Mental Illness and Sexual Offending

Symposium Chair: Drew A. Kingston, Ph.D. C.Psych

Offenders with serious mental illness (SMI) are significantly overrepresented in the correctional system and such individuals are thought to be particularly dangerous relative to individuals without SMI. Historically, mental illness has been considered a non-criminogenic need with no demonstrable association with violence; mental illness was considered secondary to other established criminogenic needs (e.g., antisocial attitudes). Recent studies, however, have revisited the relationship between mental illness and violence and results have shown that the effect may be more pronounced. Among sexual offenders, some researchers (Mann, Hanson, & Thornton, 2010) have suggested that mental illness may be an important correlate of violence and recidivism but that the conditions under which it is relevant for sexual offending has yet to be articulated.

In this symposium, recent research regarding the relationship between mental illness and sexual offending is presented. The three presentations are organized in a sequential manner and emphasis is placed on 1) theoretical/explanatory models of mental illness and violence among sexual offenders; 2) new empirical data pertaining to the importance of mental illness and sexual offending; and 3) effective treatment approaches with sexual offenders with a serious mental illness. Overall, results of this symposium are integrated into a comprehensive review regarding the assessment, treatment, and management of serious mental illness among sexually aggressive individuals.

Clarifying the Relationship between Serious Mental Illness and Recidivism among Sexual Offenders

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Individuals with serious mental illness (SMI) are significantly overrepresented in the criminal justice system and the importance of mental illness as a causal factor for violence has been debated for some time. Several theories have been proposed to explain the putative association between mental illness and aggression. The criminalization hypothesis has suggested that mental illness is a significant risk factor for criminal activity, whereas social psychological models have argued that mental illness is an insignificant factor and that criminogenic needs (e.g., antisocial attitudes) are more important. Recently, Skeem et al. (2011) have proposed a moderated-mediation model whereby they suggest that SMI is a direct risk factor for a small minority of individuals (10%) and an indirect risk factor for others.
The purpose of this presentation is two-fold. First, we discuss the major theoretical models and related research pertaining to mental illness and violence; particular emphasis is placed on research with sexual offender samples. Second, we present results from a longitudinal study that directly tests the explanatory models discussed earlier.

The present study included 586 adult male sexual offenders who underwent an extensive psychiatric evaluation between 1982 and 1992. Recidivism data were collected up to 20-years post-release. Results indicated that SMI (e.g., Schizophrenia) were unrelated to subsequent criminal activity. In contrast, substance related disorders and personality disorders (ASPD) were significantly associated with previous criminal history and subsequent sexual and violent recidivism. These results were consistent with social/psychological models of criminal behavior (Andrews & Bonta, 2008). However, results also emphasize the importance of particular moderating variables and, as such, are consistent with the moderated-mediation model (Skeem et al. 2011). Results are discussed with regard to the importance of SMI and sexual aggression and the particular conditions under which this relationship is evident.

**History of Abuse, Mental Illness and Outcome among High Risk Sexual Offenders**

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The issue of serious mental Illness (SMI) and recidivism among offender populations has received more attention in the literature over the last number of years. A number of studies and several meta-analytic reviews have demonstrated that mental illness is related to increased risk of recidivism among offenders in general. However, the role that SMI has played in relation to risk among groups of high risk sex offenders has not received much attention in the literature to date.

This presentation will focus on data from the Regional Treatment Centre (Ontario) High Intensity Sex Offender Program (RTCSOTP) as well as other data collected regarding high risk sex offenders under the jurisdiction of Correctional service of Canada (CSC). Data will be presented on the rates of abuse among this population, rates of involvement with psychiatric services both prior to entry into CSC and once involved with CSC, and the relationship between various forms of mental illness and outcome among this population.

Last, a model related to the development of sexual offending, that incorporates issues associated with complex trauma related conditions and SMI will be presented. This model, which we have called the Integrated Risk-Need-Responsivity Model (RNR-I) incorporates a number of elements pioneered by the work of Andrews & Bonta (e.g., 2003, 2010) but also a number of elements that were never included in the original model. Further, the RNR-I presents information regarding how the various foci of treatment can be addressed in parallel fashion in comprehensive approaches to treatment.
In general, sexual offenders suffer from multiple comorbid conditions, including paraphilias, mood and anxiety problems, and personality disturbance (Laws & O’Donohue, 2008). However, this group of offenders is also more likely to receive a diagnosis of major mental illness (MMI), such as schizophrenia ($OR = 4.8$) and bipolar disorder ($OR = 3.4$) compared to the general population (Fazel, Långström, & Grann, 2007). Sexual offenders with comorbid MMI present with a variety of unique factors that impact on the development and manifestation of their sexual aggression, and therefore it has implications for the strategies we use to treat them and manage the risk for reoffence.

In our previous research we have found that sexual offenders with MMI are different from those without with respect to demographic variables such as marital status and employment, psychiatric history and comorbidity, criminal history, and offence and victim characteristics (Moulden, Chaimowitz, Mamak, & Hawes, under review). Furthermore, we found that a diagnosis of psychosis made a unique contribution to the classification of persistent offenders with MMI (Moulden, Hawes, Misura, Mamak, & Chaimowitz, 2012). This finding suggests that attending to psychopathology is especially relevant in the treatment of sexual offenders with MMI.

This presentation will summarize the unique clinical considerations in treating sexual offenders with MMI, including not only symptoms manifestation, such as sexual delusions and command hallucinations, but also issues related to treatment responsivity, including cognitive functioning and low motivation. Case studies will be reviewed to illustrate therapeutic techniques and strategies for this group of sexual offenders.

References:

