

## Intellectual Disability and Sexual Offense: A Case Report

Alexandre Martins Valença<sup>1\*</sup>, José Brasileiro Dourado Junior<sup>2</sup>, Milena Ferreira de França<sup>3</sup>, Luiz Felipe Rigonatti<sup>4</sup>, Quirino Cordeiro<sup>5</sup>, Talvane Moraes<sup>6</sup>, Antonio Gerado da Silva<sup>7</sup> and Lisieux E De Borba Telles<sup>8</sup>

<sup>1</sup>Institute of Psychiatry, Federal University of Rio de Janeiro-Brazil, Fluminense Federal University- Niteroi-Rio de Janeiro-Brazil.

<sup>2</sup>Hospital das Clínicas, Federal University of Pernambuco-Brazil.

<sup>3</sup>Universidade de Pernambuco- Brazil.

<sup>4</sup>Instituto de Medicina Social e Criminologia, São Paulo-Brazil.

<sup>5</sup>Federal University of São Paulo-UNIFESP- Brazil.

<sup>6</sup>Institute of Psychiatry, Federal University of Rio de Janeiro-Brazil.

<sup>7</sup>Faculdade Paulista de Ciências da Saúde.

<sup>8</sup>Federal University of Rio Grande do Sul, HCPA- Brazil.

**Citation:** Alexandre Martins Valença, José Brasileiro Dourado Junior, Milena Ferreira de França, et al. Intellectual Disability and Sexual Offense: A Case Report. Int J Forens Sci Res. 2025; 2(1): 1-3.

### \*Correspondence:

Alexandre Martins Valença, Institute of Psychiatry, Federal University of Rio de Janeiro-Brazil, Fluminense Federal University- Niteroi-Rio de Janeiro-Brazil.

**Received:** 15 Jul 2025; **Accepted:** 05 Aug 2025; **Published:** 15 Aug 2025

### ABSTRACT

*The present article describes the case of a man with intellectual disability who committed the crime of rape against a 10-year old boy. In the expert evaluation, using the biopsychological criteria, he was considered not responsible and was sent to a forensic hospital. Approaches related to the sexuality of these individuals with intellectual impairment could reduce this type of offence in them. Treatment methods should focus on sexual education, counselling, training in social abilities, better self-image, self-esteem and social conscience.*

### Keywords

Sexual crime, Rape, Intellectual disability, Responsibility.

### Introduction

Sexual violence is characterised when there is an effective sexual contact, a threat or an attempt, with no consent by the other person, or the other person is not able to give their consent [1]. It is estimated that the police records correspond to around 10% or 20% of the real number of cases that occur. The situation of sub-notification being attributed as a possible cause for the absence of data [2].

Some research has studied the relationship between sexual crimes and intellectual disability. A study [3] compared two samples of offenders with intellectual disability. Those who perpetrated

sexual offences and were involved in incidents of sexual abuse were compared to other offenders whose offence had no sexual content. The sample consisted of 106 sexual aggressors and 78 non-sexual offenders. Regarding the types of sexual offences, 33% committed lascivious and libidinous (offences without penetration in minors); 26% sexual aggression; 21% indecent exposure; 11% illegal sexual intercourse (2% for each). Some individuals committed more than one type of sexual offence. Regarding the aspect of criminal recidivism, this occurred more significantly with the group of non-sexual offenders (51%) than with the group of sexual aggressors (19%).

This subject was also studied by Barron et al. [4]. In a prospective study, these authors undertook the accompaniment for two years of individuals with intellectual disability (IQ below 80), in London,

in England. All the offenders had perpetrated some offence in the previous five years before the study. The group consisted of 61 individuals. The most common types of initial offences were violence (37.7%), sexual offences (21%) and those related to property (15%).

