Sex Offender Treatment
For
Incarcerated Females

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Sex Offender Treatment for Incarcerated Females

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Abstract
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Statement of the Problem

In the 1990’s the United States saw an increase of women inmates with no understanding as to why, just speculation regarding the war on drugs and the rise of male inmates. The lack of research to be found regarding women and their maladjustment to incarceration is astonishing considering the progression towards civil rights. The importance of studying incarcerated women is for society to understand that women, in their daily lives, are marginalized and oppressed and these conditions are only amplified in institution conditions and these conditions are neither helpful nor a deterrent to crime.

The topic of this paper will focus on female incarcerated sex offenders and the ramifications on the community when convicted FSOs are not receiving gender focused treatment and other rehabilitative programming while incarcerated. FSOs have been found more likely than their male counterparts to be victims of sexual assault and abuse, domestic violence, chemical dependence issues, and Post-Traumatic Stress Syndrome (PTSD) (Johansson-Love and Femouw, 2009).

Researchers Ian A. Elliot, Hilary J. Eldridge, Sherry Ashfield, & Anthony R. Beech (2010) found that over 42% of the sample had experience sexual abuse by the primary caregiver
in the family, low self-management and self-esteem, chaotic lives, and abusive relationship; however, 79% reporting motivation to engage with assessments and treatment plans which leads researchers to believe the hope for a better future is there. Due to these statistics it is very important that the department of corrections look at FSO’s treatment and rehabilitating programs to ensure women are given the best treatment available.

**Method of Approach**

The primary method of approach for this project will consist of secondary data analysis of research and statistics found from various types of resources, i.e. online databases, academic journals, and data regarding incarcerated female sex offenders.

I have researched four different programs from four different states to compare men to women sex offender incarceration treatment programs: Washington State- Monroe Correctional Complex, Colorado and Minnesota Department of Corrections. While the comparison is important, the research for gender specific and cognitive behavioral therapies will be necessary for the future suggestions portion of his project.

**Results of the Study**

The current practice of working with incarcerated female sex offenders is conducting risk, psychological, and psychosocial assessments, one-on-one therapy sessions with a trained psychologist or psychiatrist, and attending group sessions and treatment while incarcerated. The Theoretical framework provided in this research provides support for the criminal and juvenile systems who serve female sex offenders to implement a gender-responsive treatment program. A significant result of this study was the discovery that women offenders have unique risk and
protective factors that eliminate their potential for meaningful and lasting interpersonal relationships.

History of trauma and sexual victimization is as equally high for men as it is women however research also has shown that women internalize sexual abuse and victimization in different ways therefore a comprehensive assessment for women and gender-responsive treatment would serve incarcerated female sex offenders best. It is also recommended that future research examines prior research of incarcerated female sex offenders and current treatment programs to find insight to the effectiveness of these programs and the reduction of recidivism.
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SECTION I: INTRODUCTION

Sex Offender Treatment for Incarcerated Females

Society’s response to women’s treatment and incarceration is becoming more tolerated and accepted; however, incarcerated women are an invisible prison population with unreasonable expectations from society and their male counterparts. Researchers for generations have found significant biological and inherent differences between men and women therefore treatment options, facility environments, and staff relations should be different between male and female prisons. Researchers have found that women offenders have a life-long history of trauma that ranges from sexual/physical abuse to neglect and homelessness.

Women make up a relatively small percentage of the total number of incarcerated individuals. The imprisonment rate for females decreased by 2.9% from 2011 to 2012, from 65 female prisoners per 100,000 U.S. female residents to 63 per 100,000 (www.bjs.gov). In a lifetime, the likelihood for a women to be incarcerated is one and nineteen for a black woman, one and forty five for a Hispanic woman, and one in 118 for a white woman. In 2010, black women were incarcerated roughly three times more than that of white woman and Hispanic women were incarcerated roughly 1.6 times more than a white woman (www.sentencingproject.org).

