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What Works with Female Sexual Offenders

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It is estimated that female sexual offenders constitute approximately 5% of all sexual offenders (Cortoni, Hanson, & Coache, 2009). Among general female offenders, approaches to treatment based on the 'What works?' literature have been shown to be effective in reducing criminal recidivism (see Blanchette & Brown, 2006 for a review of that literature). Among female sexual offenders, however, systematic empirically validated knowledge about the factors related to sexual offending among females has only recently emerged (see Gannon & Cortoni, 2010). Nevertheless, there is now sufficient information to permit the elaboration of gender-informed empirically-based assessment and treatment practices with female sexual offenders. This chapter reviews this information and provides guidelines on what the research evidence suggests *would* work with female sexual offenders.

What Works with the Female Sexual Offender Population?

The following discussion on effective treatment for female sexual offenders is based on the basic premises of Andrews and Bonta's (2010) rehabilitation model. Starting from a social-psychological theory of criminal behaviour, over the last two decades, Andrews and Bonta (2010) have developed and refined the principles of effective correctional interventions. While technically, Andrews (2001) discusses 18 specific principles, there are three overriding principles, the risk-need-responsivity principles, containing a number of more specific principles, that directly speak to the 'who, what, and how' of treatment with offenders. The other principles are related to the overall process of developing and implementing interventions, issues which are not discussed in this chapter.

The Risk Principle

The risk principle guides the selection of participants for treatment. In this context, treatment does not imply a medical model of offending in which offending behaviour is viewed

as a psychopathology. Rather, treatment refers to psycho-social interventions designed to reduce the likelihood of recidivism (Hollin, 2006). The risk principle determines how much treatment an offender should receive, with higher risk offenders needing more intense levels of interventions and follow-up. There are two aspects to the risk principle: the assessment of risk and the matching of treatment intensity to that risk level (Andrews, Bonta, & Hoge, 1990; Andrews, Bonta, & Wormith, 2006). In order to assess risk among female sexual offenders, an understanding of the factors specifically associated with their offending behaviour is necessary. Research has shown that there are two types of risk factors: static and dynamic (Andrews & Bonta, 2010). Static risk factors are aspects in the offender's history that are related to recidivism and cannot be changed through interventions. Examples of static factors include past criminal history and age. Dynamic factors are those aspects of the offender that are amenable to change and, when modified, are related to changes in recidivism. Examples of dynamic factors are antisocial attitudes, antisocial associates, and low self-control.

Female sexual offenders, like all offenders, and indeed all human beings, demonstrate individual differences that will impact on their chances of engaging in a wide range of behaviours. They will consequently also vary on their chances/risk of engaging in future criminal behaviour. This is why a valid assessment of risk is necessary to differentiate among these women in order to match them with the most appropriate level of treatment. Of course, this is easier said than done: contrary to the well-developed state of knowledge regarding risk among male sexual offenders, knowledge of the risk factors of female sexual offenders is still in its infancy. There are currently no validated tools designed to assess risk of sexual recidivism among female sexual offenders. Hence, their assessment of risk of recidivism is a task that necessarily requires the use of a structured professional judgment approach.

Recidivism Rates of Female Sexual Offenders

As a first step, any evaluation of risk requires knowledge of the base rates of recidivism for the population of interest. For example, the base rates of recidivism among male sexual offenders are, over a follow-up period of 5 years, 13.5% for new sexual offences, 25.5% for new violent (including sexual) offences, and 36% for any new type of recidivism (Hanson & Morton-Bourgon, 2005). These base rates demonstrate that male sexual offenders are more likely to commit a new non-sexual, rather than a new sexual offence once they have been detected and sanctioned by the criminal justice system. In addition, the sexual recidivism rates of males have also been found to vary according to the age and gender of the victim (Harris & Hanson, 2004), indicating that not all sexual offenders present with the same risk of reoffending. This is also the case for female sexual offenders. As we will see below, however, the women's varying recidivism rates do not appear based on victim's age and gender, but rather on offending *type*.

First, research shows that women who commit sexual offences have very different base rates of recidivism from their male counterparts. In an initial review of the recidivism rates of 380 convicted female sexual offenders, Cortoni and Hanson (2005) found a sexual recidivism rate of 1% with a 5-year follow-up period. The number of female offenders included in that review, however, was small and a number of large sample studies have appeared since that review was completed. Consequently, Cortoni, Hanson, and Coache (2010) conducted an updated meta-analytic review of the recidivism rates of female sexual offenders.

Cortoni et al. (2010) analysed the results from a total of 10 recidivism studies with an aggregated total number of 2,490 convicted female sexual offenders and an average follow-up time of 6.5 years. Cumulative sexual, violent and any recidivism were examined separately, thereby permitting comparison with the recidivism base rates of male sexual offenders. The

analyses showed that the recidivism rates among female sexual offenders are much lower than those of males. Specifically, the weighted average recidivism rates were 1.5% for new sexual offences, 6% for new violent (including sexual) offences, and 20% for any new type of recidivism. These results establish that, like male sexual offenders, female sexual offenders also engage in various types of criminal activities beside their sexually offending behaviour. Further, and more importantly, these results confirm that the base rate of sexual recidivism among women is extremely low.

