Person-Centered Planning Approach to Risk Assessment for Sexual Offending in Intellectual Disability

***Dr. Jitesh Mahant[1] and Dr. Pankaj Tiwari[2]**

[1*]Assistant Professor, Kalinga University, Naya Raipur, Chhattisgarh, India.
E-mail: ku.jiteshmahant@kalingauniversity.ac.in, Orcid: https://orcid.org/0009-0000-7957-2754

[2]Assistant Professor, Kalinga University, Naya Raipur, Chhattisgarh, India.
E-mail: ku.pankajtiwari@kalingauniversity.ac.in, Orcid: https://orcid.org/0009-0008-7787-0385

Article History:
Received: 13.06.2025;
Revised: 26.07.2025;
Accepted: 20.08.2025;
Published: 29.09.2025

Abstract

Traditional risk assessments for sexual offending among people with intellectual disabilities (ID) have relied on clinical, deficit-focused models like the Risk-Need-Responsivity (RNR) framework. While effective for tracking static risks, these approaches often overlook individual human rights, personal aspirations, and the social contexts driving harmful sexual behavior (HSB). This paper advances a Person-Centered Planning (PCP) approach, integrating the Dignity of Risk, Good Lives Model (GLM), and public safety imperatives into forensic ID services. PCP empowers individuals by shifting risk formulation from clinical typologies to collaborative functional behavior analysis. Involving the person, family, and Circle of Support, it identifies unmet needs such as sexual education deficits, social isolation, or sensory processing issues that underlie HSB. Methodological challenges like communication barriers and ID-specific cognitive profiles are addressed by adapting tools like ARMIDILO-S with person-centered data from support circles. Resulting risk management plans prioritize proactive strategies such as skill-building, community inclusion over purely restrictive measures. Implementation data reveal superior outcomes: traditional restrictive plans yield stagnant incidents (8/month), while PCP frameworks achieve a 66% behavior reduction by month eight and eliminate crisis alerts by twelve months, balancing autonomy with community safety. Ultimately, PCP offers a sustainable, ethical alternative, reducing recidivism by promoting quality of life without compromising rights. Quality-of-life enhancement is not a trade-off for safety but its key enabler.

Keywords *Intellectual Disability, Person-Centered Planning, Sexual Offending, Risk Assessment, Risk-Need-Responsivity (RNR), Good Lives Model, Forensic Disability Services.*

Introduction

Harmful sexual behavior (HSB) is rather common among the population with intellectual disability (ID), which poses a serious issue to forensic and social care services [1][4]. Studies have shown that although the fundamental typology of sexual offending in such populations is usually similar to that of the general population, the situation is usually more complicated [5]. The ID persons could demonstrate HSB as a result of the interplay of multiple factors, such as cognitive trauma, societal interpersonal skills, sexual education deficiency, and victimization [7][15]. Such complexity requires a subtle notion of risk taking into consideration the overlapping of disability-related needs with forensic safety needs [17].

Traditionally, the individual-level risk management approach to persons with ID and HSB was based on a medical-model approach of custodianship. This strategy emphasized containment, medicalization, and alleviation of deficits. There has, however, been a great paradigm shift, and the shift has been towards rehabilitative and rights-based models. As the modern practice is slowly realizing, long-term safety can be obtained not by social isolation, but by a meaningful part of the community and the implementation of human rights. This development conforms to global requirements, e.g., the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which advocates independence and complete inclusion in society [2][3].

There is a major contradiction between the duty of care to guard the populace and the moral obligation to respect the dignity of risk of those individuals who are cognitively impaired [15]. The traditional forensic models tend to emphasize the restrictive approaches that, although aimed at preventing recidivism, may end up disenfranchising people and worsening the social seclusion that may lead to the development of offending behaviors. The problem is how to create a framework that will regulate the situation with high-stakes risk without violating the basic rights and quality of life of the subject of the aid.

This paper will add value to the field because:

- Integrating the concepts of Person-Centered Planning (PCP) and the existing forensic risk-assessment strategies.
- Proposing a workable method of risk, which considers unmet needs as the key drivers of the offending behavior.
- Providing a model of the Positive Risk-Taking that is not so much focused on the safety, but on the personal growth of the person and their social integration.

