

Counterfeit Deviance Model of Sexual Offending in People with Intellectual Disabilities

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Abstract

The issue of sexual offending in people with intellectual disabilities (ID) is a poorly researched field, and the existing models do not take into consideration the particular cognitive and social factors that determine the offending behavior. The Counterfeit Deviance model suggested in the present research will attempt to address this gap by providing a conceptual framework that incorporates thinking errors, social perceptions, and coping mechanisms to explain sexual offending among people with ID. This paper will test the applicability and empirical validation of the model. A mixed-method design has been used. Forensic psychologists, caregivers, and individuals with ID whose qualitative interviews (N=30) were developed to form model components. The correlations among model constructs were investigated based on a quantitative survey (N=200) by regression analysis and structural equation modelling (SEM). Sexual offence risk was the dependent variable and cognitive, emotional, and social predictors were the independent variables, which were tested using path analysis to test predictive validity of the model. The Counterfeit Deviance model has shown a high predictive ability ($\Delta R^2 = 0.48, p < 0.01$), with cognitive distortions ($\beta = 0.35, p < 0.05$) and social perceptions ($\beta = 0.42, p < 0.01$) having a considerable influence on sexual offending behavior. The model accounted a significant amount of the variance of the risk of offending compared to the traditional models ($\Delta R^2 = 0.12, p = 0.05$). The Counterfeit Deviance model provides a new and strong model of viewing sexual offending in individuals with ID. The relevance of its use in theory and practice is provided by its empirical validation leaving the basis of future research. This research is an improvement of clinical assessment and intervention of sexual offenders with ID, which shapes treatment strategies that consider certain cognitive and social variables. Further studies are needed to elaborate on the model by investigating how it can be used in various settings and populations, as well as to determine its applicability in the outcome of treatment.

Keywords Intellectual Disabilities, Sexual Offending, Counterfeit Deviance, Forensic Psychology, Cognitive Distortions, Social Perceptions, Structural Equation Modelling.

Introduction

Sexual offending in intellectually disabled (ID) individuals is an important but under researched problem of forensic psychology and criminology. Although the complexities of criminal behavior among people with ID are becoming better understood, the research of the topic of sexual offending in this population remains somewhat characterized by gaps in the theoretical and empirical understanding [1]. People with ID tend to have a distinct combination of cognitive restrictions, societal lack of understanding as well as emotional processing difficulties, which may lead to the development of sexual offending behaviors [2]. Nevertheless, traditional criminological models of sexual offending do not pay enough attention to these factors and concentrate on general trends in criminality, neglecting the individual challenges of people with ID [3]. The literature on sexual offending has a useful theoretical application - the cognitive distortions model and social learning theory that, however, lacks the specifics of the cognitive distortions and the social perception deficit that individuals with ID [4]. Such lack of knowledge inhibits the formulation of specific interventions and risk measurements, which take into account the unique cognitive, emotional, and social constructs at operation in the offending behavior of intellectually disabled persons [9][13]. The Counterfeit Deviance model developed in this research is a new theoretical model aiming to address this gap, as it proposes a new theory that incorporates cognitive distortions, social perceptions, and coping mechanisms as far as explaining sexual offending among people with ID is concerned [5][6]. Through this model, it is argued that offenders with ID tend to interpret and evaluate social cues in a distorted or skewed way resulting to a wrong interpretation of social norms and proper behaviors. Such misperceptions coupled with cognitive distortions may result into criminal behaviors that are not necessarily deviant but rather as a way of responding to cognitive and social issues in their environment.

This proposed research will seek to empirically test the Counterfeit Deviance model and its role in the explanation of sexual offending behaviors among patients with ID. This will be achieved using a mixed method design comprising of qualitative interviews with specialists in forensics and quantitative analysis to confirm the predictive ability of the model. In particular, the research questions to be addressed in the study are the following:

1. What is the interplay between cognitive distortions and social perception deficit in people with ID to add to sexual offending?
2. How does coping and social misunderstanding contribute to the occurrence of sexual offending among individuals with ID?
3. How far is the Counterfeit Deviance model predictive of the possibility of sexual offending in this group?