One of the studies included in the Cortoni et al. (2010) meta-analysis was that of Sandler and Freeman (2009). Sandler and Freeman (2009) examined the recidivism rates and the factors associated with recidivism among 1,400 female sexual offenders convicted in the State of New York. Their study indicates that two different types of female offending patterns are associated with different recidivism rates: (1) females convicted of contact (hands-on) or pornography sexual offences (i.e., behaviours typically considered sexual offences in the male sexual offender recidivism studies), and (2) women engaged only in prostitution-related offences (e.g., promoting prostitution of a child or patronising prostitution of a child). The distinction between women who only engage in prostitution-related offences and those with contact offences is important: the prostitution-only females actually had much higher 'sexual' recidivism rates than those with hands-on (including child-related pornography) offences. The hands-on offenders had a 1.2% sexual recidivism rate (22 out of 1,387) while the prostitution-only group had a 12.66% rate of recidivism (10 out of the 79 women). Perhaps more importantly, these women were all rearrested for new prostitution-related offences; none had engaged in hands-on offending. Consequently, and although this evidence is of course preliminary, it suggests that evaluators (and researchers) should distinguish between women who only commit prostitution types of offences from those

with hands-on or pornography offences as their risk of recidivism and accompanying risk factors, appear very different.

Assessing Risk among Females

Besides understanding base rates, an assessment of risk entails an evaluation of the static and dynamic factors established by research as being related to recidivism. Over the last twenty years, great strides have been made in our understanding of these issues in male sexual offenders (see Craig, Beech & Cortoni, this volume, for a review). In contrast, research into the risk factors of female sexual offenders is still in its infancy but emerging results suggest promising areas of investigation.

Before examining the risk factors of female sexual offenders, a discussion of the term 'high risk' within the context of these women' risk for future recidivism is warranted. Compared to men, women have not only shown a lower involvement in criminal activity but also lower recidivism rates (Blanchette & Brown, 2006). For example, among offenders released from the Correctional Service of Canada (CSC) during the 1990s, the 2-year reconviction rate for new violent offences in female offenders was half the rate of the male offenders (6.7% versus 13.2%; Bonta, Rugged, & Dauvergne, 2003). Consequently, while some women may present with a *higher* risk of recidivism, the comparison is in relation to other female sexual offenders, and not necessarily indicative of an absolute *high* risk of recidivism. In fact, in comparison to males, given their much lower base rates of recidivism, female sexual offenders would virtually never be considered to pose a *high risk* for sexual recidivism. This issue indicates the difference between relative versus absolute rates of recidivism; evaluators need to carefully frame the evaluation of risk of recidivism of female sexual offenders within that context (Vess, 2011).

In terms of factors related to the commission of new offences, as with males, it appears that the presence of a prior criminal history and being at a younger age is indicative of a *higher* risk of recidivism among female sexual offenders – but only for new non-sexual offences. Specifically, in her follow-up of 471 women, Vandiver (2007) found that the number of prior convictions for any type of offence predicted re-arrest for new general and violent offences. Similarly, in their study of 1,466 women, Sandler and Freeman (2009) found that prior misdemeanours, prior drug offences, and prior violent offences were related to non-sexual recidivism. In addition, a younger age (less than 30) was related to non-sexual recidivism. The finding that prior criminal history and younger age are related to future general recidivism among female sexual offenders is not surprising. This finding is gender-neutral in that it holds true for all types of offenders, whether males or females (Andrews & Bonta, 2010; Blanchette & Brown, 2006).

In terms of factors related to sexual recidivism, different results have emerged. Despite having a large sample ($N = 471$) and a high base rate of sexual recidivism among women (10.8%), Vandiver (2007) could not establish any static factor specifically related to the commission of a new sexual offence. Sandler and Freeman (2009) did find a relationship between age and sexual recidivism. In contrast to males though, these authors found that being *older* was linearly related to sexual recidivism among females, but *only* for those women convicted of promoting/patronising prostitution. For females convicted of contact (hands-on) or pornography sexual offences (i.e., behaviours typically considered sexual offences in the male sexual offender recidivism studies), age was not related to sexual recidivism.

The different patterns of age in relation to sexual recidivism established by Sandler and Freeman (2009) was based on the type of 'sexual offence' committed by the women, raising an

important issue related to the definition of sexual offending by women. While sustained efforts have led to consistent definitions of what constitutes a sexual crime in the male research (e.g., Hanson & Morton-Bourgon, 2005; Harris, Phenix, Hanson & Thornton, 2003; Quinsey, Lalumière, Rice, & Harris, 1995), the story is not so clear among females. Results from Sandler and Freeman (2009) indicate that there are actually 2 distinct sub-groups of women that are considered 'sexual offenders' in their study: those with actual hands-on or other sexually-related offences such as child pornography (this group would be equivalent to standard definitions for male sexual offenders), and those with prostitution types of offences (males only convicted of prostitution-related offences would not be considered sexual offenders).

Finally, despite the low base rates of sexual recidivism, Sandler and Freeman (2009) found that the presence of a prior child abuse offence *of any type* was specifically and only related to sexual recidivism – but only for hands-on offenders. This finding is certainly gender-specific in that research has never identified a general pattern of child abuse as being related to sexual recidivism among male sexual offenders. The significance of this factor is as of yet unclear. Perhaps because women tend to be the primary caregivers, they are more likely than men to come to the attention of the criminal justice system for non-sexual abuse of children. Alternatively, and perhaps more likely, it may be that the sexual abuse of children, for these women, is part of a broader generalised pattern of abuse against children. Of course, these postulations are still hypothetical and await empirical verification.

There is currently no validated actuarial risk assessment tool to assess the risk of sexual recidivism among women. As a result, many evaluators turn to risk tools for male sexual offenders (e.g., STATIC-99, Hanson & Thornton, 2000) in the mistaken belief that such tools are better than nothing. There are two reasons why male-based tools are inappropriate to assess risk

of recidivism among female sexual offenders. First, these risk assessment instruments provide estimates of risk of recidivism that are predicated on the base rate of recidivism among adult male sexual offenders. Consequently, given the significantly lower rates of sexual recidivism of female sexual offenders, these assessment instruments would grossly overestimate risk among these women. Second, the items in male-based risk assessment tools were selected based on their established empirical relationship with recidivism among *male* sexual offenders. For example, having male, stranger, and/or unrelated victims all have a well-established relationship to sexual recidivism of male offenders (Hanson & Thornton, 2000). However, no research to date has established a relationship between those factors and sexual recidivism among females. For example, in their examination of the recidivism patterns of 61 female sexual offenders incarcerated in Canada between 1972 and 1998, Williams and Nicholaichuk (2001) found two women who had committed a new sexual offence. The distinguishing feature was that both were the only ones who had exclusively engaged in solo sexual offending – a factor not present in male-based tools. Williams and Nicholaichuk found no relationship between the various items of the RRASOR (Hanson, 1997) and sexual recidivism for these women nor did they find any evidence that having a particular type of victim was related to sexual recidivism. Hence, risk assessment tools for males not only overestimate risk in female sexual offenders, but they provide these overestimates on the basis of items that have no demonstrated links to female sexual recidivism.

