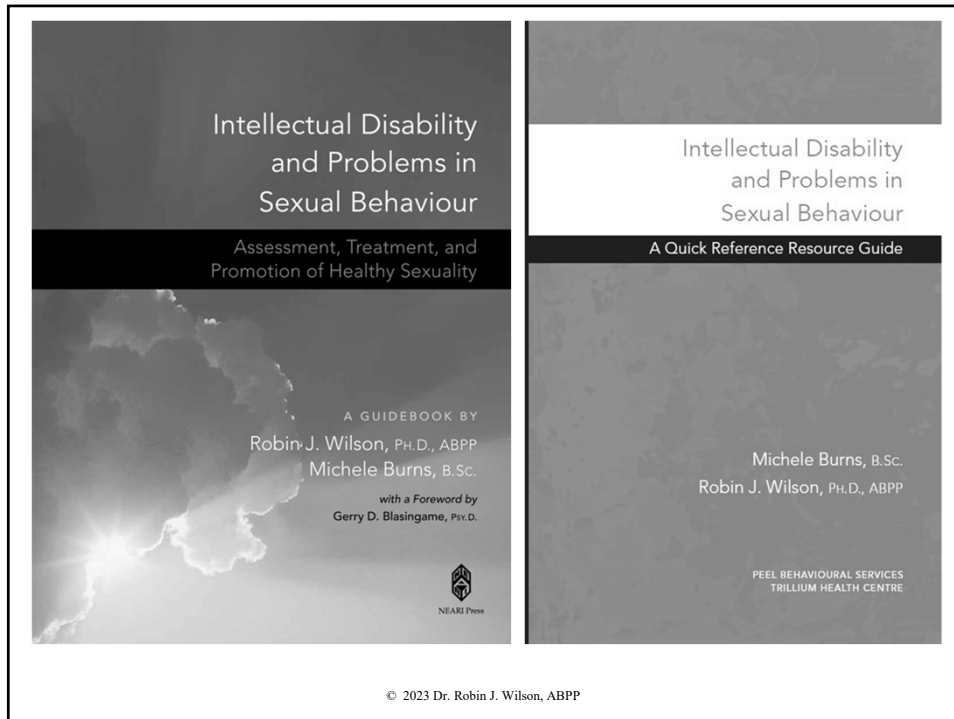


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- ❖ He certifies that he receives no remuneration from the sale of these books.
- ❖ All proceeds of their sale go back into the clinic and are used for persons in care, or are used for a scholarship for students interested in working with folks with IDD.

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## Intellectual Disability and Sexual Offending

### A judge in Canada observed:

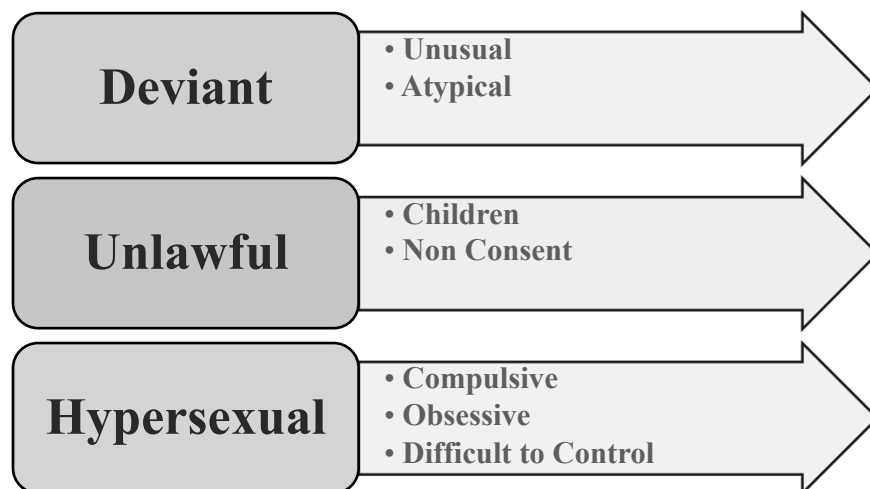
*Herein lies the problem relating to the commission of sexual offences. Having a mature body beyond his intellect, he has urges for sexual gratification which leads to impulsiveness and unpremeditated behaviour without using caution and with risk taking. This is followed by non-comprehension that the behaviour was inappropriate.*

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# Inappropriate Sexual Behaviors and “Deviance”

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## Conceptualizations



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# Inconsistency

- ❖ A lack of clarity remains regarding definitions for “inappropriate” sexual interests, preferences, and behaviors.
- ❖ One of the greatest hurdles to defining sexual deviance is a lack of clarity as to what actually constitutes offensive sexual behavior.
- ❖ What do you consider to be sexually offensive?
- ❖ How close do you think your answer might be to your family, friends, or colleagues?