In another study [5], sexual interest established through phallometric study, recidivism and choice of victims of 69 sexual aggressors with intellectual disability were examined and compared with the data of 69 aggressors with much higher IQ (control). It was found that the aggressors with intellectual disability showed more deviant sexual preferences for boys and young children than the control group. Compared to the control group, these sexual aggressors did not show greater risk of preferences for coercive sexual activities against children, and neither had a greater risk of violent recidivism. In turn, a Brazilian study [6] with individuals who were committed in a forensic hospital compared sexual offenders and non-sexual offenders, finding a significantly higher level of intellectual disability and personality disorder in individuals who perpetrated sexual offences.

A U.S. incarceration sample study [7] of 3,066 sexual offenders found that individuals with intellectual disabilities (ID), including borderline ID, comprised 19.1% of the sample. They exhibited higher rates of childhood adversity and psychopathology but were no more likely to offend against children than those without ID (ref). Analysis of over 1.2 million individuals [8] showed that sexual offending risk is significantly elevated in people with intellectual disability—even without comorbid autism or ADHD—though absolute rates remained low; comorbid ADHD heightened risks substantially.

### Case Report

A, 45 years old, Brazilian, single, illiterate, construction worker: The patient was accused of raping a 10-year-old boy. He was late to begin speaking and denies a history of head trauma or history of seizures or past drug use. He denies any history of psychiatric treatment or family history of mental disorders. He had few romantic relationships—only two, according to him, stating that he had his first sexual experience at the age of 35. He says he hasn't had any romantic or sexual relationships for the past three years and has never had a partner, living with his mother. He attended school for two years and reported that had great difficulty learning, especially in mathematics.

When asked about the sexual offense, he stated:

"I went to the woman's house so she could teach me to read the Bible. I went in and stayed in the living room waiting, then she marked two texts for me to read... the boy was in the backyard and I didn't do anything to him... they don't like me and are making accusations against me... they think badly of me."

He reports having previously been arrested for "child-related accusations." He has worked as a construction worker informally, being unemployed for four years. Occasionally, he does small gardening jobs.

He presented for the forensic examination in reasonably clean condition. His attitude is infantilized, having difficulty in understanding the questions asked. His language is limited in expression (impoverished speech), with concrete thinking and great difficulty with mental abstraction and symbolization. He is unable to correctly say the name the months of the year, distinguish between simple concepts, or interpret common expressions. His intelligence is below normal standards. There are no current delusional or hallucinatory activities. He is alert, oriented in space, and partially in time.

### Discussion

The forensic evaluation concluded that the patient presents with intellectual disability. This diagnosis is supported by significant mental impoverishment, difficulty with reasoning, and concrete, impoverished thought content. He was unable to progress in school or develop a specialized profession. He cannot perform simple calculations or differentiate between basic concepts. He lacks elementary knowledge.

It was also concluded that, due to intellectual disability, the patient was incapable of understanding and self-determination, according to the biopsychological criterion of criminal responsibility in Brazil, and was deemed not criminally responsible. He was referred for treatment at a forensic hospital in Rio de Janeiro-Brazil.

Some authors have tried to explain the association between intellectual disability and sexual offences. Faulk [9] considers that individuals with intellectual disability frequently make inadequate sexual approaches, which can lead to sexual aggression. Others can give vent to sexual aggressions at several levels, as an expression of anger or sexual frustration. Day [10] observed in these individuals sexual naivety, incapacity to understand normal sexual relations, lack of social relation skills, difficulty in bonding with the opposite sex, precarious impulse controls, as in the present case.

Lindsay et al. [11], state that people with intellectual disability may be disadvantaged by the criminal justice system, due to their lack of understanding of the seriousness of the situation, lack of support and lack of appropriate representation in the early stages of a lawsuit. Gudjonsson and MacKeith [12] conducted a series of studies showing that individuals with intellectual disability are more vulnerable to perjury during an interrogatory interview, due to their higher propensity to acknowledging agreement and due to their suggestibility.

Studying this subject, Lindsay et al., *apud* Lindsay and Taylor [13] conducted a study to evaluate the criminal recidivism of 52 individuals with intellectual disability who committed sexual offences, accompanied for a period of three years after discharge from hospital. It was found that factors which were related with criminal recidivism were antisocial attitude, precarious relationship with their mother, low self-esteem, lack of assertiveness, low response to treatment, offences involving physical violence, complacency of the treatment team and tolerant attitude towards sexual offences, low motivation towards treatment, irregular

attendance, deterioration of attitudes of the family and non-programmed discharge, as in the present case.