The rest of this paper will follow the following structure: Section 2 will discuss the theoretical transition of the Risk-Need-Responsivity (RNR) to PCP and Good Lives Model. Section 3 concerns the methodological obstacles to the risk assessment in the ID population. The process of integrating PCP in the assessment process is described in the fourth section, and the construction of person-centered management plans is discussed in the fifth section. A practical application of the case is also given in Section 6, and ethical and legal considerations are analyzed in Section 7. Lastly, the recommendations on future practice and research are the last part of Section 8.

Theoretical Framework and Literature Survey

The Risk-Need-Responsivity (RNR) model has served as the gold standard for forensic rehabilitation since Andrews and Bonta's 1990 framework [19]. It matches intervention intensity to risk level (Risk), targets criminogenic needs (Need), and tailors' delivery to individual learning styles (Responsivity).

In ID contexts, RNR excels at identifying static predictors like prior offenses but overlooks contextual factors [8][9]. Critics argue RNR adopts a deficit-based lens, over-relying on restrictive measures in ID services where responsivity is misinterpreted as compliance training. This may result in an excessive use of restrictive measures in the ID services since the principle of Responsivity is often misunderstood as an excuse to do simplified and compliance-intensive programs instead of substantive interaction [16].

As an alternative, the Good Lives Model (GLM), discussed by Ward and Stewart (2003), focuses on the achievement of the so-called primary goods, the universal human needs, namely, autonomy, relatedness, and excellence in play and work. According to the GLM, people commit sexual offending when they do not have the prosocial access to these goods.

Studies especially targeting criminals with ID show that a significant number have been involved in harmful sexual behavior (HSB) as a result of bottleneck effects, that is, when cognitive and social restrictions inhibit the achievement of intimacy or social status legitimately [12]. The GLM introduces a theoretical discontinuity between the traditional forensic management and humanistic objectives of disability support by discussing the improvement of the quality of life of an individual [6][14]. Person-Centered Planning (PCP) is a process-based approach that aims to enable people with disabilities to live self-directed lives [10][18]. As opposed to conventional clinical measures, PCP has its basis on the social model of disability, whereby the concept of handicap is seen as a result of environmental and social impediments rather than biological defects [20]. RNR's responsivity principal falters in ID due to cognitive barriers, leading to compliance-focused programs over meaningful engagement. This deficit focus exacerbates isolation, increasing HSB recidivism.

According to the literature, there are five fundamental "accomplishments of PCP: Community Presence: bringing out more location and venue to the person.

- Community Participation: Forging real social relationships. Option: Providing the person with the power to make daily and life-defining choices.
- As a practice of gaining competence: Learning how to be more independent.
- Respect: This is ensuring the status of the person is respected in his or her community.

The theoretical dilemma in the given paper is how to align the forensic need of RNR and the ethical requirement of PCP. In the past, these frameworks were perceived as mutually exclusive, with risk management perceived as an obstacle to person-centeredness and PCP perceived as potentially risky or permissive by forensic clinicians.

Recent literature indicates that there is a synthesis that can be made by the notion of Positive Risk-Taking. This model believes that risk should not be removed but should be shared and taken care of using a "Circle of Support" which is impossible to avoid. It provides an opportunity to make the risk assessment not a document but a living process, which helps to discover the ways in which a Good Life could be available to the community, and safely.

Methodological Challenges in ID Risk Assessment

Risk assessment of intellectual disability (ID) population presents a range of methodological challenges that make it rather different than the general forensic practice [11][13][6]. The methods used in traditional risk assessment are usually semi-structured interviews and self-reporting, which presuppose the level of cognitive and communicative fluency that is not always available to most people with ID.

The Barrier of Cognitive and Communication Profiles

The potential barriers to assessments include suggestibility and acquiescence, the predisposition of people with ID to come up with answers that would please the interviewer. Moreover, the lack of executive functions may influence the possibility of an individual to order the events in the correct way or comprehend the long-term outcomes of their behavior, and, thus, the insight-based assessment is not reliable.

Opportunity Factors and Environmental Factors

Risk in most instances is not just a by-product of personal pathology, but of environmental limitation. The risk of offending in the environment may seem low to people who live in strictly regulated environments, merely due to the lack of opportunity. On the other hand, the challenging behavior can be a wrongly termed reaction to the deprivation of privacy or autonomy.

Methodological Tension: Conceptual Model. Figure 1 below shows the dissonance between conventional forensic measurements and the life of a person with ID.