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# Consent

A particularly important concept to consider when looking at sexual offending is that of consent.

- ❖ What constitutes consent?
- ❖ Who can give it?
- ❖ Under what circumstances?
- ❖ Are there personal or situational variables that would impinge on consent?
  - Disability? Cognitive status?

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## More Inconsistency

In treatment, we tell people who have offended that it is not okay to fantasize about or have sexual relations with minors

Yet we, as a society, appear to be okay with...

- ❖ Young persons being sexually active
- ❖ Depicting minors in a sexually-charged manner

Many persons with intellectual disabilities have a harder time with age discrimination

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## DSM-5 Paraphilias

### Paraphilia

- ❖ Any intense and persistent ( $\geq 6$  months) sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners.

### Paraphilic Disorder

- ❖ A paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others.

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## Counterfeit Deviance

Counterfeit Deviance is observed in some people with disabilities, in which the behavior looks “deviant,” but may not be when you consider the circumstances.



– *Dave Hingsburger*

(Makes a great argument for employing Applied Behavioral Analysis)

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## Applied Behavioral Analysis

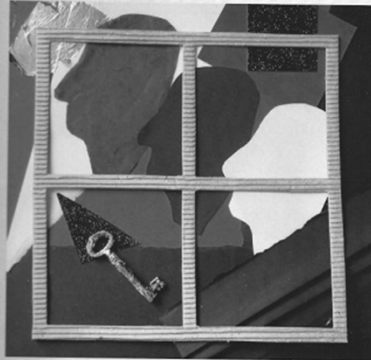
We certainly don't want to “excuse” inappropriate behavior in a person with an intellectual disability, but it is important to acknowledge that exploring the manifestations of sexual violence and other aggression in the people we serve requires a different approach.

- ❖ ABA approach to understanding sexual misbehavior in individuals with IDD is gaining favor

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**Sex Offending Behavior of Persons with an Intellectual Disability:**

*A Multi-Component Applied Behavior Analytic Approach*








Dorothy M. Griffiths, Kendra Thomson, Stephanie Ioannou, Jordan Hoath and Robin J. Wilson

*With contributions from Jan Frijters*

**Foreword by Peter Sturmey**

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| Roadblocks (Problems)   | What are these roadblocks or problems?  |
|---|---|
| <p>Ways to meet goal (Means)</p>                         | <p>This problem is about the way people try to meet their goals – what they actually do that either doesn't work or that causes problems.</p>   |
| <p>Too Narrow or Too Broad a Good Life Plan (Scope)</p>  | <p>This problem happens when people don't have enough goals in their lives, or when they have too many or their goals are too general. Their Good Life Plan is too narrow and focused on short-term happiness or too broad and unfocused.</p> |
| <p>Conflict between goals</p>                            | <p>This problem happens when different goals in life don't complement one another, or when meeting one goal means that other goals can't be met.</p>  |
| <p>Lack of Skills</p>                                    | <p>This problem happens when people don't have the skills or strategies to meet their goals.</p>  |
| <p>Lack of opportunities</p>                             | <p>This problem happens when people don't have the opportunities to meet their goals because outside factors stop them from doing so.</p>   |

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### Morning Routine — Visual Schedule

The following is an example of a morning routine — visual schedule. Visual schedules must be modified to address the specific needs of the individual being supported.