For Barron et al. [4], the therapeutic interventions for individuals with intellectual disabilities seem to be relatively unspecific and not focussed. Perhaps there are difficulties of a practical nature for the supply of these interventions in this group of individuals, including lack of trained teams in specific psychosocial interventions and with ability of diagnosing and adequately treating mental disorders and disorders related to the comorbid use of alcohol and drugs, when present in these individuals. This indicates the necessity of more study concerning this population and team training, in such a way as to offer adequate treatments for these individuals. Approaches related to the sexuality of these individuals with intellectual disability could reduce this type of offence in them. Treatment methods should focus on sexual education, counselling, training in social abilities, better self-image, self-esteem and social conscience.

### Conclusion

More studies are necessary regarding the association between intellectual disability and sexual offences, using larger samples and investigating factors of risk for sexual aggression, in these individuals. The detection and treatment of psychiatric morbidity among sexual aggressors in health and criminal justice systems, may contribute to a lower risk of recidivism. The systematic psychiatric evaluation of individuals who perpetrate sexual offences may contribute to the strategy of intervention, prevention and evaluations of the specific motivations related to the manifestation of violent sexual behaviour, as well as permit a better characterization of groups or situations of risk.

### References

1. Gonçalves RA, Vieira S. A avaliação do risco de violência sexual. *Psicologia: Teoria, Investigação e Prática*. 2004; 2: 65-80.
2. Rosa e Campos MAM, Schor N. Violência sexual como questão de ordem pública: importância da busca ao agressor. *Saúde Soc.* 2008; 17: 190-200.
3. Lindsay WR, Smith AHW, Law J, et al. Sexual and nonsexual offenders with intellectual and learning disabilities. *J Interpers Violence*. 2004; 19: 875-890.
4. Barron P, Hassiotis A, Banes J. Offenders with intellectual disability: a prospective comparative study. *J Intellect Disabil Res*. 2004; 48: 69-76.
5. Rice ME, Harris GT, Lang C, et al. Sexual preferences and recidivism of sex offenders with mental retardation. *Sex Abuse*. 2008; 20: 409-425.
6. Faria Achá MF, Rigonatti SP, Saffi F, et al. Prevalence of mental disorders among sexual offenders and non-sexual offenders. *J Bras. Psiquiatr*. 2011; 60: 11-15.
7. Callahan PA, Elizabeth L Jeglic EL, Calkins C. Sexual Offenders With Intellectual Disabilities: An Exploratory Comparison Study in an Incarcerated U.S. Sample. *Int J Offender Ther Comp Criminol*. 2024; 68: 1052-1073.
8. Latvala A, Tideman M, Søndenaa E, et al. Association of intellectual disability with violent and sexual crime and victimization: a population-based cohort study. *Psychol Med*. 2023; 53: 3817-3825.
9. Faulk M. *Basic Forensic Psychiatry*. 2nd ed. London: Blackwell Scientific Publications. 1994; 271-286.
10. Day K. Male mentally handicapped sex offenders. *Br J Psychiatry*. 1994; 165: 630-639.
11. Lindsay WR, Michie AM, Staines C, et al. Increases in knowledge following a sex education course for people with intellectual disability. *J Intellect Disabil Res*. 1992; 36: 531-539.
12. Gudjonsson GH, MacKeith J. Learning disability and the police and criminal evidence act 1984. Protection during investigative interviewing: a video recorded false confession to double murder. *J Forensic Psychiatr*. 1994; 5: 35-49.
13. Lindsay WR, Taylor JL. The assessment of treatment related issues and risk in sex offenders and abusers with intellectual disability. In: Beech AR, Craig LA, Browne K. *Assessment and treatment of sex offenders*. UK: John Wiley & Sons Ltd. 2009; 217-235.