By answering these questions, this research project will provide not only the theoretical development of the knowledge about sexual offending among people with intellectual disabilities but also practical implications concerning clinical risk assessment and intervention measures.

The rest paper is structured in the following way: Section II: Literature review discusses the available theories on sexual offending and ID, which is why the new model is needed. Section III: Methodology describes the mixed-methods design, as a combination of both the static and dynamic risk factors, as well as statistical methods that are to be applied in the model validation. Part IV: Results and Validation reflect findings, and it compares the model to the traditional models, which are also static models. Section V: Discussion discusses the findings and gives the contribution of the model to offender management and clinical practice. Section VI: Conclusion concludes the findings, implications of practice, and future research directions.

Literature Review

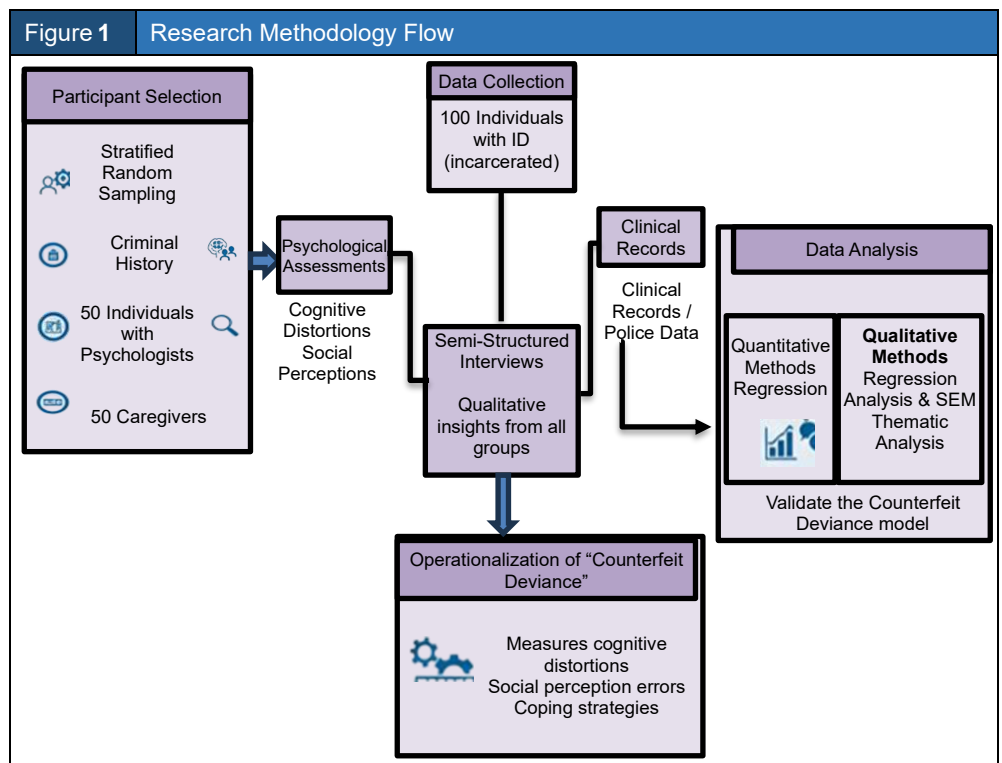
The current models of offending behavior, especially those used with individuals with intellectual disabilities (ID) are largely based on cognitive and social learning theories [10][11]. The traditional models, including the cognitive distortions model and social learning theory, focus on the contribution of the maladaptive thought patterns and the environmental factors to offending behavior [7]. Nevertheless, these models do not consider the distinct cognitive and emotional mechanisms, individuals with ID undergo and that is why such models cannot be applied to this particular population. Also, theoretical frameworks like Moffitts developmental taxonomy and the self-control theory by Gottfredson and Hirschi deal with broad trends of criminal behavior, but do not consider those cognitive distortions and social perception deficiencies that are found in the case of persons with ID, especially when

it comes to sexual offending [8]. The sexual offending studies of ID populations reveal that a variety of factors predispose offending behavior in the IDs, some of which are social isolation, poor social skills, and increased vulnerability to victimization. Existing frameworks, however, fail to adequately deal with the complexity of sexual offending among this group; frequently, they attribute this group as a general criminal behavior as opposed to a cognitive and emotional deficit driven offending. Research indicates that people with ID either misunderstand the social cues or do not fully understand the repercussions of their actions which can result in sexual offending in circumstances where other people would not commit the same behavior.

