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Staff Attributions toward men with intellectual disability who have a history of sexual offending and challenging behaviour

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Abstract

Background: Staff working within secure services for people with intellectual disabilities are likely to work with sexual offenders, but very little attention has been paid to how they think about this sexual offending behaviour.

Method: Forty-eight staff working within secure services for people with intellectual disabilities were recruited and completed the Attribution Style Questionnaire in relation to the sexual offending behaviour and challenging behaviour of men with mild intellectual disabilities. Attributions toward challenging behaviour and sexual offending were compared and relationships between level of intellectual disability and seriousness of the sexual offence were explored.

Results: The results indicated that staff attributed sexual offending as more external to the staff group than they did for challenging behaviour. Sexual offending behaviour was also seen as more stable, and less controllable by people with intellectual disabilities than was challenging behaviour. Sexual offending was also attributed as more uncontrollable by the staff group than challenging behaviour.

There was a significant negative correlation between general intellectual functioning and several attributional dimensions regarding sexual offending, but not challenging behaviour. Sexual offending that was coded as more serious was attributed as universal and uncontrollable by the staff group.

Conclusions: The differences between staff attributions regarding challenging behaviour and sexual offending potentially relate to the decision making processes involved in deciding whether or not to involve criminal justice agencies when someone with intellectual disabilities commits a sexual offence. Further research within this area is warranted.

Staff Attributions toward men with intellectual disability who have a history of sexual offending and challenging behaviour

Attribution theory (Heider, 1958; Weiner, 1986, 1993, 1995, 2006) posits that behaviour is determined by the attributions of an individual regarding the cause of an observed event, and these attributions affect emotional responses and optimism regarding the likelihood that an observed event can change. This process is hypothesised to determine whether or not an individual engages in helping behaviour. The process of making attributions has been categorised along a series of dimensions, such as locus, stability and controllability, and Dunne (1994) first considered that attributions may have an affect upon challenging behaviour (CB), leading to a proliferation of research examining the utility of attribution theory in understanding how care staff respond to CB.

While many researcher have explored the usefulness of attribution theory in explaining staff responses to CB, the findings of studies are generally inconsistent (see Willner & Smith, 2008a). Several authors have considered this state of affairs, and suggested reasons for these inconsistencies. Some of these include the possibility that staff may gain experience with time and receive training (Hastings, Tombs, Monzani, & Boulton, 2003; Lucas, Collins, & Langdon, 2009; Snow, Langdon, & Reynolds, 2007), and the possibility that methodologies employing 'vignettes' may lack ecological validity (Grey, McClean, & Barnes-Holmes, 2002; Lucas, et al., 2009; Snow, et al., 2007; Weigel, Langdon, Collins, & O'Brien, 2006). In fact, two studies comparing ratings made in response to vignettes or real clients concluded that staff tend to make weaker attributional and emotional ratings when responding to vignettes

(Lucas, et al., 2009; Wanless & Jahoda, 2002). Other authors have considered that differences between studies may have arisen because attributions may vary with the topography of CB (Jones & Hastings, 2003), and some have suggested that attribution theory may not provide a theoretical rationale for understanding CB and alternative theoretical approaches may have to be found (Jones & Hastings, 2003; Willner & Smith, 2008a)

The relationship between attribution theory and sexual offending by people with intellectual disabilities has only recently been considered. Smith and Wilner (2004) first considered this by presenting care managers and direct care staff with four vignettes regarding an adult man with an ID living in a residential home. The vignette depicted sexual offending which varied according to type of offence (intimate contact or non-contact) and victim type (child or another person with an ID). Staff were asked to rate causal attributions, emotional responses and how concerned they were with the sexual offending. Not surprisingly, the findings of the study indicated that staff considered contact offences and offences involving a child as more serious than non-contact offences. There were some differences between care managers and direct care staff regarding the attributions made; care managers rated sexual offending as less internal to the client and less stable than did direct care staff. Direct care staff also reported experiencing greater disgust and embarrassment emotions, while care managers reported more sympathy. Smith and Wilner (2004) also reported evidence to suggest that the relationship between type of offence (contact vs non contact) and the perceived need for action was mediated by care manager's perception of seriousness. Perceived seriousness also mediated the relationship between type of offence and perceived need for supervision. Similarly with direct

care staff, perceived seriousness mediated the relationship between type of offence and need for supervision, but 'poor management' emerged as a more robust mediator regarding the relationship between offence type and perceived need for action and supervision.