Like men, general (i.e., non-sexual) recidivism is much more common than sexual recidivism among female sexual offenders. Evaluators tasked with the assessment of these women should therefore select a risk assessment tool that has been validated to assess risk of recidivism among female offenders in general (e.g., LSI-R, Andrews & Bonta, 1995). The use of

general risk assessment tools, however, still require an understanding of the research on risk factors and recidivism among general female offenders as these issues differ according to the gender of the offender (e.g., Blanchette & Brown, 2006; Folsom & Atkinson, 2007; Holtfreter & Cupp, 2007; Manchak, Skeem, Douglas, & Siranosian, 2009).

Given the lack of validated tools to assess risk of sexual recidivism, an empirically-guided clinical judgment of risk should be used. This approach to risk assessment normally entails that the prediction of risk for sexual recidivism is based on a structured judgment of the extent and combination of *established* (i.e., empirically validated) risk factors in a given case. While risk factors for sexual recidivism among females have not been validated, they could plausibly include the dynamic elements that have been established in clinical samples. The ways in which these factors manifest themselves in female sexual offenders, however, are likely to be different from the typical patterns found in male sexual offenders (e.g., Gannon, Rose, & Ward, 2008). Ultimately, however, when conducting an assessment of female sexual offenders, it must be remembered that the base rate of sexual recidivism among women is extremely low. Consequently, conclusions on the likely risk of sexual recidivism in a given case must be framed within that context.

The Need Principle

The need principle suggests that *criminogenic needs*, as opposed to general psychological needs, are the appropriate targets of treatment. Criminogenic needs are those elements that are directly related to the offending behaviour and that are changeable. There is a rich and extensive theoretical literature, backed by empirical evidence, on the factors related to criminal behaviour in general as well as for sub-types of offending such as violent and sexual crimes (e.g., Andrews & Bonta, 2010; Hanson & Morton-Bourgon, 2005; Ward, Polaschek & Beech, 2006). This

literature recognises that criminal behaviour is learned rather than inherent, and that there are many factors related to criminality that are amenable to change through therapeutic intervention.

Criminogenic needs are also called *criminogenic factors* or *dynamic risk factors*. They are in fact those same dynamic risk factors that form part of a comprehensive risk assessment. Research shows that it is those criminogenic factors that have clinical relevance for intervention when the aim is to manage and reduce the risk of further involvement in criminal behaviour (Andrews & Bonta, 2010). Targeting general psychological or other factors unrelated to the offending behaviour, typically an attractive proposition for most mental health clinicians (Ogloff & Davis, 2004), does not lead to a reduction of recidivism (Andrews et al., 1990; Andrews & Bonta, 2010). In fact, when criminogenic factors are appropriately targeted, there is a significant improvement in outcome (i.e., reduced recidivism; McGuire, 2001), while the inclusion of inappropriate targets in treatment could actually reduce its efficacy (Andrews & Bonta, 2010).

Targeting criminogenic factors does not mean, however, a blanket application of identical interventions for all women. Criminogenic factors, while globally applicable to all offenders, will be manifested differently when individual cases are considered. Consequently, treatment should be based on individual case formulations of criminogenic factors (Hollin, 2006). This is particularly relevant for female sexual offenders given that our knowledge about the elements related to their offending behaviour is still embryonic.

The Offence Process

Until recently, knowledge about the characteristics of the offence process among female sexual offenders was based on typological work that established subcategories of female sexual offenders based either on the woman and offending characteristics (Mathews, Matthews & Speltz, 1989) or a classification of the relationship, the gender, and the age differential between

the offender and the victim (Sandler & Freeman, 2007; Vandiver & Kercher, 2004). While the Matthews et al. typology has provided psychologically-based information, it was based on a very small sample size (n=16) that does not account for all types of female offenders. Attempts to replicate their typology have also failed (e.g., Atkinson, 1996). In contrast, Vandiver and Kercher's (2004) and Sandler and Freeman's (2007) typologies were based on large sample sizes and provide a greater variety in types of female sexual offenders. However, those typologies provided no information regarding the offending patterns of these women.

In efforts to provide a richer theoretical framework to understand female sexual offending, Gannon and colleagues (Gannon et al., 2008; Gannon, Rose, & Ward, 2010) developed the *Descriptive Model of the Offence Process for Female Sexual Offenders* (DMFSO) from the offence narratives of 22 UK female sexual offenders who had either child or adult victims. The authors identified how the offending process of female offenders unfolded and established patterns of sexual offending that help identify elements relevant for clinical intervention.

The DMFSO describes the sequence of contextual, behavioural, cognitive, and affective events in the women's lives that facilitated and maintained their sexually offending behaviour. Overall, Gannon et al. (2008) found that female sexual offenders tend to follow one of two main pathways. In the *Directed-Avoidant* pathway, the women were typically child sexual abusers who were characterised by negative affect and by attempts to avoid the sexual offence. These women offended either out of extreme fear for their lives or because they wanted to obtain intimacy with their male co-offender. Women in the second pathway, the *Explicit-Approach* pathway, offended against either child or adult victims and appeared to explicitly plan their offence. Within this context, these women attempted to achieve various goals such as sexual gratification, intimacy

with victim, or financial reward. These women reported experiencing positive affect such as excitement in anticipation of their offence. Gannon and her colleagues also noted the potential presence of a third pathway, the *Implicit-Disorganised* pathway, but the evidence for this pathway was weak. Women in this group offended against either children or adults and appeared to be characterised by little organised planning, and sudden and disorganised offending associated with either negative or positive affect.