Week Of: \_\_\_\_\_

|  | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--------|---------|-----------|----------|--------|
| Wake Up (6:45 am)     |        |         |           |          |        |
| Take Meds             |        |         |           |          |        |
| Take Shower           |        |         |           |          |        |
| Eat Breakfast         |        |         |           |          |        |
| Use Washroom          |        |         |           |          |        |
| Brush Teeth           |        |         |           |          |        |
| Get Dressed for work  |        |         |           |          |        |
| Go to Work            |        |         |           |          |        |
| REWARD EARNED?   |        |         |           |          |        |

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# Assessment

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## Formal Risk Assessment

- ❖ Includes consideration of static (historical) and dynamic (day-to-day) variables
- ❖ Facilitated by use of actuarial risk assessment instruments like Static-99R
  - Augmented by formal consideration of dynamic risk factors or “criminogenic needs” using ARMIDILO-S or SOTIPS, VSR:SO, or Stable-2007

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## Dynamic Risk & ID

Clearly, many persons with intellectual disabilities and sexual behavior problems are at a disadvantage in regard to many dynamic risk variables (e.g., relationship histories, emotional congruence, same sex victims)

- ❖ Differential diagnosis and individualized case planning can be difficult

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# **ARMIDILO-S**

**Assessment of Risk and Manageability  
of Intellectually Disabled IndividualS  
who Offend Sexually**

*www.armidilo.net*

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## **Who can we use this on?**

- ❖ The ARMIDILO-S is designed for males ages 18 and older who have committed sexually offending behavior and are either in the borderline region of intellectual functioning or are intellectually disabled.
- ❖ Sexually offensive behavior is defined as any sexual actions on the part of the individual that have been formally or informally sanctioned due to their inappropriate or illegal nature.

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# Treatment & Supervision

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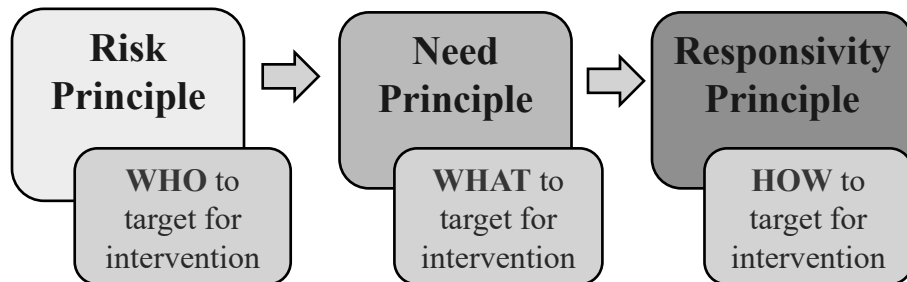


## RNR Principles

*Bonta & Andrews, 2016*



Through exhaustive research, Bonta & Andrews identified simple principles that, when followed, dramatically increase the potential for a person's success on community release.



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## Responsivity

- ❖ Program materials must be presented in a manner that is simplified, concrete, and redundant
- ❖ Frequent review of topics covered is important, as is sufficient time for practice and repetition
- ❖ Given the increasing diversity of the people we serve, programs must be culturally relevant, holistic, and community-based

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## How do we Ensure Rights in a Culture of Risk while Managing Risk in a Culture of Rights...\*

*\*...without driving the persons we serve batty  
and losing our own minds in the process?*

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## Rights

There has been much talk recently about  
“rights for persons with disabilities”

**I agree...**

**...but would note that these rights include:**

- ❖ A right to competent and individualized risk assessment
- ❖ A right to evidence-based treatment and risk management
- ❖ A right to safe and secure social interaction
- ❖ A right to live offense-free