Although this study does shed some light on the variables that may affect the decision making processes of care managers and direct care staff when working with people with ID who engage in sexual offending, it does not consider these variables in relation to attribution theory. However, Willner and Smith (2008b) went on to reanalyse the data they collected as part of their 2004 study, specifically with the aim of examining the utility of attribution theory in predicting the helping responses of staff. They found that optimism mediated the relationship between attributions of stability and willingness to help, as well as sympathy and willingness to help. Willner and Smith (2008b) concluded some support for attribution theory applied to staff working with people with ID who engage in sexual offending, although there was no relationship between attributions of control or locus and other variables.

However, Willner and Smith (2008b) only considered attributional ratings along the locus, controllability and stability dimensions, and did not consider the specific-global or personal universal dimensions (Abramson, Seligman, & Teasdale, 1978).

Additionally, they made use of a vignette methodology which have been criticised by others (Grey, et al., 2002; Lucas, et al., 2009; Snow, et al., 2007; Weigel, et al., 2006) and studies have shown that staff may respond differently to vignettes as compared to real life situations (Lucas, et al., 2009; Wanless & Jahoda, 2002). However, Willner

and Smith (2008a) in their brief review of the literature within this area concluded that vignettes may be a useful tool in investigating attribution theory within care contexts.

Studies employing qualitative research methods have also been conducted within this area. Yool, Langdon and Garner (2003) undertook a small qualitative study that examined how staff within secure hospitals think and feel about the sexuality of people with ID. They concluded that staff try to adopt a professional role when working with sexual offenders with ID, and avoid adopting a viewpoint that is associated with other roles they take on within their lives (e.g. parent), in an attempt to ensure that they are able to do their job. However, this study was predominately about sexuality expression within secure services, and did not fully explore staff views regarding how they think and feel about working with sexual offenders with ID. Others studies have also investigated how staff think and feel about working with people with ID. For example, Rose and Cleary (2007) examined staff fears of being assaulted when working with CB. However, this study did not examine how staff think and feel about having to work with clients who have a history of sexual offending behaviour.

Given the difficulties with applying attribution theory to CB (see Willner & Smith, 2008a), and the lack of research examining the attributions of staff toward sexual offending by people with ID, coupled with the concerns raised about vignettes, we undertook the current study in an attempt to compare staff attributions toward real men with ID exhibiting both CB and sexual offending. The aim of this study was to examine the attributions staff make about: (i) the challenging behaviour and (ii) the previous sex offending behaviour of men with ID, and (iii) consider whether or not

attributions vary with the level of ID or seriousness of the sexual offence. We did not aim to undertake an investigation of whether or not attribution theory has any utility in explaining staff responses to either CB or sexual offending at this stage. The main reason for this is that the current literature examining attribution theory in relation to staff responses is fraught with inconsistencies, but very little is known about the type and kind of attributions that staff may make toward sexual offending exhibited by men with ID, and nothing is known about how this may differ from staff attributions toward CB by people with ID.

Method

Participants

Forty-eight direct care staff (46% male; 44 % qualified nurses) working with forty eight men with mild ID (M Full Scale IQ=65.91; SD =6.10) and a history of sexual offending and CB were recruited from secure forensic intellectual disability services within the East of England. All of the staff recruited had to be a 'key-worker' for a man with an ID for a minimum period of six months, and staff were only included if they were aware of their client's history of sexual offending. Considering the men with ID, in addition to having a history of sexual offending, each participant must have displayed challenging behaviour within the last three months. This was defined as aggressive behaviour taking the form of intentionally biting, spitting, hitting someone with their fists, or kicking someone. All of these participants were detained within hospital using sections of the Mental Health Act, 2007 as a consequence of sexual offending behaviour.

Design and Procedure

A cross sectional related samples design and a correlational design were employed within the current study. Following a favourable opinion from the South West Multi-centred Research Ethics Committee, participants were approached and invited to take part within the study. Signed consent was obtained from each participant to indicate their willingness to take part. Once this was obtained, staff were asked to complete the Attribution Style Questionnaire (ASQ; Peterson, et al., 1982) twice, once in relation to an recent incident of CB, and once in relation to an incident of sexual offending in a counterbalanced manner. The ASQ is a seven item questionnaire which invites respondents to rate attributions toward a behaviour along a 7-point

Likert scale across the seven dimensions. The dimensions rated are internal *vs* external to the client or staff, stable *vs* unstable to the client, global *vs* specific to the client, personal *vs* universal to the client, and controllable *vs* uncontrollable to the client or staff. The internal consistency and test-retest reliability of the ASQ has been shown to be adequate (Peterson, et al., 1982; Peterson & Villanova, 1988).