In an extension of their research, Gannon et al. (2012) analysed the offence pathways of an additional sample of 36 women incarcerated for sexual offences in North America. Gannon et al. found evidence for each of the three pathways described in the original DMFSO model—including the Implicit-Disorganised pathway—and were unable to find evidence of any other additional characteristic pathways. Alongside this research, Gannon et al. also describe the development of an Offence Pathway Checklist which can be used by professionals to guide decision-making regarding the offence styles of female sexual offender clients engaged in assessment and/or therapy.

Despite being restricted in terms of empirical validation, the DMFSO provides a gender-specific model of offending that does not assume a presence of the dynamic risk factors typically found in males. In fact, the accumulating evidence indicates that the elements present in a woman's life that likely contributed to her offending behaviour are either unique to women or tend to manifest themselves in ways that are specific to them. As such, a blanket application of male-based knowledge to female sexual offenders is now considered out-dated.

Dynamic Risk Factors

As a reminder, dynamic risk factors are elements associated with the potential of recidivism that can be modified through interventions. No research to date has established the

dynamic factors specifically related to sexual recidivism among women. This is not surprising given the very low rates of female sexual recidivism. As such, and although much has been written to date on the treatment needs of female sexual offenders, it is still unclear whether this treatment would be indeed impact on future sexual recidivism – after all, it is rather difficult to examine the effectiveness of treatment to reduce a behaviour (i.e., sexual recidivism) that is already near zero.

Of course, it could be argued that, given their low sexual recidivism rates, there is no need to provide sexual offender-specific treatment to women. This argument, however, neglects to consider two important issues. First, it assumes that the sexually offending behaviour is the sole problematic criminal behaviour in the woman's life, thereby neglecting the fact that these women are much more likely to engage in other criminal behaviour. Interventions should aim to reduce all likelihood of future recidivism, not just some specific types of reoffending. Consequently, female sexual offenders should be provided with the opportunity to engage in a comprehensive treatment approach that targets all areas of their functioning to address their general likelihood of criminal recidivism. Second, and perhaps more importantly, the argument ignores the fact that among female sexual offenders, their sexual abuse of children tends to co-occur with other types of child maltreatment (Grayston & De Luca, 1999; Sandler & Freeman, 2009; Wijkman & Bijleveld, 2008). Within this context, there should be a focus on their general propensity for child abuse since it is likely that this type of behaviour involves some (if not most) of the factors that led to the sexually offending behaviour. This is particularly relevant when we consider that women tend to be the primary caregivers of children; family reunification issues are therefore more at play for women than men. Treatment of the woman's attitudes and behaviours that are likely to result in significant harm to a child is required before reunification can be contemplated

– and this should occur even if the woman is at low risk of sexual recidivism (Saradjian & Hanks, 1996).

Treatment Needs of Female Sexual Offenders

Cortoni and her colleagues have written extensively on the treatment needs of female sexual offenders (see Cortoni, 2010; Cortoni & Gannon, 2011; Denov, & Cortoni, 2006; Ford, 2010; Ford & Cortoni; 2008). Briefly, based on the available clinical and research literature, it is suggested that offence-supportive cognitions (e.g., Beech, Parrett, Ward, & Fisher, 2009; Gannon, Hoare, Rose, & Parrett, 2012), relationship issues including intimacy deficits and male dependency – particularly when a co-offender is present (Eldridge & Saradjian, 2000; Gannon, et al., 2008; Wijkman and Bijleveld, 2008; Vandiver, 2006), and emotional regulation and coping deficits (Denov & Cortoni, 2006; Eldridge & Saradjian, 2000; Ford & Cortoni, 2008; Gannon et al., 2008; Grayston & De Luca, 1999; Nathan & Ward, 2002) would all merit therapeutic attention. Instrumental goals such as financial gains, revenge or humiliation are also associated with female sexual offending and require interventions (Gannon et al., 2008; Sandler & Freeman, 2009).

For some women, deviant sexual fantasies and the search for sexual gratification are also part of the dynamics of the offending behaviour (Eldridge & Saradjian, 2000; Gannon et al., 2008; Grayston & De Luca, 1999; Mathews et al., 1989; Nathan & Ward, 2002). Here though, it must be remembered that it is as of yet unclear whether deviant arousal and fantasies among females play the same role in the offending as they do for males (Rousseau & Cortoni, 2010). General sexuality research indicates that women's sexual arousal patterns are very different than those of males: while men's physiological sexual arousal actually reflects their sexual preferences, women's arousal patterns are much more fluid and tend not to demonstrate such

specificity (Basson, 2002; Chivers, Rieger, Latty, & Bailey, 2004; Suschinsky, Lalumière, & Chivers, 2009). Therefore, caution is warranted during treatment not to interpret female sexual issues in the same manner as those of males.

Finally, for at least those female sexual offenders who also engage in other criminal behaviour, more gender-neutral factors such as the presence of antisocial attitudes and associates, substance abuse problems, and egocentric or antisocial personality traits are also likely to play a role in their offending behaviour. As such, treatment also needs to address these features as they are integral to the overall criminogenic patterns of female sexual offenders.