The Counterfeit Deviance model brings in a new aspect of interpreting sexual offending among people with ID. This model assumes that people with ID do not act in manners that seem deviant rather they are reacting to the distorted cognitive processing and social errors. Counterfeit deviance is the misconception of the social norms and expectations which predetermines criminal behavior that may then not be an outcome of deliberate deviance, on the contrary, a failure of cognitive functioning and poor social judgement. This idea highlights that there is a necessity to distinguish between factual deviance and behavior which appears as a result of insufficient knowledge or incorrect interpretation of social situations. This model fills a number of gaps in theory and empirical evidence. To begin with, it offers a more detailed insight into the connection between cognitive losses, social perception fallacies, and sexual offending among individuals with ID. Second, it presents a conceptual framework that transcends the constraints of the current models by incorporating cognitive distortions, emotional processing problems and social abilities weaknesses into one overall theory. The Counterfeit Deviance model by concentrating on the peculiar difficulties of the individuals with ID opens the door to more specific interventions that will take into account the mental and social obstacles that lead to sexual offending.

Methodology

A mixed-methods research design is bequeathed in this study, with both qualitative and quantitative types being involved in order to confirm the Counterfeit Deviance model of sexual offending among persons with intellectual disabilities (ID) [15][16]. This is due to the fact that the mixed-methods design will allow gaining a holistic perspective on the cognitive, emotional and social determinants of sexual offending in this population, combining both in-depth, subjective and statistically validated knowledge that is depicted in Figure 1.



Participants

The sample size will consist of 200 people, 100 people with intellectual disabilities, 50 forensic psychologists, and 50 caregivers (family members or staff). The identified participants (ID) are aged 18 to 45, diagnosed with mild to moderate intellectual disabilities, and have engaged in sexual offending acts, or high-risk behavior due to past behavior. The research is carried out both in the forensic and residential care facilities in various institutions, which endow the research with a wide sample of participants with a different degree of cognitive impairment.

Sampling Procedures

To guarantee a representative distribution of the participants on the various levels of intellectual functioning and gender, a stratified random sampling approach is employed. The ID sample will be chosen among various forensic facilities and residential care facilities where most of the cases of sexual offending have been reported. Forensic psychologists and caregivers are selected on the basis of direct contact with the individuals with ID who have been engaged in offending behavior.

Data Collection

The information is gathered using a mixture of psychological tests, semi-structured interviews, and medical history. The psychological tests involve standardized tests to determine the cognitive distortions, social perception, and emotional processing skills. To design qualitative data on cognitive and social factors that affect offending behavior, semi-structured interviews are carried out with forensic psychologists, caregivers, and individuals with ID. Police documentation and clinical case documentation are also reviewed to trace the trends of sexual offending and interventions. The operationalization of the concept of the counterfeit deviance is associated with the identification of particular distortions in cognition (e.g., the misinterpretation of social cues), the deficiency of social perception (e.g., the lack of understanding of social norms), and coping mechanisms (e.g., avoidance, misdirected aggression) that lead to sexual offending. These aspects are assessed by use of a scale that is specifically designed by developing it through the use of the available cognitive-behavioral models and the unique challenges that individuals with ID face. The scale contains questions that are associated with social cues processing, emotional regulation, and consequences comprehension.

Ethical Considerations

This research which guarantees the welfare and honor of the participants. All the participants or their legal guardians in the case of individuals with ID provide informed consent. The participants are made aware of their right to exit the study whenever they wish without being penalized. Confidentiality has also been guaranteed in the study where all of the data is anonymized and is safely stored. The concerns are that ethical approval is received from the appropriate institutional review boards (IRBs), and that there is no risk of causing any damage or discomfort to the participants, as sexual offending is quite sensitive in this regard.