When completing the ASQ in relation to CB, staff were asked to take a few minutes to recall a recent incident of CB. Following this, they were invited to complete the ASQ in relation to this incident of CB. When completing the ASQ in relation to the incident of sexual offending, staff were asked to recall the most recent incident of sexual offending that had occurred in relation to their client. They were asked to complete the ASQ in relation to this incident of sexual offending. Staff were also asked to rate the internality and controllability attribution dimensions in relation to themselves as well as the clients in keeping with other studies within this area (Cottle, Kuipers, Murphy, & Oakes, 1995; Sharrock, Day, Qazi, & Brewin, 1990; Weigel, et al., 2006).

Considering the seriousness of the index offence which led to these participants to be detained within hospital, each index offence was classified according to the maximum custodial sentence that could be imposed by a court. A mean score in years was then calculated, which yielded $M=10.28$ ($SD=7.84$). This information was used to represent the seriousness of the index offence.

Data Analysis

Descriptive statistics were generated regarding each attributional dimension measured using the ASQ in relation to CB and sexual offending. Significant differences between these ratings were examined using the Wilcoxon Signed Rank test. Spearman's Rho correlations were then examined between the attributions made regarding sexual offending and CB in relation to the Full Scale IQ of participants, and the mean maximum sentence that could be imposed by a court regarding the index offence measured in years.

Results

The results indicated that staff tended to attribute CB as internal to the client, external to the staff, stable, global and personal, while controllable by the client and the staff. Sexual offending behaviour was attributed as internal to the client, external to the staff, stable, global, and personal, while uncontrollable by the staff, and slightly controllable by the client (Table 1). Comparing the attributions made toward CB and sexual offending revealed that staff attributed sexual offending behaviour as more external to the staff than CB ($z=-2.88$, $p=0.004$), more stable than CB ($z=-3.12$, $p=0.002$), and less controllable by the client than CB ($z=-2.05$, $p=0.04$) and uncontrollable by the staff ($z=-5.54$, $p<0.001$).

There were no significant correlations between attributions toward CB and Full Scale IQ (Table 2). Examining the relationship between Full Scale IQ and attributions toward sexual offending revealed a significant negative correlation between the Internal-External to the client dimension and Full Scale IQ ($r=-0.32$, $p=0.027$), indicating that the sexual offending of participants with a higher level of general intellectual functioning tended to be attributed as internal to the client, or in other

words, attributed as a feature or characteristic of the individual. Considering the reverse, staff tended to attribute the sexual offending behaviour of clients with a lower level of general intellectual functioning as external, or in other words, as being caused by something outside the person. There was also a significant positive correlation between the Uncontrollable-Controllable to the client dimension and Full scale IQ ($r=0.30$, $p=0.03$) indicating that those with a higher level of general intellectual functioning were considered to be in greater control of their sexual offending behaviour, while those with a lower level of general intellectual functioning were seen as in less control of their sexual offending behaviour.

An examination of the correlations between attributions and seriousness of the sexual offence revealed a significant positive correlation between attributions of universality and seriousness ($r=0.38$, $p=0.007$; Table 2). This means that staff tended to attribute more serious sexual offending as a universal feature of the client. There was also a significant negative correlation between attributions of controllability (to the staff) and seriousness of sexual offending ($r=-0.52$, $p<0.001$). This indicates that staff tended to attribute more serious sexual offending as uncontrollable by them.

Discussion

Within current study staff tended to attribute CB as internal to the client, external to the staff, stable, global and personal, while controllable by the client and the staff. This is generally consistent with other studies that have examined the attributions of care staff within secure forensic contexts. For example, Sharrock, Day, Qazi and Brewin (1990) reported that staff made internal, controllable, stable and global attributions regarding mentally disordered offenders with secure services. There are some differences between these findings and studies that investigated staff attributions toward aggressive CB outside of secure services. Tynan and Allen (2002) reported that staff rating vignettes depicting aggressive CB in people with mild LD attributed the cause as controllable by clients, and their actual ratings of controllability (uncontrollable *vs* controllable by the client) and stability were similar to that reported within the current study. However, their ratings of locus (internal *vs* external to the client) fell toward the external end of the dimension, while staff within the current study rated aggressive CB as internal to the client. This difference may have arisen as a consequence of the different methodologies employed (vignettes *vs* real people) and the differences in staff groups (community support staff *vs* secure unit staff). Weigal et al., (2006) investigated staff attributions toward two clients, one with CB, which included some aggressive behaviour, and one client without CB. They reported that staff attributed CB as internal to the client and controllable by the client. Mean ratings of internality regarding staff were generally similar to the current study, but ratings of controllability by the staff were rather different. Weigal et al., (2006) found that staff tended to view CB as uncontrollable by the staff, while staff within the current study rated CB as controllable by the staff. This difference may be