These findings outlined here indicate a variety of motivations for the sexual offending behaviour among women that would require elucidation during treatment in order to help her develop appropriate alternatives to manage her life. Within this context, treatment should focus on five broad areas: (1) cognitive processes; (2) emotional processes; (3) intimacy and relationship issues; (4) sexual dynamics; and (5) psycho-social functioning. Treatment should address the interrelationships among these factors as well as help the woman develop a self-management plan that includes goals for a healthier life. This approach recognises that the sexual offending behaviour cannot be treated in isolation from the rest of the woman's life, ensures that all areas of functioning are targeted, and allows for flexibility to tailor the treatment according to each woman's individual treatment needs (Ford & Cortoni, 2008).

The Responsivity Principle

The responsivity principle states that the selected modes and styles of treatment for offenders should be based on findings about which type of treatment generally works with offenders. The types of treatment that have been empirically demonstrated to be effective with all types of offenders, including female offenders, are cognitive and behaviourally-based structured

interventions (Hollin, 2006). Unstructured, non-directive and insight-oriented psychodynamic therapies have been found ineffective in reducing offending behaviour (Andrews et al., 1990). In fact, such treatment modes are generally contra-indicated for offenders as they demonstrate characteristics that preclude them from engaging meaningfully in non-directive, insight-oriented interventions (e.g., impulsivity problems; ineffective problem-solving skills; antisocial attitudes; low motivation for change; see Andrews & Bonta, 2010; Andrews et al, 1990; Day, Bryan, Davey, & Casey, 2006). Generally, effective interventions include cognitive-behavioural approaches such as cognitive restructuring; modelling and reinforcement of anticriminal attitudes; provision for graduated acquisition of skills; reinforcement and role playing to consolidate new skills; providing resources; and providing concrete verbal suggestions (e.g., giving reasons for the need to change; prompting).

The responsivity principle also specifies that the intervention must take into consideration the clients' individual characteristics that may impact on their ability to benefit from treatment (Andrews & Bonta, 2010). Individual characteristics of female offenders tend to be particularly neglected in correctional treatment. Indeed, the traditional practice of applying male-based treatment models to women is based on the assumption that the factors that lead to criminal behaviour offending are gender-neutral; hence, validated male-based interventions are viewed as valid for all offenders regardless of gender (Blanchette & Brown, 2006). Yet, beside the gender-specific nature of the offending process of female sexual offenders, the cognitive, personality, and learning styles and abilities of these women and additional responsivity factors such as the presence of anxiety or low self-esteem, past victimisation issues (see Johansson-Love & Fremouw, 2006) and general psychological discomfort would impact on their ability to benefit from treatment. Consequently, these issues would also need to be addressed within a sexual

offender specific treatment programme (Ashfield, Brotherston, Eldridge, & Elliot, 2010). It is important to note, however, that treatment that addresses those responsivity issues cannot replace treatment targeted at the criminogenic factors (Andrews & Dowden, 2007).

Beside recognising and addressing gender-specific issues that may create impediments in treatment, positive aspects of the women should also be identified and strengthened. Regardless of their level of criminogenic factors, female sexual offenders, like all human beings, invariably have strengths that should be capitalised upon during treatment. Enhancing existing strengths while concurrently addressing criminogenic factors promotes a more comprehensive picture of the offender and provides avenues to establish positive future-oriented goals incompatible with offending (Andrews & Dowden, 2007; Ward & Maruna, 2007).

The characteristics of therapeutic staff are also important elements of positive rehabilitative efforts with female sexual offenders. Professionals should ensure they have a clear understanding of the gender-specific nature of their clients' offending. The effectiveness of treatment is enhanced when the services are delivered by professionals who are well-trained in the relevant treatment model and adhere to the treatment objectives and strategies, and who concurrently serve as anti-criminal models and reinforce the women's pro-social efforts and attitudes (Andrews, 1980; Dowden & Andrews, 2004). Within this context, therapeutic staff should relate to their client in clear, open, caring, enthusiastic and respectful ways; help them distinguish between rules and requests; demonstrate and reinforce vivid alternatives to pro-offending styles of thinking, feeling, and acting; provide a structured positive therapeutic environment; and help the woman identify and resolve psycho-social obstacles to her desired prosocial life.

Not surprisingly, genuineness, the ability to remain non-judgmental, respect, warmth and empathy, all elements that contribute to a positive therapeutic relationship with other non-criminal populations, are equally important when working with female sexual offenders. It is vital, however, that treatment providers not confuse acceptance of and empathy for the woman, with unconditional acceptance of the woman's potentially distorted views of herself, others and her offending. The latter is actually counter-productive when working with female sexual offenders as it would only reinforce, rather than reduce, the problematic issues that likely contributed to her offending behaviour. Behaviours in treatment include adopting a Socratic rather than a didactic approach, asking open-ended questions, being flexible, encouraging and rewarding participation, instilling hope and confidence, and being emotionally responsive to the woman (Ashfield et al., 2010).

Because of the low number of female sexual offenders, some jurisdictions treat female sexual offenders alongside male sexual offenders. While this approach may sometimes be based on pure logistical reasons (e.g., not enough resources to treat these women separately), there still exists an assumption that females have the same dynamic risk factors and, by extension, the same treatment needs as males (see Blanchette & Taylor, 2010 for a review). There are a number of reasons why using a male-based model for the treatment of female sexual offenders is inappropriate – even if additional resources for women-only services are not readily available. First, gender matters. Men and women differ in the paths that led them to the offending behaviour, in the risk they pose to society, and in the nature and extent of their needs (Blanchette & Brown, 2006; Cortoni et al., 2010; Gannon et al., 2008). Consequently, while there are some commonalities among female and male sexual offenders on the issues related to their sexually offending behaviour (e.g., cognitive distortions; relationship issues), they manifest themselves in

very different ways according to gender. As a result, a gendered approach to their treatment is required.