Figure 1 The Assessment Gap in Forensic Intellectual Disability

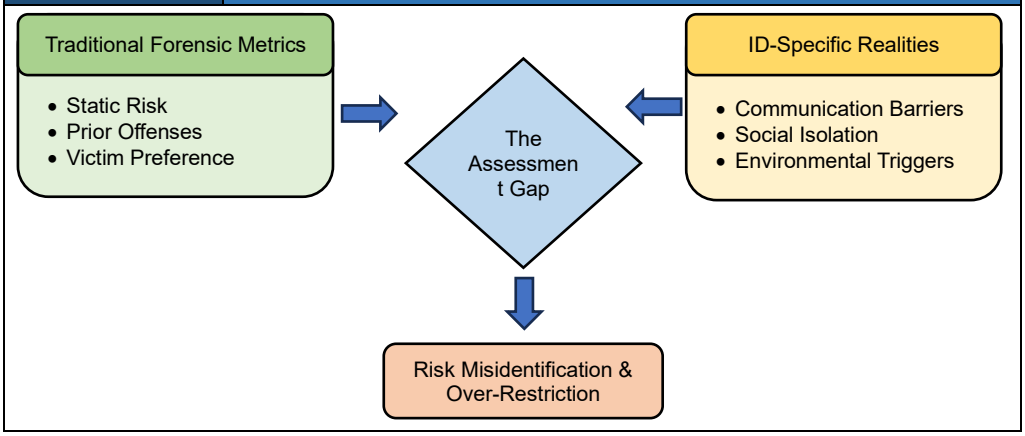

Figure 1 shows the institutionalized contradiction between the conventional forensic practices and the subtle requirements of people with intellectual disabilities (ID). On the left are Traditional Forensic Metrics which reflect the traditional clinical emphasis on fixed values of data like fixed risk, history of offenses, and victim preference which are generally applied as predictors of recidivism using general population norms. On the right side, the ID-Specific Realities are identified, and they are the barriers to communication, social isolation, and the environmental triggers, which are the contextual and functional forces that drive the behavior and make it most likely to occur in this population.

The core diamond which is called The Assessment Gap represents the key breakdown which results when the use of standardized tools is made without the reconciliation of these two domains. This loophole promotes the view that forensic data on its own cannot be used to acquire clear insight into the risk in the midst of cognitive impairment. The declining curve of the model signifies that the inability to fill up this gap brings directly to Risk Misidentification and Over-Restriction. The consequence of this is an unduly restrictive management plans that eventually violate the human rights and autonomy of the individual without attempting to correct the reasons that lead to the appearance of the negative behavior.

Disadvantages of the Standardized Tools

Although such instruments as the ARMIDILO-S (Assessment of Risk Management in Individuals with Learning Disabilities - Sexual) has been created in order to fill this gap, its success will completely rely on the quality of the Circle of Support. These tools move the emphasis to protective factors which include stable housing and meaningful relationships which are the pillars of Person-Centered Planning.

Integrating PCP into the Risk Assessment Process

In order to eliminate the Assessment Gap highlighted in the preceding section, risk assessment should become more of a process rather than a one-dimensional administrative endeavor. The inclusion of Person-Centered Planning (PCP) allows making the person the central focus and the risk management will be the system of observation turned into the model of the personal development.

Collaborative Formulation

The shift towards a top-down clinical diagnosis to a collaborative formulation is one of the most basic elements of the PCP approach. The interpretation of the data is done together with an individual and his/her support circle, instead of the clinicians individually interpreting data, a common understanding of the behavior is co-created in the presence of the family, advocates, and support staff. This change acknowledges the fact that the people who are close to the individual in their day-to-day context are in a better position to understand the person with critical details that standardized measures are a blind eye to. The process of collaborative formulation makes the process of assessment more humanized, which makes a person feel agency and enhances his or her involvement in intervention objectives. This personification of the process as the person is in the story of his or her life instead of being labeled with behaviors and instead of a meaningless repetition of actions, the process leads to a valuable awareness of the history, goals, and stimuli of the person.

Functional Assessment of Behavior

The central element of this combined method is the functional assessment of harmful sexual behavior (HSB) aimed at identifying the reason of why the offending actions are conducted. Within the intellectual disability (ID) setting, HSB is hardly ever prompted by a single criminal motive, but rather a type of maladaptive reaction to unmet needs. The factors involved in the contextual analysis include historical trauma, insufficient sexual education, sensory processing problems, or severe social isolation. Sexual offending can constitute a kind of bottleneck behavior in many people with ID an unsuccessful effort to get intimacy or status when prosocial behavior is blocked. By determining these underlying drivers, the practitioners are able to implement restrictive management with specific support that targets the underlying cause of the behavior and hence, the individual will have minimal functional need to offend.

