

Persons with Intellectual Disabilities and Problematic Sexual Behaviors

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KEYWORDS

• Intellectual disability • Sexual deviance • Counterfeit deviance • Paraphilia

KEY POINTS

- People with intellectual disabilities and problematic sexual behaviors have the same rights as those without intellectual disability. Often their needs are more complex. Often they require more support. They are typically more vulnerable.
- People with intellectual disabilities have the same range of sexual interests and behaviors as the general public.
- Treatment programs that start with the preceding premises are highly successful.

Abbreviations

DM-ID	Diagnostic Manual–Intellectual Disability
GnRH	Gonadotropin releasing hormone agonists
IM	Intramuscular injection

INTRODUCTION

Nature of Problem

According to the American Association for Intellectual and Developmental Disability,¹ intellectual disability is defined by the presence of challenges originating before the age of 18 years in both mental capacity (noted by an intelligence quotient of less than 75) and adaptive behavior that affects activities of everyday life. Approximately

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2% to 3% of the population has an intellectual disability. However, it has been identified that 30.7% of a study group of prisoners had intellectual disabilities.² The main offenses committed by persons with intellectual disabilities leading to criminal charges are sexual offenses, arson, and violent conduct.^{3,4}

The increased rates of sexual offenses by people with intellectual disabilities may be caused by several factors. The proportional overrepresentation may relate in part to increased vulnerabilities associated with the intellectual disability, such as impaired judgment or lack of adaptive abilities; or the risk factors potentially associated with the lifestyle of a person with an intellectual disability, including poverty, clustered living, lack of education, and abusive experiences.⁵ Firth⁶ hypothesized that, because of the high rates of sexual abuse experienced by persons with intellectual disabilities, they may be more likely to commit a sexual offense at a later point in their life. However the rates may reflect the increased likelihood that a person with intellectual disability will be arrested, confess to a crime they may or may not have committed, incriminate themselves, waive their rights, or fail to plea bargain or appeal a judgment.⁷⁻¹⁰ They also represent a segment of the population that is likely to be financially unable to obtain and afford appropriate legal assistance in their interactions with the criminal-justice system.¹¹

However, other investigators have suggested that persons with intellectual disabilities are often excluded from prosecution because of diversion programs that place them in alternative settings that are outside the justice system.^{12,13} As such, the true statistics and the reasons for them continue to be highly controversial.

DIAGNOSTIC ISSUES

The DSM-5 defines paraphilic disorders as paraphilias that meet category B criteria which are either as having acted on paraphilic sexual urges (in the case of illegal sex acts) and/or “the sexual urges or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning”. Assessment of how much a paraphilia specifically impacts on the social, occupation and other areas of functioning in people with intellectual disabilities often requires close collaboration with care providers who can assist in answering questions about the impact of the paraphilic interests and behaviours.

Day¹² divided sexual transgressions observed in persons with intellectual disabilities into 2 categories. The first group commits sexual transgressions only, whereas the second group presents with a range of offenses including those that are sexual. Members of the group that have committed a sexual offense only usually engage in offensive behaviors that are more naive or nuisance offenses, are less serious, and are less specific to choice of victim type. Members of this group typically have mild intellectual disability, with no evidence of mental disorder, specific brain damage, or generalized problem behaviors. In contrast, the second group shows a higher incidence of sociopathic and challenging behaviors, and brain damage. Their sexual offenses are both more specific to victim and more persistent. The second group was also described by Day¹² as being less sexually naive.

In a more recent study, Lunskey and colleagues¹⁴ compared the sexual knowledge and attitudes of 48 men with intellectual disabilities, who had sexually offended, with a matched sample of nonoffenders with intellectual disabilities. Among the offender group there were 2 types of offenders. Type 1 offenders were described as “paedophiles, rapists or having engaged in repeated sexual assaults”; type 2 offenders had engaged in behaviors such as, “inappropriate touching, public exhibitionism or public masturbation”^{14(p76)}. Their study showed that the type 1 offenders

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