Second, female sexual offenders tend to have important victimisation histories, often at the hand of males (Gannon, et al., 2008; Johansson-Love & Fremouw, 2006; Wijkman and Bijleveld, 2008). Victimisation issues are likely to affect not only how these women will respond to treatment in general, but also to males in particular. Requiring these women to then share their innermost thoughts with male offenders, particularly in relation to victimisation or relationship issues, could actually be counter-therapeutic and quite possibly add to their victimisation issues.

Third, it is now recognised that the treatment of female offenders needs to take into account women's specific communication and relational styles (Blanchette & Brown, 2006; Young, 1993). This includes understanding how men and women differently behave within group contexts. Specifically, men and women do not use similar communication patterns. Rather, they tend to listen for different things and express themselves in different ways (DeLange, 1995). In addition, and contrary to popular beliefs, men do talk more and interrupt more than women within a group environment (De Lange, 1995). Given that many female sexual offenders already have views that males are dangerous (Gannon, Hoare, et al., 2012), and given that males will tend to dominate group discussions, these women will have little opportunities to fully express their innermost thoughts to a group of male offenders.

Finally, in comparison to men, women tend to have greater needs for healthy connections to significant others including children and family, as well as the broader community (Blanchette & Brown, 2006). In addition, women's ability to deal with stress is greatly improved when extensive supportive social networks are available (Rumgay, 2004) – a feature typically lacking for female sexual offenders (Gannon et al., 2008). Consequently, women typically require much

more extensive support than men to improve their general functioning, particularly when the focus is on their ability to develop and maintain a more stable life with less dependence on others. This important relationship feature will require additional treatment efforts that will not easily reconcile with the treatment needs of males – who will typically take precedence due to their greater presence in mixed-gender sexual offender treatment groups. Taken together, these issues indicate that the treatment needs of female sexual offenders are unlikely to be satisfactorily met if they were to be mixed with males in the same treatment programme.

Conclusion

In this chapter, we have reviewed and discussed contemporary research evidence suggesting what is likely to 'work' in the assessment and treatment of female sexual offenders. However, we have also noted that empirically validated knowledge about the factors relating to female-perpetrated sexual offending has only recently started to emerge (see Gannon & Cortoni, 2010). Thus, the general guidelines that we have provided for professionals working with female sexual offenders are necessarily preliminary in nature. In terms of *risk*, the research literature shows clearly that the base rates of recidivism for female sexual offenders are extremely low relative to male sexual offenders. Consequently, male-based risk assessment tools should not be used to assess risk of recidivism amongst female sexual offenders since they are highly likely to overestimate risk. Instead, professionals should consider using tools that have been validated on females more generally (e.g., the LSI-R, Andrews & Bonta, 1995) and/or consider conducting an empirically guided clinical judgement of risk. In terms of *need,* our knowledge of female sexual offenders' criminogenic needs or dynamic risk factors is still very preliminary. No research yet exists which has established the dynamic factors related to sexual recidivism in women. However, various factors have been highlighted as probable treatment needs based on the clinical

and research literature. These factors include, but are not limited to, offence supportive cognitions, relationship factors (e.g., dependency, intimacy issues), emotional regulation and coping deficits, and deviant sexual interest/fantasies. Particular goals underlying the sexual offence (e.g., to gain revenge or to humiliate others) are also likely to represent pertinent treatment needs. What appears most important, however, is that professionals take heed of research suggesting that the treatment needs of women—although seemingly similar to male sexual offenders' needs—appear to manifest quite differently. Relatedly, in terms of *responsivity*, it is important that professionals remain cognisant of gender differences that are highly likely to affect engagement and ability to reflect and learn in therapy. In particular, for example, we do not advocate treating women alongside males in sexual offender therapy since women often hold extensive victimisation histories at the hands of males. Under such circumstances women are likely to feel reluctant or fearful of exploring such issues in male company. To summarise, we believe that professionals working with females who have sexually abused are now in the unique position of having preliminary research evidence to guide their practice. Thus, we urge professionals to use this knowledge in every aspect of their assessment and treatment work with female sexual offenders until further evidence of 'what works' with female sexual offenders becomes available.

References

Andrews, D.A. (1980). Some experimental investigations of the principles of differential association through deliberate manipulations of the structure of service systems. *American Sociological Review*, *45*, 448-462.

Andrews, D.A. (2001). Principles of effective correctional programs. In Motiuk, L.L., & Serin, R.C. (Eds.), *Compendium 2000 on Effective Corrections,* Vol. I (pp. 9-17). Ottawa, Canada: Correctional Service Canada.

Andrews, D. A., & Bonta, J. (1995). *Level of Service Inventory–Revised*. Toronto: Multi-Health Systems.

Andrews, D. A., & Bonta J. (2010) *The psychology of criminal conduct, 5th edition*. Cincinnati, OH: Anderson.

Andrews, D.A., Bonta, J. & Hoge, R.D. (1990). Classification for effective rehabilitation. *Criminal Justice and Behavior*, *17*, 19-52.

Andrews, D.A., Bonta, J., & Wormith, J.S. (2006). The recent past and near future of risk and/or need assessment. *Crime & Delinquency*, *52*, 7-27.

Andrews, D.A., & Dowden, C. (2007). The Risk-Need-Responsivity model of assessment and human service in prevention and corrections: Crime-prevention jurisprudence. *Canadian Journal of Criminology and Criminal Justice*, *49*, 439-464.

Atkinson, J.L. (1996). Female sex offenders in the Correctional Service Canada: Case studies. Ottawa, ON: Correctional Service Canada. Available from http://www.csc-scc.gc.ca/text/pblct/so/female/toc-eng.shtml

Ashfield, S., Brotherston, S., Eldridge, H., & Elliot, I. (2010). Working with female sexual offenders: Therapeutic process issues. In T. A. Gannon & F. Cortoni (Eds.). *Female*

sexual offenders: Theory, assessment, and treatment (pp. 161-180). Chichester, UK: Wiley-Blackwell.