Women in prison are more likely than men to be victims of staff sexual misconduct, more than three-quarters of all reported staff sexual misconduct involves women who were victimized by correctional staff. Women in prison are also more likely (59%) than men (43%) to have a chronic and/or communicable medical problem, i.e. HIV, Hepatitis C, and other STDs. It has also been reported that roughly seventy-three percent of women in state prisons had symptoms of a current mental problem compared to fifty-five percent men (www.sentencingproject.org).
In summary, a national profile outlines the following characteristics of women offenders, i.e. a woman of color, early to mid-thirties, most likely to have been convicted of a drug offense, fragmented family histories, other family members involved with the criminal justice system, victim and survivor of physical/sexual abuse as a child and adult, significant substance abuse, physical and mental problems, and limited education training (Bloom, Owen, & Covington, 2004).

The purpose of this research paper is to review the current treatment programs for incarcerated female sex offenders and their efficacy in reducing recidivism. The comprehensive review, although limited, will evaluate female sex offender treatment services provided by the states of Washington, Colorado, and Minnesota for contrast and compassion. After reviewing the results recommendations were made for a gender-responsive treatment that focuses on women and their specific barriers to fulfilling a meaningful life. Finally the results of this report will help criminal and juvenile systems along with professionals to understand the biological and social differences between female and males sex offenders and the importance of this understanding.
SECTION II: LITERATURE REVIEW

The following section entails a review of the literature pertaining to incarcerated women who have been charged and convicted of a sexually deviant crime. The first section will discuss the differences between male and female sexual offenders. The second section will discuss the characteristics of female sex offenders and their typologies. The third section will discuss psychological and trauma histories for the charged and convicted female sex offender. The forth section will discuss women’s history in the penal system. The fifth section will compare and contrast current treatment trends between Washington, Colorado, and Minnesota. Additionally, the final two sections discuss community supervision and the moral biases of female sex offenders.

Male Sex Offenders versus Female Sex Offenders

Through research it was found that male and female sex offenders do have some similarities but more often times not. West, Freidman, and Kim (2011) stated that when a compared seventy-five men and sixty-five women who had sexually assaulted children in their care found these results: women were more likely to report histories of physical abuse and poor relationships with their parents, women were more likely to have psychological problems but less likely to use drugs and alcohol during the time of their offense, severe sexual abuse, attempts of suicide, and diagnoses of Post-Traumatic Stress Syndrome (PTSD) were more common in the women, the women more likely to have personality disorders and childhood maltreatment, and finally, women offenders were more likely to offend with a male counterpart whether coerced or in concert. This study did find that women and men offenders were similar in age, educational background, ethnicity, and socio-economic levels.
Characteristics and Typologies for Incarcerated Females

Research for incarcerated female sex offenders is vastly underdeveloped and much of what exists is purely descriptive and based on small samples making it almost impossible to rely heavily on inferences made about characteristics and typologies.

In March 2007 the Center for Sex Offender Management found some preliminary findings regarding adult women who commit sex offenses who may have the following characteristics: histories of childhood maltreatment, including sexual victimization; mental health symptoms, personality disorders, and substance abuse problems; difficulties in intimate relationships or an absence of intimate relationships; a propensity to primarily victimize children and adolescents; a tendency to commit offenses against persons who are related or otherwise well known to them; and an increased in likelihood of perpetrating sex offenses in concert with a male intimate partner.

The Center for Sex Offender Management along with researchers Johansson-Love and Fremouw (2009) refer to Vandiver and Kercher (2004) who are known for their research and contribution to the field in regards to female sex offender typologies. The study supports the three primary subtypes that emerged: male-coerced, predisposed, and teacher/lover.

The male-coerced typology involves women who are passive and dependent with a history of sexual abuse and relationship difficulties who also tend to fear abandonment therefore are found to be pressured by a male partner to commit sex offenses against their own children. Goodhill (2013) discussed ‘gender entrapment’ where women seek intimacy, become emotionally dependent and the result is to please their partner regardless of the consequences.

Goodhill (2013) also found that one-third of the women were willing to accept their own behavior regarding the abuse but it was concluded through behavior, counseling sessions, and
‘fuzzy’ memories that the women did not want to appear weak, manipulated, and/or portrayed as being bullied.