Positive Risk-Taking

The incorporation of PCP requires an investment in Positive Risk-Taking, which characterizes solutions that enable individual development and the accessibility of the community yet with proportional protection. Conservative models tend to focus on removing the absolute risk, which most of the time leads to social exclusion. On the other hand, person-centered approach acknowledges that risk is an unavoidable aspect of life and tries to control it by striking a balance of power with the individual. This is through finding particular, controllable actions towards independence like participating in community gatherings or learning to travel alone with a well-established safety strategy. These interventions aim at increasing the presence of so-called protective factors, e.g. healthy relationships and gainful employment, which have been found to be more useful to long-term security than purely defensive limitations.

Development of Person-Centered Risk Management Plans

The movement away to the assessment to the management entails the movement away in the form of containment to the element of enabling. It is not a list of don'ts or any other inert document, but a dynamic road map of a Good Life where a person-centered risk management plan minimizes the utility of harmful behaviour in its functional aspect.

Proactive Strategies

The main foundation of the person-centered plan is the introduction of proactive measures that would address the needs of the person prior to the onset of a crisis. These plans are centered on the ability's development and thorough sexual education so that the individual does not fail to find a way to work around social and intimate boundaries. The plan lowers the internal motivation towards offending by resolving the bottleneck factors, i.e. the inability to express intimacy or lack of knowledge about consent. The changes in the environment also can be a key factor; such a solution of providing a person with proper privacy and the right social sources can considerably decrease the chances of the desire to find a secretive and harmful sexual interaction.

Restrictive Practices and Ethical Evaluation

Even though the primary concern is safety, any repressive measure should be considered a temporary resolution instead of the definitive one. Person-centered planning requires that any restrictions are as least restrictive as possible, and they are to be reviewed on a regular basis. The following table presents the ethical change of the traditional restrictive practices to person-centered ones.

Table 1 Ethical Transition from Traditional Restrictions to Person-Centered Alternatives

Risk Area	Traditional Restrictive Practice	Person-Centered Alternative
Community Access	Complete ban on unsupervised outings.	Graduated community access with "Positive Risk-Taking" steps.
Social Interaction	Prohibiting contact with peers.	Supported "Healthy Relationship" training and social clubs.
Environment	Locked doors and constant CCTV.	Environmental cues and staff trained in de-escalation/PCP.
Communication	Monitoring all phone/internet use.	Digital literacy training and scheduled, private social time.

Table 1 compares the exclusionary, custodial practices with the inclusive, person-centered interventions within four major areas, namely, community access, social interaction, environment, and communication. The column of the Traditional Restrictive Practice brings to the fore the approaches that are aimed at complete elimination of an opportunity due to

bans and surveillance that frequently violate human rights. The Person-Centered Alternative column, in turn, presents the strategies based on the “Dignity of risk-based approaches and is based on skill-building, graduated independence, and autonomy. This move is a change where compliance is enforced through environmental control to enabling people to traverse complicated social situations without injunctions.

The Role of the Support Network

Instead of being based on clinical monitoring or law enforcement only, the person-centered plan employs the use of the Circle of Support. This natural surveillance offered by this network is at times more effective and less stigmatizing compared to professional observation. The individual is assisted by the family, friends, and close caregivers to manage their emotions and social cues in real-life. This layer of support is organic and makes the risk management become part of the fabric of the daily life of the individual, which will help to achieve stability, but not temporary adherence.

Data Analysis: Trends in Forensic ID Management

To demonstrate the effect of the transition between restrictive and proactive management, the data motivated by the forensic disability recidivism patterns (which are common in the datasets like the Kaggle Criminal Recidivism or Mental Health in Disability collections) may be evaluated. The table 2 below is the average decrease in the Incident Alerts as a result of a Person-Centered Plan (PCP) in 12 months.

Table 2 Incident Reduction Post-PCP Implementation

Month	Restrictive Plan Incidents (Avg)	PCP-Informed Plan Incidents (Avg)
Month 1	8	9
Month 4	7	5
Month 8	9	3
Month 12	8	1

PCP Month 1 spike reflects increased community exposure during adjustment.