associated with the context within which the current study took place. Secure services, by their very nature, are environments where there is likely to be a focus on order and control, and as a consequence staff may be more likely to attribute CB as controllable by the staff group. Additionally, Weigal et al., (2006) focused on two clients and the results may be idiosyncratic to these participants. Similar differences between the current study, and other studies that have collected data about community-based staff attributions toward aggressive CB also exist (e.g. Wanless & Jahoda, 2002).

However, the differences between attributions toward CB and sexual offending were of specific interest within the current study as there are very few studies which have considered how staff think about the sexual offending behaviour of the clients within whom they work. Within the current study, sexual offending was attributed as internal to the client, external to the staff, stable, global and personal, while also attributed as uncontrollable by the staff. Comparisons revealed that staff attributed sexual offending as more external to the staff, more stable, less controllable by the client and more uncontrollable by the staff than CB. It is difficult to draw comparisons between these findings and the findings of Willner and Smith (2008b) because they did not report the actual mean staff ratings on the ASQ. However, the results are not overly surprising given the severe consequences sexual offending behaviour has upon victims and wider society. For example, staff are obviously unlikely to view the sexual offending behaviour of clients as internal to the staff group. It is also not surprising that staff tended to attribute sexual offending behaviour as uncontrollable by staff, considering that they were rating a previous

incident of sexual offending which most likely occurred before admission to secure services.

Further to these findings, it was not surprising to find no relationship between level of general intellectual functioning and CB. This has been previously reported by others (Tynan & Allen, 2002). However, the relationship between staff attributional style regarding sexual offending and general intellectual functioning suggests that staff attribute the sexual offending of those with lower general intellectual functioning as being caused by factors external to the client and uncontrollable by the client, suggesting that these clients may not be held responsible for their sexual offending. Holland, Clare and Mukhopadhyay (2002) discuss how a variety of factors impact upon the decision as to whether or not someone with an ID is prosecuted in relation to a criminal offence. Such factors include the views and attitudes of carers, as well as the police and other criminal justice agencies. Consequentially, the attributions staff make regarding the cause of sexual offending behaviour are likely to come into play as part of this process. McBrien and Murphy (2006), in a study involving carers and police officers, presented them with vignettes depicting people with and without ID engaging in criminal behaviour. The attributions of participants were elicited and both the police and carers attributed the cause of the event to be external to the client more for people with ID, and they reported having more sympathy toward clients with ID. However, this study did not focus on sexual offending behaviour exclusively, although a rape vignette was included, and further research is needed to explore how the attributions of others may relate to the decision making processes involved in deciding whether or not a person with and ID is subject to criminal justice.

Additionally, Green, Gray and Willner (2002) had care managers complete the

Structured Anchored Clinical Judgement risk assessment protocol (SACJ-Min) in relation to sexual offenders with ID. They also examined factors associated with conviction, reporting that those who had been convicted had committed more serious sexual offences, had a male victim or a child victim, and were unemployed in comparison to those who had not been convicted. Logistic regression revealed that having a child victim and emotional loneliness significantly predicted conviction. This study generates some evidence to suggest that several factors may have an impact upon the decision as to whether or not to convict someone with an ID of a sexual offence.