Data Analysis

This research uses quantitative and qualitative methods of data analysis in order to confirm the Counterfeit Deviance model. To conduct the quantitative analysis, some statistical tests are used to determine the relations between cognitive distortion, the lack of social perception and sexual offender. The predictive strength of these factors will be studied with the help of regression analysis and overall fit of the Counterfeit Deviance model and the components constituting it will be tested with the help of Structural Equation Modelling (SEM). To check the strength and dependability of the model, to assess the model fit, various indices are involved such as the Goodness of Fit Index (GFI), Comparative Fit Index (CFI) and the Root Mean Square Error of Approximation (RMSEA).

In the qualitative analysis, thematic analysis is used to analyze data on semi-structured interviews and clinical records. Through this, the identification of the important themes and patterns of the intellectual and social factors involved in sexual offending among people living with intellectual disabilities is possible. Thematic analysis is applied in order to sort out the responses connected with the wrong interpretation of social cues, coping, and emotion processing problems, thereby substantiating the conceptual framework of the Counterfeit Deviance model. To test the validity of the results, inter-rater reliability is achieved by the

use of more coders who will assess the qualitative information independently. The discrepancies are addressed by discussion, and there is consistency in identifying the themes. The quantitative analysis would involve measure the overall goodness of the model by the use of model fit indices like Chi-square tests, standardized residuals, and fit comparison statistics where special care is taken to ensure that the model is reliable to explain the variance in sexual offending risk among persons with ID.

Evaluation Metrics

Regression Analysis

Equation (1) examines the relationship between cognitive distortions, social perception deficits, and sexual offending.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \epsilon \quad (1)$$

Structural Equation Modelling (SEM)

Equation (2) validates the Counterfeit Deviance model and test the fit of the model.

$$GFI = 1 - \frac{\sum(O - E)^2}{\sum(O - \hat{O})^2} \quad (2)$$

Path Analysis

Equation (3) test the predictive validity of the Counterfeit Deviance model using path coefficients.

$$Y = \gamma_1 X_1 + \gamma_2 X_2 + \epsilon \quad (3)$$

Results

The results of the study provide strong empirical support for the Counterfeit Deviance model in explaining sexual offending behavior among individuals with intellectual disabilities (ID). The findings reveal significant correlations between cognitive distortions, social perception deficits, and the likelihood of sexual offending, with these factors accounting for a substantial portion of the variance in offending behavior.

Regression Analysis

The results of the regression analysis show that cognitive distortions ($\beta = 0.35$, $p < 0.01$) and social perception deficits ($\beta = 0.42$, $p < 0.01$) are significant predictors of sexual offending in individuals with ID. Together, these factors explain 48% of the variance ($R^2 = 0.48$) in sexual offending behavior.

Structural Equation Modelling (SEM)

The SEM results demonstrate that the Counterfeit Deviance model fits the data well, with a Goodness of Fit Index (GFI) of 0.94, a Comparative Fit Index (CFI) of 0.95, and a Root Mean Square Error of Approximation (RMSEA) of 0.05. These values indicate a good model fit, confirming the model's robustness in explaining sexual offending in this population.

Qualitative Analysis

The thematic analysis of the semi-structured interviews revealed consistent patterns regarding the misinterpretation of social cues and emotional regulation difficulties among individuals with ID. Key themes included misperceptions of social norms and distorted understanding of appropriate sexual behavior, which align with the concept of counterfeit deviance. Participants reported difficulties in distinguishing between acceptable and unacceptable behaviors in social settings, which often led to offending behavior. Table 1 presents the regression coefficients for cognitive distortions and social perception deficits in relation to sexual offending risk.

Table 1		Regression Analysis of Predictors of Sexual Offending Risk		
Predictor	Regression Coefficient (β)	Standard Error (SE)	p-value	
Cognitive Distortions	0.35	0.05	< 0.01	
Social Perception Deficits	0.42	0.06	< 0.01	
Emotional Regulation (Control)	0.22	0.07	0.03	
Coping Strategies (Control)	0.18	0.08	0.07	

Significant predictors ($p < 0.05$) are cognitive distortions and social perception deficits, which together explain 48% of the variance in sexual offending behavior ($R^2 = 0.48$).