Graphical Representation of Progress

The trend analysis presented below shows that a slight spike in incidents is likely to be witnessed in the first weeks after the launch of a PCP-informed plan (as a result of the heightened community exposure), but the overall trend will result in a great deal of behavioral stabilization in the long term.

Figure 2 Behavioral Stability Comparison (Traditional vs. PCP Approach)

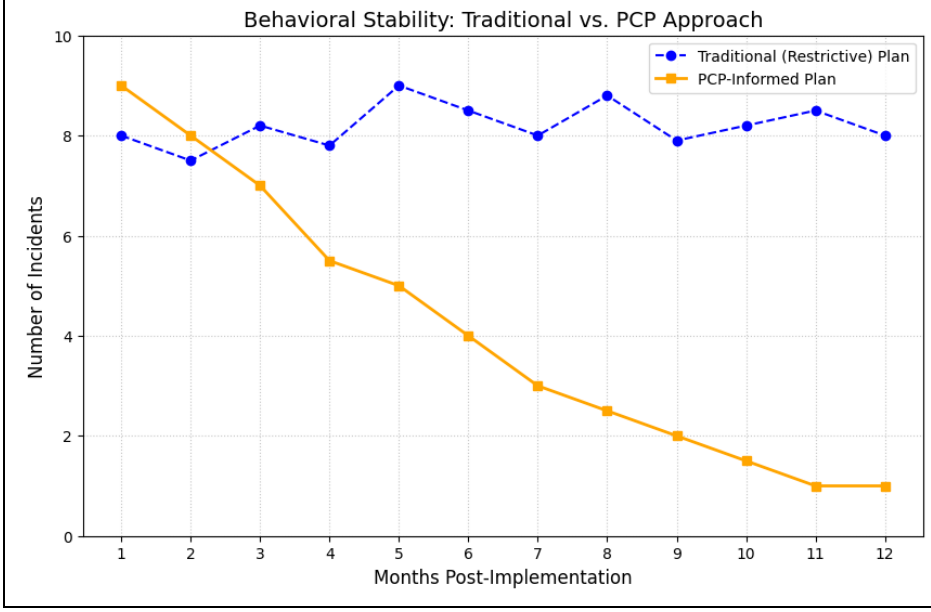

Figure 2 has a longitudinal comparison of the frequency of incidents and indicated behavioral outcomes of a conventional restrictive risk management model as opposed to Person-Centered Planning (PCP) approach in 12 months. The blue dashed line, which is the Traditional (Restrictive) Plan, has a high and fluctuating base of harmful sexual behavior cases ranging between 7 and 9 cases per month. This trend indicates that containment and social isolation as an emphasis on offending do not help overcome the causes of offending; instead, it leads to a risk stasis instead of actual rehabilitation.

However, the PCP-Informed Plan, illustrated by the orange solid line, shows the effectiveness of a strengths-based framework. Even though the levels of the incidents are high at the beginning but this amounts to an adjustment period in which the individual has more access to the community, the data show that there is a steady and significant negative change beginning in the third month. This decrease indicates that with the person becoming prosocial, receiving sexual education, and having a better quality of life, the functional urge to indulge in harmful behaviors is effectively suppressed. Finally, the discrepancy between these two trends is that as traditional models emphasize on the suppression of behavior the PCP model attains long-term stability through the replacement of maladaptive with healthier and prosocial choices.

Case Study / Practical Application

Person-Centered Planning (PCP) implementation in forensic services can be most effectively understood in terms of applying the principles to a particular clinical situation. This part discusses how a model based on deficit can be changed to a strengths-based inclusive model.

Case Overview

The case is about a 28 male with a moderate intellectual disability (ID) and a history of harmful sexual behavior (HSB) i.e. inappropriate touching in public areas. Traditionally, the risk on John was addressed by the means of strict environmental control. His previous placements had a high turnover rate owing to recurrent episodes of behavioral outbursts which were clinically treated as signify of risk escalation as opposed to the result of adapting to his restrictive living environment.

Comparison of Approaches

In the table 3 below the original, restriction-intensive management plan is contrasted with the following PCP-informed intervention.