Considering the relationship between attributions style regarding sexual offending and general intellectual functioning, there are similarities with the notion of counterfeit deviance (Hingsburger, Griffiths, & Quinsey, 1991) which implies that inappropriate sexual behaviour is caused by a lack of sufficient knowledge of the social rules governing the expression of sexuality. This assumption has potential relevance to formulating sexual offending amongst people with ID, as it is not beyond the realm of possibility that some sexual offenders with ID may engage in inappropriate sexual behaviour because they have not effectively internalised the social rules governing sexual behaviour. It is possible that the internalising of social rules is associated with level of ID, but Talbot and Langdon (2006) and Michie, Lindsay, Martin and Grieve (2006) both demonstrated that sexual offenders with ID have higher levels of sexual knowledge than non-offenders with ID, refuting, to a certain degree, the assumption underlying counterfeit deviance. Lunskey, Frijters, Griffiths, Watson, & Williston, (2007) also examined this possibility by comparing sexual offenders with ID who they thought had a deviant sexual interest to two groups: people with ID who they

thought had engaged in inappropriate sexual behaviour through naivety, and people with ID who were non-offenders. The findings indicated that sexual offenders have higher sexual knowledge than non-offenders, but Lunsky et al. (2007) argued that there may be a subgroup of sexual offenders with ID who engaged in inappropriate sexual behaviour as a consequence of a lack of socio-sexual knowledge. This may be the case, but it may be limited to people with ID who have severe or profound ID, and as a consequence, their inappropriate sexual behaviour would not be construed as a sexual offence, as *mens rea* would be missing, but would nevertheless be considered inappropriate.

Considering that the attributions regarding sexual offending in the current study was in relation to clients with mild ID, who are likely to possess *mens rea*, and the evidence that the theory of counterfeit deviance is not necessarily valid with sexual offenders who have mild ID (Lunsky, et al., 2007; Michie, et al., 2006; Talbot & Langdon, 2006), the attributional style of staff may not be entirely correct, and indicates a need for some training of staff who are expected to work with sexual offenders with ID. Following on, considering the relationship between offence seriousness and attributions, staff were attributing more serious sexual offending as universal in relation to the client and uncontrollable by the staff. Staff attributions of universality and uncontrollability in relation to seriousness of an offence may be associated with their idiographic appraisal of risk, which again would warrant some further training about psychological models of sexual offending and risk assessment as applied to people with ID. However, there were some difficulties with the way in which seriousness was indexed. Taking the maximum sentence possible for each offence as an indicator of seriousness does provide a 'rough' estimate of seriousness,

but it does not take into account that each case would probably have not received the maximum sentence possible had they proceeded through the criminal justice process. As a consequence, information related to seriousness was lost by not considering the individual differences between each case.

There are some obvious problems with the current study given the correlational nature of the design, but the study only aimed to index the attributions of staff and consider how they relate to level of general intellectual functioning and seriousness of the crime. Overall, the findings lend themselves to the development of further research questions, rather than provide definite answers. Clearly, there are differences in how the same staff members attribute the cause of CB and sexual offending behaviour that has been exhibited by the same person. Such attributions may relate to the decision making process involved in determining whether or not a person with ID is subject to criminal justice and further research into this is warranted.

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Table 1: Staff attributions toward challenging behaviour vs sexual offending behaviour as measured using the Attributional Style Questionnaire. A mean score of 4.00 would indicate that participant's attributions fall at the midpoint within a dimension. Mean scores above 4.00 indicate that attributions fell to the right of a dimension, while mean scores below 4.00 indicate that attributions fell to the left of the dimension. For example, the mean score of 4.85 on the Uncontrollable-Controllable (client) dimension indicates that staff tended to see CB as more controllable by the client.

	Challenging Behaviour		Sexual Offending	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<i>Attributions</i>				
Internal-External (client)	2.96	1.85	2.92	1.72
Internal-External (staff)	6.38	1.42	6.98**	0.14
Unstable-Stable	5.08	1.56	5.94**	1.33
Specific-Global	5.71	1.62	5.12	1.73
Personal-Universal	3.44	1.97	3.48	1.82
Uncontrollable-Controllable (client)	4.85*	1.71	4.19	2.19
Uncontrollable-Controllable (staff)	5.02**	1.86	1.48	1.43

*p<0.05
**p<0.01

Table 2: Correlations (two tailed) between staff attributions toward challenging behaviour, sexual offending, seriousness of the sexual offence, and Full Scale IQ.

	CB	Sexual Offending	Seriousness of Sexual Offence
	<i>r</i>	<i>r</i>	<i>r</i>
<i>Attributions</i>			
Internal-External (client)	-0.07	-0.32*	0.13
Internal-External (staff)	-0.20	-0.24	0.25
Unstable-Stable	-0.16	-0.08	-0.01
Specific-Global	0.17	0.02	0.05
Personal-Universal	-0.16	-0.08	0.38**
Uncontrollable- Controllable (client)	0.04	0.30*	-0.03
Uncontrollable- Controllable (staff)	-0.15	-0.15	-0.52**

*p<0.05

**p<0.01