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## Agents of Change

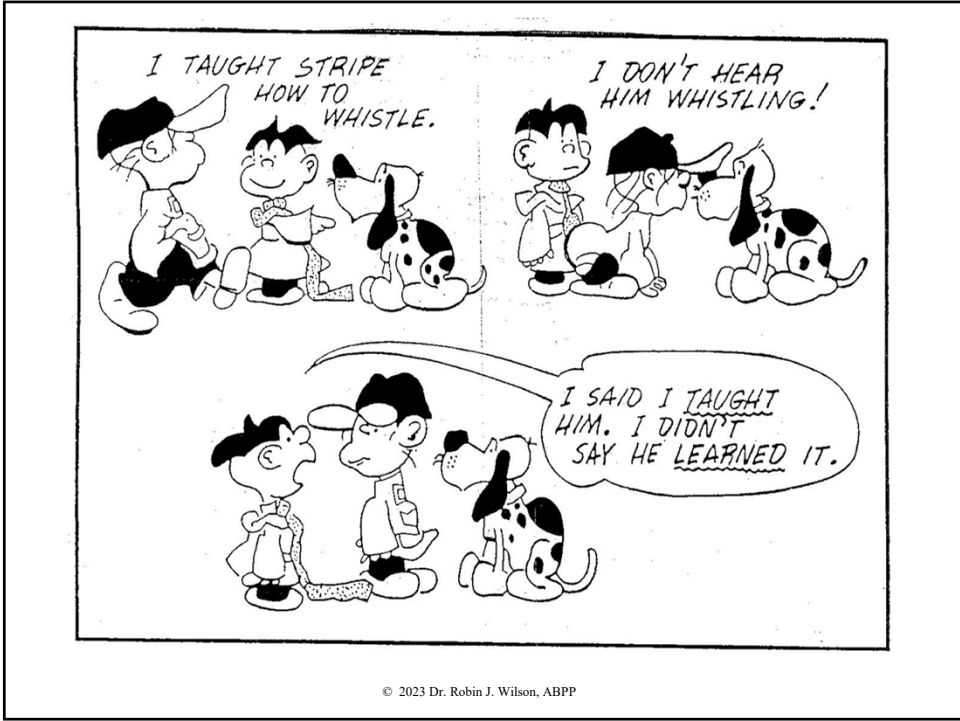
As clinicians and other concerned practitioners, our goal is to assist all persons in the development of a

**balanced, self-determined\* lifestyle.**

Contemporary research in our field suggests that learning to live a “good life” is inconsistent with continued engagement in antisocial behavior.

*\*within reason, and always with safety in mind*

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**Generalized Safety Plan**

1. Before every outing in the community, I will read, understand, and accept the details of my Safety Plan. I will do this in front of the staff or other support person(s).
2. Before I go into the community, I will make sure that I am in a good/positive mood. If I am not in a good mood I will do something relaxing and calming before I go out.  
I MUST BE CALM AND POSITIVE BEFORE I GO OUT!
3. I have already completed the first part of my outing journal for this outing and have discussed my plans with staff. I will complete the rest when I get back.
4. An adult who is aware of my safety strategies will accompany me in the community to help me practice my SRT (Self-Regulation Therapy) and to help me stay safe.
5. When I go into the community, I will choose appropriate and safe places where there will be very few or no PVPs (Potentially Vulnerable Persons).
6. It is **my responsibility** to use as many of the following strategies as I can to stay safe in the community:
  - Stay focused on my task.
  - Choose places that are safe for me to attend.
  - Discuss my feelings or strategies with staff when it is safe to do so.
  - Keep a safe distance from PVPs.
  - Make sure the environment is safe before entering.
  - Walk away from any problem area(s).
  - Look away from area(s) where there are PVPs.
  - Leave the environment altogether if I am feeling uncomfortable or if there are too many PVPs to stay safe.
7. It is **my job** to remember to use my SRT (Self-Regulation Therapy) strategies in the community without being reminded.
8. Staff are there to help me stay safe, so it is best for me to follow their direction when on an outing.

By following the items above, I will make sure that I have a safe and fun outing.  
With practice, I will get even better at making safe choices by using my SRT strategies in the community.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### Outing Journal

#### Part 1

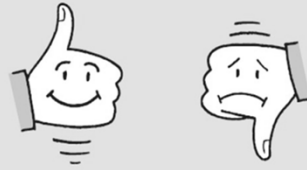
To be completed before going on the outing:

1. What are your plans for today? What will you do? Where will you go?
2. What are the risks? Will there be any dangerous situations?
3. How will you use SRT (Self-Regulation Techniques) to make sure everyone is safe?

#### Part 2

To be completed upon return from the outing:

4. How did your day go? Did you follow your Safety Plan? Did you use any SRT strategies, and if yes, which ones?
5. Circle the picture that best represents your outing today.



