

Sexual Offending Behavior in Persons with MI/MR-DD

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First, Let's Be Clear

- What behavior constitutes a sexual offense?
 - What is against the law?
 - What about culpability?
- What behavior is offensive sexually?
 - To whom?
 - Under what circumstances?
- Whose problem is it?

What is Normal?

- Adults with MR/DD and/or MI have a right to **informed** consensual sexual relationships.
- They have the full range of sexual preferences
 - Some of those are accepted by society and some are not
 - Communities are more or less tolerant of behavior

Things to Consider

- Context of behavior
- Motivation for behavior
- Sexual health
- Willingness of both (all) parties
- Informed consent
- Ability to control impulses
- Understanding of social norms

Context of Behavior

- Is the behavior public or private?
- Was it invited?
- Is it age appropriate?
- What, if any, avenues does the person have for appropriate sexual behavior?

Motivation for Behavior

- Is it an expression of mutual affection?
- Is it an expression of mutual love?
- Is it “normal” behavior for a person of this age/developmental stage?
 - Physical vs. intellectual/cognitive
- Does it arise from a desire to dominate or hurt the other person?
- Is it a symptom of a mental illness?

Sexual Health

- STDs – Presence, awareness of means of transmission, awareness of means of prevention
- Pregnancy
- Responsibility

Willingness of Both (all) Parties

- Did everyone involved want to participate?
- What is each person's capacity to enter into an informed consensual relationship?
- What is each person's capacity to say "No"?
- What is each person's capacity to understand "No"?

So, just what is informed consent?

- Does each person have an equitable understanding of what will happen?
- Does each person have the capacity to resist strong impulses?
- Does each person understand the potential results of the behavior, both positive and negative?
- If so, does each person agree to do whatever is being done?

Ability to Control Impulses

- Some people have an organic impairment in their ability to control impulses
- Some people have not been taught to control impulses
- Some people have more trouble controlling impulses when there is an active disease process

Understanding of Social Norms

- Some individuals are less able to understand, and abide by, social norms
- Some individuals are reared in an environment in which the norms differ
- Estimates of the incidence of sexual abuse of people with disabilities who have been institutionalized are in the range of 60-75%

We Do What We Know

- People who have been abused are more likely to be abusers
- People who do not know the socially acceptable limits of sexual behavior can be taught
- People who have a disease process driving the behavior can be treated

What is NOT OK

- Sexual behavior
 - that is not among consenting adults
 - that is not private
 - that in any way offends, hurts, frightens, coerces, or is any way unwelcome
 - that is against the law

What is Needed?

- Good sex education
 - In terms that can be understood
- Effective boundary setting
 - Don't do anything that is unwelcome or in an inappropriate place
- Behavior supports reinforcing positive expressions of sexuality and extinguishing negative expressions of sexuality
- Effective Treatment, where indicated
 - Both psycho-social and medical

Understanding vs. Accepting Behaviors and People

- Understanding what causes or leads to a behavior or set of behaviors gives us clues as to how to help the person change it.
- Understanding why somebody does something harmful to somebody else does not mean that we should accept that harmful behavior
- Not accepting a **behavior** does not mean not accepting the **person**

The Goal

- Changing the behavior
- While we might be able to treat the mental illness, and treat it well, we can not, at this time, cure it.
- We need to use our understanding of the person to help him or her change how he or she interacts with the world

Some Techniques

- First, the person needs to understand what is was that he or she did and how that was harmful to somebody else
- Cognitive/behavioral approaches
- Behavior Supports
- Education
- DBT
- Group vs. Individual

Remember:

- Some sexually offending behavior is not a result of mental illness or a lack of understanding. It is just criminal.
- Assess, assess, assess
- Break concepts down into language the consumers can understand
- Expect change to take longer

We Have Responsibility

- To protect the consumer
 - Provide safe, measured, and effective treatment
- To protect the community
 - Assess and manage risk
 - Do not expose the consumer or the community to unnecessary risk
 - The right amount of supervision at the right times
 - Clear, measurable, and understandable limits



For More Information

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