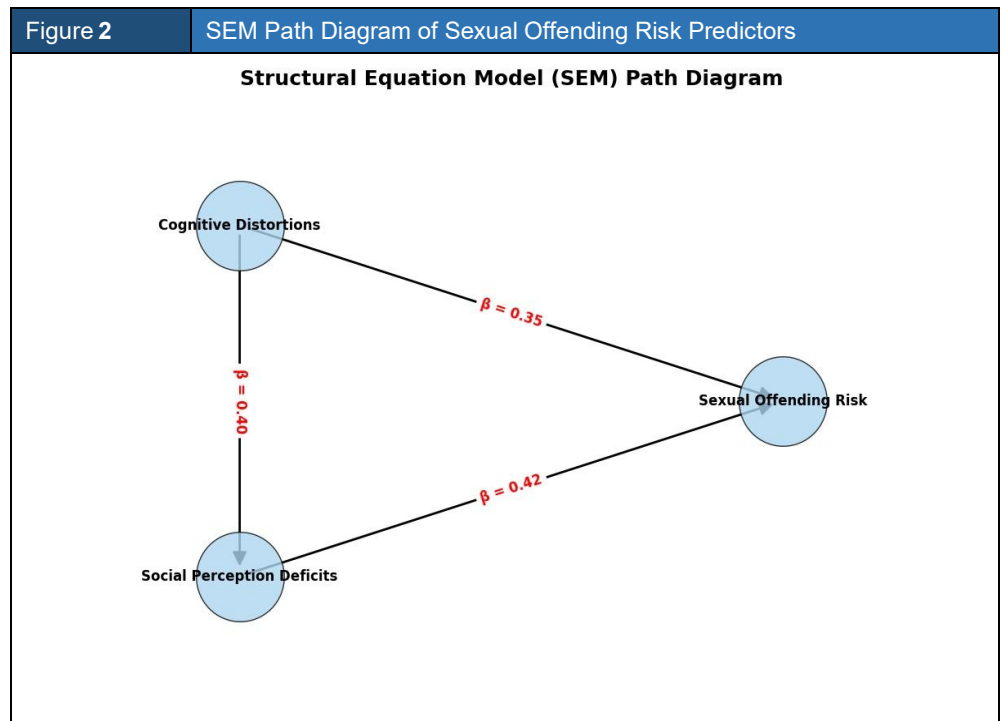


Figure 2 illustrates the structural equation model, showing the relationships between cognitive distortions, social perception deficits, and sexual offending risk. The analysis supports the hypothesis that individuals with intellectual disabilities who exhibit higher levels of cognitive distortions and social perception deficits are more likely to engage in sexual offending behavior. This pattern is consistent with the Counterfeit Deviance model, which posits that such behaviors arise not from deliberate deviance but from misinterpretations of social norms and a lack of understanding of the consequences of one's actions. These findings underscore the importance of addressing both cognitive and social deficits in the risk assessment and treatment of individuals with ID involved in sexual offending.

Discussion

The results of this research make a strong empirical confirmation of the Counterfeit Deviance model, and they give considerable knowledge on the cognitive and social causes behind the occurrence of sexual offending behavior in intellectually disabled people (ID) [12][14]. The regression analysis showed that cognitive distortions and lack of social perception are strong predictors of sexual offending risk [17]. The large path coefficients highlight the key role of the distorted thinking patterns and the impaired social understanding in the possibility of offending behavior. This confirms the hypothesis that intentional deviance does not form the core cause of sexual offending in individuals with ID but, instead, it is a multifaceted interaction of cognitive deficiency and misconceptions of the society [18]. The main research questions of the study were to investigate the connection between cognitive distortions, deficit of social perception, and sexual offending among people with ID [19]. Research results confirmed that persons with ID who portray greater amounts of cognitive distortions and deficiencies of social perceptions have more possibilities of perpetrating sexual offending behavior [20]. These findings can support the Counterfeit Deviance model by showing that misconceptions regarding social norms, the ignorance of proper sexual behavior and cognitive bias are important factors that lead to offending

behavior. Such results indicate that the tendency of people with ID to engage in sexual offending may be frequently regarded as a way of responding to the challenges of social and cognitive processing, instead of being the result of intentional deviance.