The predisposed typology regards women who acted alone with histories of incestuous sexual victimization, psychological difficulties, and deviant sexual fantasies. These women tended to victimize their own children or other young children within their family (Center for Sex Offender Management, 2007).

Johansson-Love and Fremouw (2009) found within a sample of sixty-seven adolescent female sex offenders, only 13% were strangers to their victims. In another study the pair found in the college age population self-reporting survey 68% of the victims were identified as family members. Lastly, Johansson-Love and Fremouw found in forty clinically-referred female perpetrators 85% were mothers where 55% abused only their own children and 30% abused their own and other’s children. The study also highlighted that 70% of female sex offender victims and 29% of male sex offender victims were family members.

The teacher/lover is when during the time of offending, the women in this subtype were struggling with peer relationships, seemed to regress and perceive themselves as having romantic or sexually mentoring “relationships” with under-aged adolescent victims of their sexual preference, and, therefore did not consider their acts to be criminal in nature (Center for Sex Offender Management, 2007).

The topic of sexual abuse of students by teachers has become increasingly popular and most notably increased in the focus of the media. High profile cases such as Mary Kay Letrouneau who was convicted of second degree rape for having sex with her sixth grade student who then was pregnant and married him when she was released several years later, led to public outrage and inquiries. In spite of the No Child Left Behind Act in 2001 which called for a
national study of sexual abuse in schools, an initial analysis from the American Association of University Women conducted a study in the fall of 2000 to 80,000 schools revealed that between grades 8-11, 9.6% of all students reported educated sexual abuse. Within in the education system it was found that 18% of the perpetrators were teachers and 15% were coaches (Kroll, 2009).

When discussing the teacher/lover typology is it important to understand the grooming process in which the educator participates in. In general sex offenders strategize, target, and maintain relationships with potential, past, and current victims. Educator sexual abuse grooming can look like: obvious or inappropriate preferential treatment of a student, excessive time spent alone with a student, excessive time spent with student outside of class, repeated time spent in private spaces with a student, driving a student to and from school, befriending parents and making home visits, acting as a particular student’s confidante, giving small gifts, cards, letters to a student, inappropriate calls or emails to a student, overly affectionate behavior with a student, flirtatious behavior or off-color remarks around a student, and other students suspects, make jokes, or references (Kroll, 2009).

When the discussion of prevention for such safety and security arises some recommended strategies are: the district and school level policies should eliminate and prohibit any and all educator sexual misconduct, standardized hiring practices, standardized screening methods and criminal background checks, standardized investigative practices in response to allegations, development of a centralized reporting agency and registry, report all allegations to law enforcement and child protective services, regular training on educator sexual misconduct and prevention, and enact state statues on education sexual misconduct and prevention (Kroll, 2009).
**Psychological Trauma and History**

A consistent theme or attribute found frequently associated with female sex offenders is that of a learning disability, abusive and traumatic childhoods, and mental health diagnoses. Goodhill (2013) found that in study of 111 women, 68% of the women were borderline or below average of intelligence and 40% reported depression, suicidal ideation, anxiety, and post-traumatic stress disorder. Roughly 20% had a combination of a personality disorder and a clinical condition.

Elliot, Eldridge, Ashfield, and Beech (2010) studied forty-three adult females where 49% of the sample reported having poor attachments to their primary caregiver and 51% reported parental neglect and/or rejection during childhood. Severe child abuse was highly prevalent in 67% of the sample including emotional, physical, and sexual abuse. Forty-two percent reported only sexual abuse during their childhood and ten of those was solely familial abuse.

Within the same study, 81% reported low self-esteem, 79% reported low confidence, 63% reported low assertiveness, and 86% reported feelings of isolation. When discussing relationship history, 49% reported unstable relationships, and 74% reported being in previous exploitative and/or abusive relationships (Elliot et al, 2010).

Ninety-three percent displayed some form of offense-supportive cognitions. The cognition distortions (i.e. lack of victim empathy, entitlement, visualizing children as sexual beings, and recognition of the nature of their harm) differed but was insignificant to report within the various groups; however in general, 72% displayed cognitive distortions relating to viewing their children as sexual beings and the ability for the child to consent to a sexual relationship. Seventy percent displayed cognitive distortions regarding the nature of their harm, 7 out of 11 found their abuse was not harmful and 6 of the 11 thought that victim may have even
experienced some enjoyment. Seventy-seven percent of the women displayed cognitive distortions relating to entitlement and often put their needs above their child. In the co-offender group, 5 of the 9 put their partner’s needs ahead of their needs as well (Elliot et al, 2010).