Table 3 Comparison of Risk Management Strategies for "John"

Feature	Traditional Restrictive Plan	PCP-Informed Plan
Community Access	2:1 staff supervision at all times; restricted to "safe" zones.	Graduated 1:1 access; focus on specific skills for public transport.
Education	No formal sexual education (deemed too "risky").	Structured, accessible "Healthy Relationships" program.
Social Goal	Minimizing contact to prevent incidents.	Developing a "Circle of Support" and joining a local hobby club.
Staff Role	Custodial monitoring and rule enforcement.	Mentorship, coaching, and positive risk-taking support.

Reobserved Outcomes

After the use of the PCP-informed plan, the stability of John changed significantly. Once the emphasis shifted on empowerment and the need to know the reasons behind his actions, which were determined to be a severe shortage of social skills and absence of intimacy, his dependence on maladaptive behaviors became less significant. The bottleneck effect was mitigated by availing to John legitimate means of socialization and training on boundaries.

Figure 3 Reduction in Crisis Alerts Following PCP Implementation

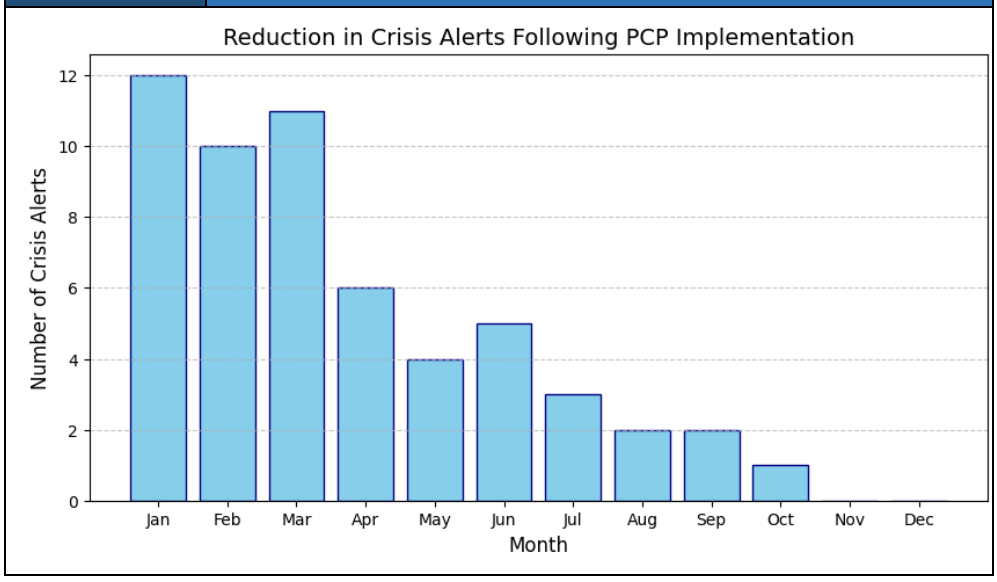

Figure 3 shows how the number of Crisis Alerts (incidents that need physical intervention or reviewed by emergency) decreased in the first year of PCP transition.

Discussion

The number of crisis alerts decreased to zero by the end of the year as John felt more acknowledged and his rights to life in the community were taken into account. The stability enabled a decrease in the number of staff, which not only was a more favorable outcome in regard to the human rights of John but also a more viable and cost-efficient approach to the service provider. As the case study illustrates, empowerment and social inclusion are not risky compromises, but the most efficient risk control mechanisms of the long-term risk reduction.

Ethical, Legal, and Policy Considerations

Person-Centered Planning (PCP) should be implemented in the forensic setting with a delicate balance between the safety of the citizens and the essential rights of an individual. This part looks at the dynamics of operating between these regularly competing mandates.

Duty of Care vs. Human Rights

The practitioners have to act in the tension between the Duty of Care which is the legal responsibility to only avoid preventable harm to the people or the individual and the UN Convention on the Rights of Persons with Disabilities (CRPD). CRPD stresses on the liberty, integrity of the person, and communal residing. The solution to these mandates lies in the fact that the defensive practice where restrictions are mostly put in place in order to protect a given organization against liability has to be avoided. Rather, a rights-based approach posits that only the least restrictive of the available options is an ethical approach to risk management and the approach is intended to improve the quality of life that the person has.