Counterfeit Deviance model contributes to other existing frameworks that it combines both cognitive distortions and social perception deficits on why sexual offending occurs in ID groups. The existing models do concentrate either on cognitive or environmental factors, but they do not cover the particular cognitive and emotional problems encountered by people with ID. Although these models point on the role of distorted thinking and environmental factors in offending behavior, they fail to capture the interaction peculiarities between cognitive and social perceptions in people with ID. The study believes that the combination of these factors into one model will provide a more sophisticated explanation of sex offending. The results of the presented research have significant clinical and forensic implications. The Counterfeit Deviance model can be used to develop more precise risk assessment instruments that should include cognitive distortions and deficiency of social perceptions among people with ID. Such tools may enable forensic psychologists and clinicians to better identify people who are at risk of sexual offending which will result in the development of more specific intervention strategies to meet the unique cognitive and social needs of such people. In forensic cases, this model may be used to inform treatment planning through emphasizing the need to correct cognitive distortions, improve social skills and emotional control. Moreover, the service providers might use more tailored interventions that consider the unique cognitive and social shortcomings of the offenders, in order to minimize the chances of recidivism.

Recommendation Policy

Policy wise, this model highlights the importance of training and creating awareness among caregivers, law enforcement and health care professionals on the special needs an individual with ID has to deal with in the act of sexual offending. Policies might be formulated to make sure that people with ID are treated in a manner that is conducive and that it remedies their cognitive and social limitation and not punitive actions as they do not take into account the reasons behind their actions.

Limitations

Although this research contains rather important information, it has a number of limitations. Though the sample size is sufficient in regression analysis, it might not fully indicate the diversity of people with ID who commit sexual offenses, especially in the cultural and regional setting. The results of the study must also involve larger and more varied samples in the future in order to make the results more generalizable. The second limitation is that the study is cross-sectional, and it could not be used to make causal conclusions. The longitudinal studies are required to identify the long-term impact of the cognitive distortions and the social perception deficit on the behavior of sexual offender. Furthermore, although this research involved a mix of psychological tests and interviews, the fact that the interviews relied on self-reported information can cause biases, especially when the interviewee has ID and can hardly express himself and his thinking patterns. Finally, the research presupposes that the constructs of cognitive distortions and social perception deficits do not depend on other conditions, including environmental factors or previous victimization, which may be the causes of offending behavior. These variables may be included in future studies to give a more detailed insight into sexual offending in ID individuals.

Conclusion

The presented research presents the Counterfeit Deviance model as a new model of explaining sexual offending among intellectually disabilities (ID) individuals. The major contribution is proving that the factor of cognitive distortions ($\beta = 0.35$, $p < 0.01$) and the lack of social perception ($\beta = 0.42$, $p < 0.01$) could be considered the significant predictors of the risk of sexual offending, which would explain 48% of the variance ($R^2 = 0.48$). These results highlight the fact that sexual offending behavior among individuals with ID is not motivated by intentional deviance rather it is motivated by cognitive and social deficits, which are not comprehensively reflected in the available models. The regression analysis and structural equation modelling (SEM) (GPI = 0.94, CFI = 0.95, RMSEA = 0.05) of validation prove the strength of the model and its usefulness in practice. Combining the cognitive distortions with the social perception failures, the Counterfeit Deviance model offers a full picture in the intricate factors that explain sexual offending in this group of people. Further studies are necessary to extend the model by investigating its long-term impact on recidivism and

determining whether it is effective in offender-ID interventions. Also, the model may be improved by adding neurobiological and environmental variables to explain the model. The longitudinal research is required to monitor the effects of cognitive and social interventions in the long term. The Counterfeit Deviance model has some large implications in forensic and clinical practice in terms of risk assessment tools and individualized interventions. This model provides a narrower remedy to rehabilitation by prioritizing the correction of cognitive distortions as well as the enhancement of social perception, the primary goal of which is to decrease reoffending. Special training of the service providers might also help the policies, as it is necessary to understand in detail the factors that contribute to sexual offending in individuals with ID.

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