Emotional self-regulation was frequently highlighted throughout the sample with 49% of women reported having issues with negative emotions. Parenting was an issue for 44% and 60% said to have an inattentive and/or neglectful style of parenting. Depression again was found amongst 42% of the sample with being prescribed an anti-depressant during the time of their offense with a number of environmental triggers: unstable housing, employment, and relationships (Elliot et al, 2010).

**History of Female Offenders in the United States**

Not many women were imprisoned in the beginning of the nineteenth century and if they were the conditions were much like that of male prisons; filthy, small, overcrowded, and when inmates were disobedient, punishments were hard. An example of a jail from 1833 in New York City nicknamed “Tombs” had forty-two one person cells for the twenty-five women serving up to fourteen years. These women were housed together in a one room attic, sealed windows to prevent communication with male inmates, subjection to sexual abuse, pregnancies were common, and some serving their sentence in solitary confinement (Kurshan, n.d.).

Prisons during these times didn’t invest in appropriate staff for women units. These conditions left women vulnerable for physical/sexual attacks from other inmates and guards, limited access to the outside and other recreational activities, limited access to hygiene, doctors, and the chaplain. Food and needlework were brought to the women quarters but women would remain in those domains their entire sentence. After the Civil War convictions and incarcerations of women rose and enough to for the idea of the first segregated prison to be introduced. It has
been discussed that the rise of women incarceration was due to men returning from war and society becoming more industrialized, women had become too independent from men (Kurshan, n.d.).

During the Progressive Era in the United States its industrialized industry resulted in shifts of change and how our society thought about social relations: individuals were moving from a rural community to urban environments, the economy once invested in families was now a market, there was an increase in geographic mobility, less time spent inside the church and with family, and for women more production was happening outside the home. By 1910 a record of at least twenty-seven percent of New York’s women were employed, thousands of these women were employed by sweatshops with unbearable working conditions. Immigration was at its highest from Southern and Eastern Europe. Racism and chauvinism was at its worse and Women’s Prison Association of New York declared:

If promiscuous immigration is to continue, it develops upon the enlightened, industrious, and moral citizens, from selfish as well as from philanthropic motives to instruct the morally defective to conform to our ways and exact form them our own high standard of morality legitimate industry… Do you want immoral women to walk our streets, pollute society, endanger your households, and menace the morals of your sons and daughters? Do you think the women here described fit to become mothers of American citizens? Shall foreign powers generate criminals and dump them on our shores?

Not only were Americans afraid of immigration and the moral degradation of this county but women were taking a rise politically and socially. Women had found interest in participating in social reform (Kurshan, n.d.).

Reformatories originally were established during the 1840-1900s but weren’t put to use until the progressive era. Women’s proliferation and other prison reformers took advantage of this alternative to incarceration in state penitentiaries. The ideology behind reformatories is that women were not receiving the security and privacy in penitentiaries that they require to be safe and secure.
Reformatories were more humane with better conditions, eliminated much of the male abuse, and increased mobility for work and/or recreational opportunities, and children were able to stay with their mother until two years old. Reformatories had discussions on law, academics, training, and proper etiquette classes. These classes were to only train women to be educated for the sake of men. Many of the women in the reformatories had previously worked for wages and were not a part of the elite social class as was many of the women advocates of prison reform (Latessa, 2006).

A notably famous reformatory in New York, Albion Reformatory was known for their strong discourse of morally wrong offenses. Many of the women inside Albion Reformatory and other institutions were convicted based on patriarchal assumptions. Reformatory training was focused on providing women with examples of ladylike behavior and perfecting the house-wife skills. These skills were to only encourage a women’s dependence on a man. An aspect of this reform was to isolate women, take away any remaining pieces of their past, and instill women with new moral values. During this training time family privileges and relationships were severed, letters were censored, visits were allowed only four times a year, and sentencing was open-ended. Length in time for a women was not established with the idea that the woman would stay for however long it took to rehabilitate her into a woman of class (Latessa, 2006).