Individual's signature: \_\_\_\_\_

Safe Person's signature: \_\_\_\_\_

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## Modifying Interventions

### Treatment modifications include:

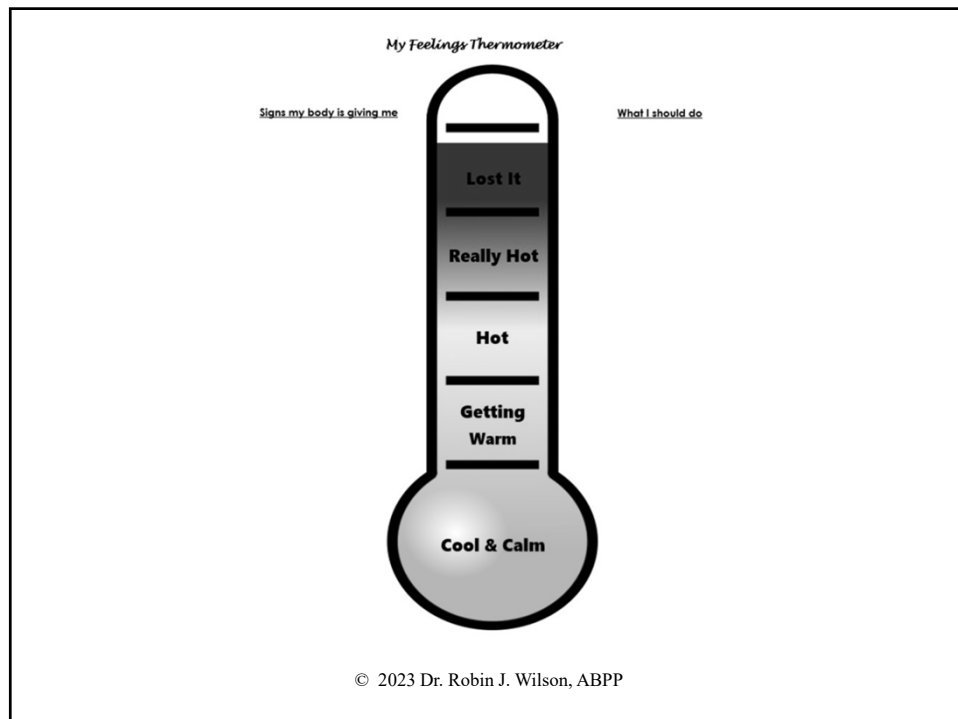
- ❖ Reduced reliance on verbal materials
- ❖ Increased use of visuals and modeling
- ❖ Increased use of practice
- ❖ Sexual education
- ❖ Increased supervision and structure
- ❖ Emphasis on predictability, clarity
- ❖ Use active teaching/explicit instruction
- ❖ Medication may be necessary
- ❖ Focus on rules and consequences

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## A little more behavioral than cognitive?

- ❖ Often, we have to consider the extent to which the “disability” interferes with a person’s ability to function in the cognitive realm
- ❖ Some persons with IDD will require a stronger behavioral focus, including applied behavioral analysis
  - Requires development of a structured plan and collection of data
  - Attempt to gain better understanding of the function of the behavior

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## Good Lives Model (GLM)

The basic premise of the Good Lives Model is the development of a “balanced, self-determined lifestyle”.

- ❖ Borrows from self-psychology and Life Skills model
- ❖ Treatment approaches are multi-modal and holistic

The GLM asserts that successfully treated persons strive to lead lives that are healthy, productive, and free of risk as a natural consequence of the stability that comes with leading a “good life.”