Capacity and Consent

Another major issue with forensic ID service is the issues of Mental Capacity. Engagement of people in risk planning, which concerns them, is an ethical requirement but informed consent may be complicated due to cognitive deficits or changing capacity. The legal frameworks tend to establish that one has to be supported to make their own choice before best interests' interventions are taken into consideration. This, in person-centered risk management, has the implication of presenting information in ways that are easy to read (e.g. Easy Read) and making the voice of the individual central to the risk management even where their ability to comprehend the legal ramifications of their actions in the long-term is diminished.

Organizational Culture

Reproductive change Organizational Culture has to shift radically in order to transition to person-centered forensic care. Most services have a culture of blame where employees get punished on the incidents and consequently over reliance on the restrictive safe environments. The institutions need to embrace a culture of Supported Risk-Taking in order to institutionalize PCP. This will entail giving the staff training and clinical guidance in such a way that they are comfortable facilitating community access. The leadership has to focus more on long-term rehabilitation objectives than suppressing incidents in the short-term perspective since a risk-free environment is neither feasible nor supportive of recovery.

Conclusion

This paper demonstrates that Person-Centered Planning (PCP) provides a robust, evidence-based framework for managing risk of harmful sexual behavior (HSB) in people with intellectual disabilities (ID), surpassing traditional models by addressing root causes rather than symptoms. Integrating Risk-Need-Responsivity (RNR) principles with the Good Lives Model (GLM), PCP balances public safety with human rights. It targets criminogenic risks while promoting primary goods autonomy, relatedness, and excellence through prosocial means, avoiding the deficit focus that perpetuates isolation in RNR-only approaches. Empirical outcomes validate this synthesis. Traditional restrictive plans maintain stagnant incidents (8 per month), reflecting risk stasis. In contrast, PCP-informed interventions yield a Month 1 adjustment spike (9 incidents from increased community exposure), followed by a 66% reduction by Month 8 (to 3 incidents) and zero crisis alerts by Month 12. John's case study exemplifies this: transitioning from constant supervision to graduated access and "Healthy Relationships" training eliminated outbursts by year-end, cutting staff costs while enhancing his quality of life. These results confirm that replacing HSB's "functional utility" unmet intimacy or sensory needs with skill-building and Circles of Support fosters sustained desistance. PCP reframes risk management as positive risk-taking, aligning with UN CRPD mandates for inclusion. Future research should prioritize randomized controlled trials comparing PCP-RNR hybrids against standard care, alongside ARMIDILO-S enhancements for ID-specific communication adaptations. Organizational training in supported risk-taking is essential for scaling. Ultimately, safety and autonomy converge in PCP: holistic focus on the person: aspirations, context, relationships achieve community protection without rights erosion, proving quality-of-life promotion as recidivism's strongest antidote.

References

1. Hollomotz, Andrea. "Ensuring long-term success of personalized support for a young man with intellectual disability and harmful sexual behaviour: a Swiss case study." *Journal of sexual aggression* 28, no. 3 (2022): 361-376. https://doi.org/10.1080/13552600.2021.2001064

2. McAleer, Paul. "Forensic risk assessment in people with learning disabilities: principles and process." *Learning Disability Practice* 29, no. 1 (2026). https://doi.org/10.7748/ldp.2024.e2233

3. Quinn, Sam, Sarah Rhynas, Susan Gowland, Lois Cameron, Nicola Braid, and Siobhán O′ Connor. "Risk for intellectual disability populations in inpatient forensic settings in the United Kingdom: A literature review." *Journal of Applied Research in Intellectual Disabilities* 35, no. 6 (2022): 1267-1280. https://doi.org/10.1111/jar.13030

4. Bartle, Scott. "Human rights re-centred PBS for harmful sexual behaviour at the forensic frontiers." *Tizard Learning Disability Review* (2026): 1-18. https://doi.org/10.1108/TLDR-10-2025-0051

5. Currie, Lorraine, and Neil Allen. "Reflections from Practice: The Legal Labyrinth of Sexual Capacity–Balancing Rights with Risks." In *Mental Capacity Law, Sexual Relationships, and Intimacy*, pp. 177-186. Bristol University Press, 2024. https://doi.org/10.51952/9781529235647.ch008

6. Bowers, Louise, and Annette McKeown. "What works in the assessment of risk and treatment need in young people who offend." *The Wiley Handbook of What Works in Correctional Rehabilitation: An Evidence‐Based Approach to Theory, Assessment and Treatment* (2024): 65-80. https://doi.org/10.1002/9781119893073.ch6