Reformatory training was focused on training women what society deemed as appropriate for the culture of the time. Women were able to be released on parole but used as a patriarchal manipulation. Since the Civil War families were looking for domestic servants and were finding it hard to find someone they could afford to hire. Women from reformatories were often paroled to these domestic servant jobs. During these field trainings, it only took women further away from self-sufficiency and independence. Reformatory officials punished women for independent
behavior, obscenity, or failure to work hard enough. At this point in history for women, social control was winning (Latessa, 2006).

Prison reform movements were at its highest for men but these institutions were providing the role of institutions of social control. Reformatories did reject traditional penal environments but their primary function was to monitor social control and change the course of young women who were attempting to lead independent lives, i.e. working outside the home, drinking, smoking, and having sexual relationships. Feminist criminologists discuss the ideology that reformatories were essentially established to punish women who did not conform to the male definition of femininity and gender roles (Kurshan, n.d.).

**Current Treatment and Reintegrated Services**

Sex offender treatment is found to be effective if based within the risk, need, and responsivity (RNS) framework. The RNS treatment that is provided currently in the vast majority of the United States is provided to higher risk offenders that targets specific criminogenic needs and uses effective behavior change strategies (i.e. cognitive-behavioral strategies); however, studies have shown that women are not categorized the same as their male counterparts. Males typically are categorized through offense history and females through psychopathology. These differences create difficulties using the RNS framework for female sex offender treatment thus making them ineffective (Turner, Miller, and Henderson, 2008).

The Department of Corrections is still awaiting developmental and evidence-based guidance as to how to supervise and management female sex offenders. As a result to the lack of research the approach that has been taken towards female sex offenders have been the same approach to as males. Examples of this approach would be specialized community supervision rules restricting employment and/or other activities that may increase exposure to potential
victims. These restrictions can also prohibit the offender from contact with underage minors, pornography and/or other exploitive materials (Center for Sex Offender Management, 2007).

In this portion of Section II we’ll discuss the most current treatment trend, gender-responsive treatment, as well as examine different sex offender treatment programs around the country. It is important to note that not all of the mentioned states have female sex offender programs however it is useful to understand the overall basis for sex offender treatment.

Historically treatment for female sex offenders mimicked the treatment programming for male offenders and lacked the knowledge base of the gender differences of crime and sexually deviant behavior.

**Washington State- Department of Corrections**

Research has shown that fewer than seven percent of the sex offenders completing Sexual Offender Treatment Program at the Monroe Correctional Complex return to prison. The state of Washington has been one of the forerunners for sex offender treatment for last decade. The DOC in Washington believe that sex offender treatment is a key component of its Reentry Initiative. It is understood that treatment is not a cure for sexual deviancy however the DOC has three main goals it wishes to encompass: helping offenders learn to reduce and manage risk, provide information to help the department and its community partners monitor and manage offenders more effectively, and evaluate and improve treatment (www.doc.wa.gov).

The Washington Corrections Center for Women in Gig Harbor offer the program participants receive individual and group therapy. Group therapy goals are to help offenders: take responsibility for their assaultive behavior, learn how to understand their partners (cycles) of criminal behavior, learn relapse prevention and other management skills to reduce the risk of
reoffending, and to prepare participants to learn new skills and knowledge. Additional classes and sessions address sexual deviancy and other life skills (www.doc.wa.gov).

Offenders admitted to the sex offender treatment programs must meet the following criteria, some exceptions are allowed on a case-by-case basis: the offender must have been convicted of a sex offense for his or her current or a previous term of incarceration, he or she must be eligible for release at some future date, he or she must acknowledge having committed at least one sex offense and believe treatment may reduce the risk of re-offending, and he or she must volunteer for the treatment and agree to follow its rules and expectations. Treatment priority is given to the highest risk offenders. But lower risk offenders may be admitted for such factors as the offender: used a high level of violence when committing his or her crime, likely committed more offenses than his or her official record shows, expresses an intention to commit future sex offenses, engages in sexually aggressive behavior in prison, and experiences thoughts and fantasies related to sexually abusive behavior and is bothered by them (www.doc.wa.gov).