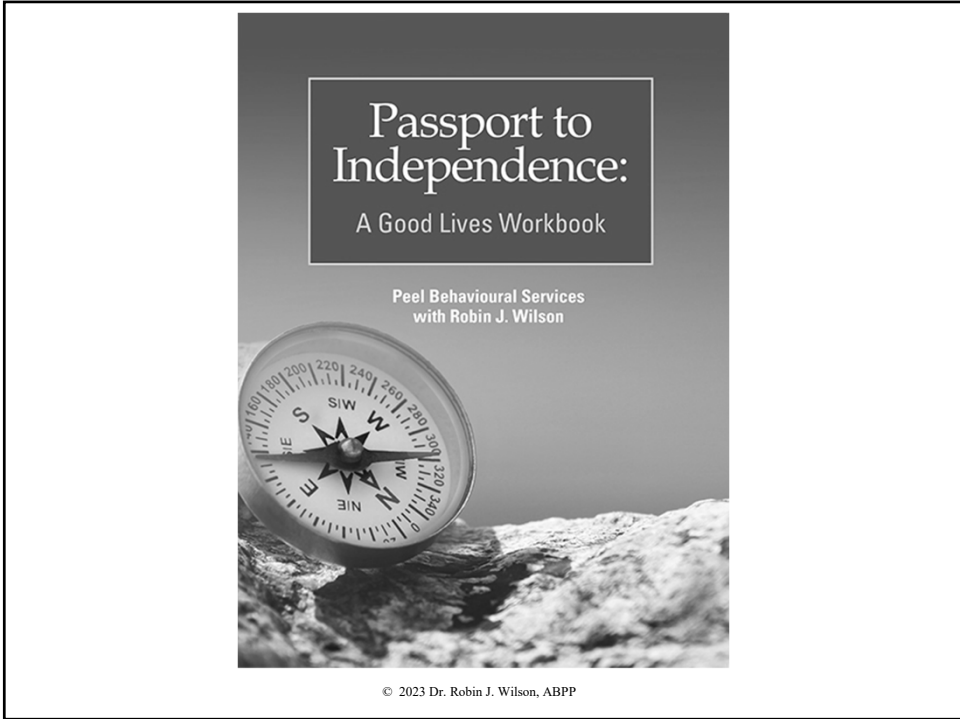
- ❖ What is a good life, and how will persons with IDD know what it is when they see it?

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## Primary Human Goods

- ❖ Life (including healthy living and functioning)
- ❖ Knowledge (how well informed one feels about things that are important to them)
- ❖ Excellence in play (hobbies and recreational pursuits)\*
- ❖ Excellence in work (including mastery experiences)\*
- ❖ Excellence in agency (autonomy, power and self-directedness)
- ❖ Inner peace (freedom from emotional turmoil and stress)
- ❖ Relatedness (intimate, romantic, and familial relationships)
- ❖ Community (connection to wider social groups)
- ❖ Spirituality (broad sense of finding meaning and purpose in life)
- ❖ Pleasure (feeling good in the here and now)
- ❖ Creativity (expressing oneself through alternative forms)

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**Challenges**  
*Promoting healthy sexuality  
while maintaining safety*

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## Meeting Sexual Needs

Individuals with intellectual disabilities may lack certain social and relationship skills; however, they all have the same desire for social comfort, personal relationships, and meeting of sexual needs in appropriate ways.

– *Gerry Blasingame*

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## Promoting Healthy Sexuality

- ❖ Attitudes of professionals can greatly influence persons in care
- ❖ This may lead to unhealthy ideas and beliefs about sexuality and their bodies
- ❖ Harsh words and consequences are common forms of overt pressures from staff
- ❖ Subtle expressions of disapproval such as facial expressions, body posture, etc.
- ❖ Persons in care pick up on these subtle gestures and begin to develop their own beliefs about sexuality

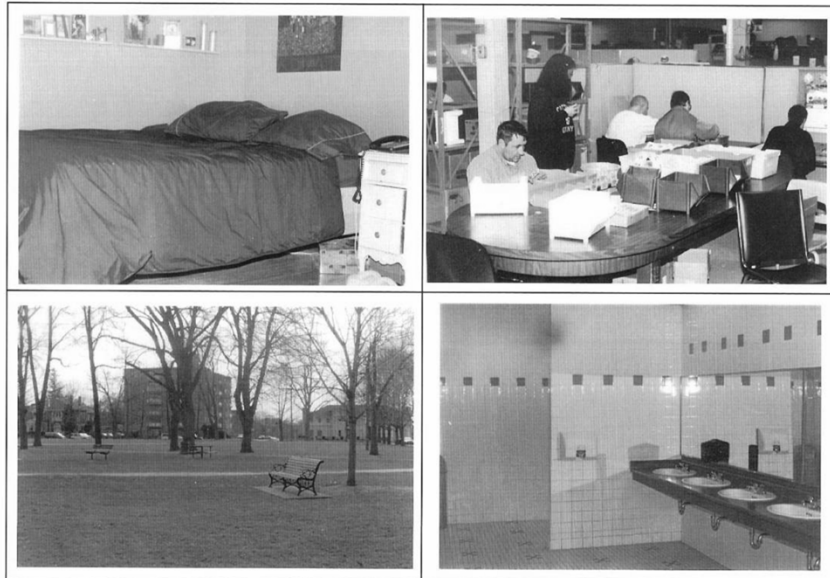
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# Challenges