Basson, R. (2002). A model of women's sexual arousal. *Journal of Sex and Marital Therapy*, *28*, 1-10.

Blanchette, K., & Brown, S. L. (2006). *The assessment and treatment of women offenders: An integrated perspective*. Chichester, UK: John Wiley & Sons.

Blanchette, K., & Taylor, K. N. (2010). A review of treatment initiatives for female sexual offenders. In T. A. Gannon & F. Cortoni (Eds.). *Female sexual offenders: Theory, assessment, and treatment* (pp. 119-141). Chichester, UK: Wiley-Blackwell.

Bonta, J., Rugge, T., & Dauvergne, M. (2003). *The reconviction rate of federal offenders*. (User Report No. 2003-03). Ottawa, ON: Public Safety Canada. Retrieved August 9, 2009 from http://www.publicsafety.gc.ca/res/cor/rep/_fl/2003-02-rec-rte-eng.pdf

Chivers, M. L., Rieger, G., Latty, E., & Bailey, J. M. (2004). A sex difference in the specificity of sexual arousal. *Psychological Science, 15*, 736–744.

Cortoni, F. (2010). The assessment of female sexual offenders. In T. A. Gannon & F. Cortoni (Eds.). *Female sexual offenders: Theory, assessment, and treatment* (pp. 87-100*)*. Chichester, UK: Wiley-Blackwell.

Cortoni, F., & Gannon, T. A. (2011). Female Sexual Offenders. In D.P. Boer, R. Eher, L.A. Craig, M. Miner, & F. Phafflin (Eds.), *International Perspectives on the Assessment and Treatment of Sex Offenders: Theory, Practice and Research* (pp. 35-54). Chichester, UK: Wiley-Blackwell.

Cortoni, F., & Hanson, R. K. (2005). *A review of the recidivism rates of adult female sexual offenders* (Research Report R-169). Ottawa: Correctional Service Canada.

Cortoni, F., Hanson, R. K., & Coache, M. E. (2009). Les délinquantes sexuelles: Prévalence et récidive. *Revue internationale de criminologie et de police technique et scientifique*, LXII, 319-336.

Cortoni, F., Hanson, R. K., & Coache, M. E. (2010). *The recidivism rates of female sexual offenders are low: A meta-analysis*. *Sexual Abuse: A Journal of Research and Treatment, 22,* 387-401.

Craig, L. A., Beech, A. R., & Cortoni, F. (in press). What works in assessing risk in sexual and violent offenders. In L. A. Craig, L. Dixon, & T. A. Gannon (Eds.), *What works in offender rehabilitation: An evidenced based approach to assessment and treatment.* Chichester, UK: Wiley-Blackwell.

Day, A., Bryan, J., Davey, L., & Casey, S. (2006). The process of change in offender rehabilitation programmes. *Psychology, Crime, & Law*, *12*, 473-487.

DeLange, J. (1995). Gender and communication in social work education: A cross-cultural perspective. *Journal of Social Work Education*, *311*, 75-81.

Denov, M. S., & Cortoni, F. (2006). Adult female sexual offenders. In C. Hilarski & J. Wodarski (Eds.), *Comprehensive mental health practices with sex offenders and their families* (pp. 71–99). New York: Haworth Press.

Dowden, C. & Andrews, D. A. (2004). The importance of staff practice in delivering effective correctional treatment: A meta-analytic review of core correctional practice. *International Journal of Offender Therapy and Comparative Criminology*, *48*, 203-214.

Eldridge, H., & Saradjian, J. (2000). Replacing the function of abusive behaviors for the offender: Remaking relapse prevention in working with women who sexually abuse

children. In D. R. Laws, S. M. Hudson, & T. Ward (Eds), *Remaking relapse prevention with sex offenders: A sourcebook (pp. 402-426)*. Thousand Oaks, CA: Sage Publications.

Folsom, J., & Atkinson, J.L. (2007). The generalizability of the LSI-R and the CAT to the prediction of recidivism in female offenders**.** *Criminal Justice and Behavior*, *34*, 1044 - 1056.

Ford, H. (2010). The Treatment Needs of Female Sexual Offenders. In T. A. Gannon & F. Cortoni (Eds.). *Female sexual offenders: Theory, assessment, and treatment* (pp. 101-117). Chichester, UK: Wiley-Blackwell.

Ford, H., & Cortoni, F. (2008). Sexual deviance in females: Assessment and treatment. In D. R. Laws & W. O'Donohue (Eds.), *Sexual deviance, second edition* (pp. 508–526). New York: Guilford Press.

Gannon, T. A. & Cortoni, F. (Eds.). *Female sexual offenders: Theory, assessment, and treatment*. Chichester, UK: Wiley-Blackwell.

Gannon, T. A., Hoare, J., Rose, M. R., & Parrett, N. (2012). A re-examination of female child molesters' implicit theories: Evidence of female specificity? *Psychology, Crime and Law, 18,* 209-224.

Gannon, T. A., Rose, M. R., & Ward, T. (2008). A Descriptive Model of the Offense Process for Female Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 20, 352-374.

Gannon, T. A., Rose, M. R., & Ward, T. (2010). Pathways to female sexual offending: A preliminary study. *Psychology Crime and Law*, 16, 359-380.

Gannon, T. A., Waugh, G., Taylor, K., Blanchette, K., O'Connor, A., Blake, E., & Ó Ciardha, C.

(2012). *Women who sexually offend display three main offense styles: A Re-examination of the Descriptive Model of Female Sexual Offending*. Manuscript under review.

Grayston, A. D., & De Luca, R. V. (1999). Female perpetrators of child sexual abuse: A review of the clinical and empirical literature. *Aggression and Violent Behavior, 4*, 93-106.

Hanson, R. K. (1997*). The Development of a brief actuarial risk scale for sexual offense recidivism*. (User Report No. 1997-04). Ottawa: Department of the Solicitor General of Canada.

Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology,* 73: 1154-63.

Harris, A. J. R., & Hanson, R. K. (2004). *Sex offender recidivism: A simple question* (User Report No. 2004-03). Ottawa, ON; Public Safety Canada. Available from www.publicsafety.gc.ca/res/cor/rep/2004-03-se-off-eng.aspx

Harris, A. J. R., Phoenix, A., Hanson, R. K., & Thornton, D. (2003). *STATIC-99 coding rules: Revised-2003*. (User Report No. 2003-03). Ottawa: Corrections Research, Public Safety Canada. Available from: www.static99.org

Hanson, R. K. & Thornton, D. (2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales. *Law and Human Behavior*, 24, 119-136.

Hollin, C. R. (2006). Offending behaviour programmes and contention: Evidence-based practice, manuals, and programme evaluation. In C. R. Hollin, & E. J. Palmer (Eds), *Offending behaviour programmes: Development, application, and controversies* (pp. 33-67). Chichester, UK: Wiley & Sons.

Holtfreter, K., & Cupp, R. (2007). Gender and risk assessment: The empirical status of the LSI-R for women. *Journal of Contemporary Criminal Justice*, *23*, 363-382.

Johansson-Love, J., & Fremouw, W. (2006). A critique of the female sexual perpetrator research. *Aggression and Violent Behavior*, *11*, 12-26.

Manchak, M. A., Skeem, J. L., Douglas, K. S., & Siranosian, M. (2009). Does gender moderate the predictive utility of the Level of Service Inventory—Revised (LSI-R) for serious violent offenders? *Criminal Justice and Behavior*, *36*, 425-442.

Mathews, R., Matthews, J. K., & Speltz, K. (1989). *Female sexual offenders: An exploratory study*. Orwell, VT: Safer Society Press.

McGuire, J. (2001). What works in correctional intervention? Evidence and practical implications. In G. A. Bernfeld, D. P. Farrington, & A. W. Leschied (Eds.), *Offender Rehabilitation in Practice: Implementing and evaluating effective programs* (pp. 25-43). Chichester, UK: Wiley.

Nathan, P., & Ward, T. (2002). Female sex offenders: Clinical and demographic features. *Journal of Sexual Aggression*, *8*, 5-21.

Ogloff, J. R. P., & Davis, M.R. (2004). Advances in offender assessment and rehabilitation: Contributions of the risk-needs-responsivity approach. *Psychology, Crime & Law*, *10*, 229-242.

Peterson, K. D., Colebank, K. D., & Motta, L. L. (2001, November). *Female sexual offender recidivism*. Paper presented at the 20th Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, San Antonio, Texas.

Quinsey, V. L., Lalumière, M. L., Rice, M. E., & Harris, G. T. (1995). Predicting sexual offenses. In J. C. Campbell (Ed.), *Assessing dangerousness: Violence by sexual offenders, batterers, and child abusers* (pp.114-137). Thousand Oaks, CA: Sage.

Rousseau, M. M., & Cortoni, R. (2010). The mental health needs of female sexual offenders. In T. A. Gannon & F. Cortoni (Eds.). *Female sexual offenders: Theory, assessment, and treatment* (pp. 73-86). Chichester, UK: Wiley-Blackwell.

Rumgay, J. (2004). Living with paradox: Community supervision of women offenders. In G. McIvor (Ed.). *Women who offend* (pp.99-125). London: Jessica Kingsley Publishers.

Sandler, J. C., & Freeman, N. J. (2007). Typology of female sex offenders: A test of Vandiver and Kercher. *Sexual Abuse: A Journal of Research and Treatment, 19*, 73-89.

Sandler, J. C., & Freeman, N. J. (2009). Female sex offender recidivism: A large-scale empirical analysis. *Sexual Abuse: A Journal of Research and Treatment*, *21*, 455-473.

Saradjian, J., & Hanks, H. (1996). *Women who sexually abuse children: From research to clinical practice*. New York: Wiley.

Suschinsky, K. D., Lalumière, M. L., & Chivers, M. L. (2009). Sex differences in patterns of genital sexual arousal: Measurement artifacts or true phenomena? *Archives of Sexual Behavior, 38,* 559-573.

Vandiver, D. M. (2006). Female sex offenders: A comparison of solo offenders and co-offenders. *Violence and Victims, 21*, 339-354.

Vandiver, D. (2007, March). *An examination of re-arrest rates of 942 male and 471 female registered sex offenders*. Academy of the Criminal Justice Sciences, Feature Panel on Sex Offenders: Seattle, WA.

Vandiver, D. M., & Kercher, G. (2004). Offender and victim characteristics of registered female sexual offenders in Texas: A proposed typology of female sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 16*, 121-137.

Vess, J. (2011). Risk assessment with female sex offenders: Can women meet the criteria of community protection laws? *Journal of Sexual Aggression*, *17*, 77-91.

Ward. T., & Maruna, S. (2007). *Rehabilitation: Beyond the risk paradigm*. London, UK: Routledge.

Ward, T., Polaschek, D. L. & Beech, A. R. (2006). *Theories of sexual offending*. Chichester, U.K.: Wiley.

Wijkman, M., & Bijleveld, C. (2008, September). Female sex offenders: Recidivism and criminal careers. Paper presented at the *8th Annual Conference of the European Society of Criminology*, Edinburgh, Scotland.

Williams, S. M., & Nicholaichuk, T. (2001, November). *Assessing static risk factors in adult female sex offenders under federal jurisdiction*. Paper presented at the *20th Research and Treatment Conference of the Association for the Treatment of Sexual Abusers*, San Antonio, Texas.

Young, V. (1993). Women abusers: a feminist perspective. In M. Elliot (Ed.). *Female sexual abuse of children: The ultimate taboo* (pp. 93-99). New York: Guilford Press.