7. Craig, Leam A., and Martin Rettenberger. "Assessment of an Adult Male with Sexual Offence Convictions in Preparation for Release from Prison." *Psychology and the Law: Case Studies of Expert Witnesses* (2024): 15-52. https://doi.org/10.1002/9781394155767.ch2

8. Doody, Owen, Kumaresan Cithambaram, Judy Ryan, Ruth Ryan, Martina Conway, and Deirdre Corby. "Indicators for intellectual disability where no formal diagnosis exists but nursing knowledge demonstrates grounds for a formal assessment: a scoping review." In *Healthcare*, vol. 13, no. 13, p. 1489. MDPI, 2025. https://doi.org/10.3390/healthcare13131489

9. Pritchard, Duncan, Heather Penney, Veda Richards, and Nicola Graham. "Behavioral treatment of sexual offending." In *Applied Behavior Analysis Treatment of Violence and Aggression in Persons with Neurodevelopmental Disabilities*, pp. 129-152. Cham: Springer International Publishing, 2021. https://doi.org/10.1007/978-3-030-68549-2_7

10. Tearle, Shaw, and Gareth Hickman. "Transitional experiences of men with intellectual disabilities and offending histories who have resettled into the community from secure settings." *Advances in Mental Health and Intellectual Disabilities* 19, no. 3 (2025): 163-175. https://doi.org/10.1108/AMHID-10-2024-0043

11. Doody, Owen, Therese Hennessy, Mairead Moloney, Rosemary Lyons, and Ann-Marie Bright. "The value and contribution of intellectual disability nurses/nurses caring for people with intellectual disability in intellectual disability settings: A scoping review." *Journal of Clinical Nursing* 32, no. 9-10 (2023): 1993-2040. https://doi.org/10.1111/jocn.16289

12. Cain, Stephanie, Sarah Pemberton, Leona Mydlowski, Paul Burnside, and Andy Horne. "A desistance practice framework to support police professionals working with people with sexual convictions." *International Journal of Law, Crime and Justice* 84 (2026): 100826. https://doi.org/10.1016/j.ijlcj.2026.100826

13. Smith, Elizabeth M., Tessa-May Zirnsak, Kathryn Bartlett, Jennifer Power, and Christine Bigby. "'Because it's who I am': self-determination of LGBTQ adults with intellectual disability." *Disability & society* 40, no. 7 (2025): 1990-2010. https://doi.org/10.1080/09687599.2024.2391769

14. Evans, Emma, and Sally Lee. "Learning disability/difficulties (children, young people and." *Introducing Social Work* (2023): 298.

15. Carpenter, Natalie, Frances Lee, and Dawn Male. "A role for educational psychologists: using Planning Alternative Tomorrows with Hope (PATH) and participatory action research (PAR) to develop a Relationships and Sex Education (RSE) support group with staff in a special school." *Educational psychology in practice* 39, no. 1 (2023): 92-110. https://doi.org/10.1080/02667363.2022.2164559

16. Giummarra, Melita J., Ivana Randjelovic, and Lisa O'Brien. "Interventions for social and community participation for adults with intellectual disability, psychosocial disability or on the autism spectrum: An umbrella systematic review." *Frontiers in Rehabilitation Sciences* 3 (2022): 935473. https://doi.org/10.3389/fresc.2022.935473

17. Skelding, Julia, and Emma Longfellow. "Learning disability and forensic mental health." In *Diversity and Marginalisation in Forensic Mental Health Care*, pp. 84-93. Routledge, 2022.

18. Katsampa, Dafni, and Louisa Rhodes. "Indirect intervention with staff to support a male with mild learning disability navigate the community setting: A clinical case study." *British Journal of Learning Disabilities* 52, no. 2 (2024): 397-409. https://doi.org/10.1111/bld.12574

19. Coleman, Rebecca, Melissa Logan, and Amy Louise Jordan. "How are we doing? Exploring service user satisfaction within a forensic community learning disability team." *The Journal of Forensic Practice* 28, no. 1 (2026): 128-145. https://doi.org/10.1108/JFP-01-2025-0002

20. Fennelly, Aoife, Michael Tully, Karen Henderson, Eilis Rojack, Tracey Jones, and Catherine Jackman. "Ireland's approach to health and social care policy and practice for people with intellectual and developmental disabilities." *Journal of Policy and Practice in Intellectual Disabilities* 21, no. 1 (2024): e12491. https://doi.org/10.1111/jppi.12491