- ❖ Persons with IDD often have fewer opportunities for privacy or for finding a meaningful intimate relationship
- ❖ Few individuals are taught the difference between appropriate and inappropriate sexual behavior
- ❖ Many agencies institute policies prohibiting *any* sexual expression within their program

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## Location Laminate D



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### Healthy Masturbation Protocol

1. All of my pictures must be legal. I cannot have pictures that are against the law.
2. My pictures are provided by (Name of Agency or therapist) and they meet the following rules. They do not contain any of the following:
  - a. Objectifying the body (makes the person non-human)
  - b. Violence of any kind
  - c. Rape, sex with children, or any other illegal behaviour
  - d. Anybody who looks like safe persons or others that I work with
  - e. More than one person
3. All of my pictures will be of age-appropriate men or women.
4. I will not show my pictures to anyone. I will not show the pictures to anyone in my home, or to guests. If I have any questions about the pictures, I will only speak to (name those who have provided the pictures).
5. My pictures are private. They are only for me. I will not talk about them to anyone. I must keep my pictures private. They are to remain in my room and to never be taken out of the home.
6. I will keep my pictures in an envelope/folder. I will keep all my supplies (pictures, Healthy Masturbation Protocol, lubrication, Fantasy Starter [optional], data sheets, and wet wipes) in a safe place where no one else can find them. They will be put safely away after I use them, so that no one coming into my room can see them.
7. If I show my pictures to anyone I will lose them for a period of time, which will be determined by (name of person setting up protocol). If I share them a second time, then they may be removed altogether.
8. I will only fantasize to the individuals on the pictures (or to my Fantasy Starter) while I am masturbating.
9. Should I want different pictures in the future, I will speak to (name of person setting up protocol).
10. I will be very careful with my hygiene:
  - a. I will make sure that I wash my hands before I masturbate.
  - b. I will use wet wipes or tissues to clean my hands.
  - c. I will clean off the pictures with a fresh wet wipe.
  - d. I will use sanitizing wipes to clean any part of my room that I have touched.
  - e. I will use sanitizer for my hands before leaving my room, and then I will go and wash my hands thoroughly in the washroom.
  - f. Should I feel that a shower would be best to clean myself thoroughly, I will do so.
11. If I abuse my genital area in any way or violate any of the above agreements, my kit may be removed.
12. Self-reporting—it is a good idea to write about masturbation activity on a calendar. I will try to write about 1) Successful Ejaculation, and 2) Type of thoughts and fantasies involved. I will keep this data private in my kit. Being honest and open with those directly involved in my treatment about my fantasies and masturbation practices is an important part of my ongoing treatment.

\_\_\_\_\_  
(Client)

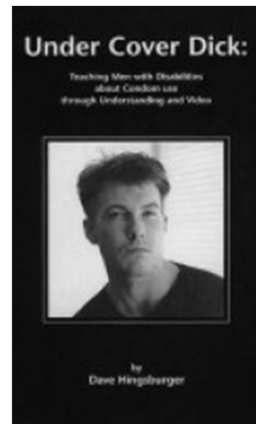
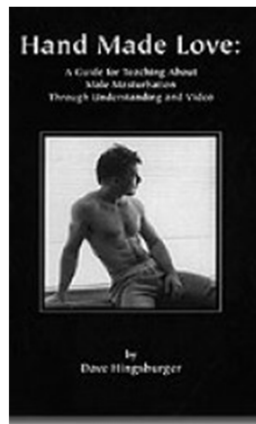
\_\_\_\_\_  
(Person establishing protocol)

\_\_\_\_\_  
Date

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## Dave Hingsburger

*Diverse City Press*



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# Media Contracts

- ❖ All forms of media must be reviewed for appropriate content dependent on the needs of the person in care
- ❖ TV, internet, video games, books, magazines, newspapers, catalogues, Play Station 3, Wii systems, iPods, etc.
- ❖ TV programs need to be monitored for type of individuals in the media, (e.g., children, women), amount of nudity, amount of violence—what is fine for one person is another person’s pornography—for example, diaper commercials

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## Computer, Laptop, and Wireless Device Safety Agreement

The following is a contract, which outlines \_\_\_\_\_ (individual's name)'s obligation to use his/her computer (laptop) and all wireless-capable devices in a safe and responsible manner. This agreement also applies to the Wii wireless game system and any other wireless- or Internet-capable device in any location. This includes all gaming devices, watches with memory storage, cell phones, MP3 players, cameras and digital picture frames.

1. Administrative changes to the computer are limited to \_\_\_\_\_ (designated safe persons) who have a special password, which is required to add, remove, or change programs. The administrator has disabled capacities to burn CDs and connect to the Internet.
2. Any removable data storage devices such as memory cards, memory-sticks, CDs, DVDs, CDRWs, including rewritable game cartridges, are not permitted.
3. \_\_\_\_\_ (the user) is expected to use the computer in a safe and responsible manner and must have all viewable (non-recordable) media i.e., VCDs, CDs, or DVDs screened by \_\_\_\_\_ (designated safe person) before purchasing and/or viewing. The user is also accountable for all content that they have written in word processing programs to be of an appropriate nature.
4. \_\_\_\_\_ has agreed that it is not safe to take her/his computer or any wireless-capable device on home visits or anywhere outside the home unless special permission is obtained from \_\_\_\_\_ (designated safe person).
5. \_\_\_\_\_ (designated safe person) reserves the opportunity to do a computer or wireless device spot check and view the device's contents to ensure that it contains appropriate content and that it has been used appropriately and safely.
6. (If applicable) All provisions set forth in the media agreement for the house also apply to computers and wireless devices. This means that the lending, borrowing, trading, giving, selling, or acquiring any data or data storage device from anyone is **not permitted**. This includes all data files such as pictures, video, music, etc. Purchasing music/data from online stores or approved sources will be supervised by a designated safe person.
7. The individual is aware that any violation of this contract will result in the suspension of computer/device privileges for an amount of time determined by the safe person/ support team.

Individual \_\_\_\_\_

Safe Person \_\_\_\_\_

Dated: \_\_\_\_\_

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### Rules for Keeping My Pictures

1. All of my pictures must be legal. I cannot have pictures that are against the law.
2. I cannot have pictures that:
  - a. objectify the body (make the person non-human),
  - b. show pain or hurting,
  - c. show rape, sex with children, or any other illegal behaviour,
  - d. resemble staff or others that I work with, or
  - e. have more than one person in them.
3. All of my pictures will be of age-appropriate men or women.
4. I will not show my pictures to anyone. I will not show my pictures to anyone in my home or to guests. I will not show my pictures to anyone at work. If I have questions about my pictures, I will speak only to \_\_\_\_\_ [support person].
5. \_\_\_\_\_ [support person] must approve my pictures.
6. My pictures are private. They are only for me. I will not talk about them to anyone. I must keep my pictures private.
7. I will keep my pictures in the following safe place: \_\_\_\_\_ where nobody else can find them. I will put my pictures back in the safe place after I finish using them, so that nobody coming into my room will see them.
8. If I show my pictures to anyone, I will lose them for a period of time to be determined by \_\_\_\_\_ [support person]. If I show them a second time, they may be removed altogether.
9. If I am practising inappropriate masturbation in my bedroom with my pictures (for example, if I am urinating or harming myself), I will lose them for a period of time to be determined by \_\_\_\_\_ [support person]. If I inappropriately masturbate a second time, I may lose my pictures altogether.
10. I will fantasize about the individuals in the pictures only while I am masturbating.
11. If I want different pictures in the future, I will speak to \_\_\_\_\_ [support person].

Client \_\_\_\_\_

Support Person \_\_\_\_\_

Date \_\_\_\_\_

Support Person \_\_\_\_\_

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## Challenges

What if the sexual practices of the person in care are *unusual* or *abnormal*?

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# An incredibly brief summary ...

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## Tips to Maximize Case Management Efficacy

- ❖ Follow the RNR principles
- ❖ Be data driven and remember those data when setting policy and practice guidelines
  - Evidence-based decision-making, not decision-based evidence-making
- ❖ Collaborate (in your work and advocacy)
- ❖ Involve the community-at-large; they can help
- ❖ Engage in knowledge transfer whenever possible
- ❖ **Responsivity, Responsivity, Responsivity**

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# Contact Information

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