Offenders can be terminated from treatment for assaults and fighting, sexual behavior, violating confidentiality of others in the program, failing to make progress in treatment or being placed in a high security category such as maximum. Treatment has been a part of DOC’s comprehensive program to protect the public since 1989. The Twin Rivers treatment program at the Monroe Correctional Complex is one of the largest such programs in the country. Its capacity is 200 offenders at a time, although the 2007-09 biennial budget provided $4.9 million to treat 400 offenders at a time. DOC also plans to build a 200-bed treatment center for sex offenders who are already incarcerated at the Airway Heights Corrections Center near Spokane (www.doc.wa.gov).
Colorado - Department of Corrections

The Colorado DOC established the Sex Offender Treatment and Monitoring Program back in 1984 and was designed solely for male offenders. It was designed with the understanding that most sex offenses are the sexual expression of aggression and were seen as a symptom as an underlying problem meeting life’s demands. In the past several decades Colorado has taken the necessary steps to evolve a considerable amount in the field of treatment and correctional management (Heil and English, 2007).

In 1992 the Colorado General Assembly specifically allocated funds to ensure sex offender treatment services continued throughout the Department of Corrections and parole. In 1993 a forty-eight modified therapeutic community was opened to intensify and support the cognitive behavioral treatment component. Therapeutic communities have been used for over forty years for a method of treatment for addiction behaviors and many studies have found this approach to be effective in means of treatment and for reducing recidivism. Colorado’s Sex Offender Treatment and Management programs was created when the treatment communities could not keep up with the power, control, manipulation, and other unique typologies to sex offenders (Heil and English, 2007).

The goals to the Sex Offender Treatment and Management program are: provide treatment to sex offenders who are motivated to change to an appropriate lifestyle and eliminate sexually assaultive behaviors, develop an increase of information on specific offender’s sex offense to contribute to more effective monitoring and early detection if the offender does reoffend, and contribute to the general knowledge of sex offenders for prevention, treatment, management, and detection efforts through research, community service projects, and program evaluations (Heil and English, 2007).
Colorado does not have a female sex offender specific program however back in 1991 the Female Offender Program (FOP) was initiated through a grant funded pilot program. The FOP was to intervene in the lives of high risk, substance abusing female offenders. In 1995, based on the pilot results only ten judicial districts were provided funding. The program was designed to deliver intensive gender based case management to include frequent contact, skills building, regular employment or vocational/educational efforts, drug testing, home visits, electronic monitoring, and participation in treatment (www.courts.state.co.us).

The program was terminated in 2004 as a result of a required budget reductions. Prior to 2004 the program had a 0% recidivism rate for one year following termination from probation. In 2005 the FOP was fully re-funded and capped at thirty women. In 2012 there were 229 offenders with sixty-seven percent success rate. The pilot program was one of the first among the country to use gender-responsive treatment for women offenders, regardless of crime (www.courts.state.co.us).

**Minnesota- Department of Corrections**

Minnesota Sex Offender Program provides services to individuals who have been-court ordered to receive sex offender treatment. Participants who have completed their prison sentences and are civilly committed by the courts and placed in sex offender treatment for an indeterminate period of time. Currently Minnesota does not have a specific female offender treatment program however they can be civilly committed to the St. Peter’s Security Hospital where they undergo sex offender treatment. As of October, 1, 2014 there were 703 clients in the Minnesota Sex Offender Program (www.dhs.state.mn.us).

Minnesota has had civil commitment law since the 30s however only since the 90s it has been more widely implemented for sex offenders. Moose Lake opened in 1995 to provide
treatment to individuals who were committed as sexually dangerous persons or sexual psychopathic personalities. Prior to that, individuals who had a history of sexually offending behavior were committed to the Minnesota Security Hospital in St. Peter under the Psychopathic Personality Law (www.dhs.state.mn.us).

Most Minnesota Sex Offender Program clients come from the Department of Corrections. Toward the end their sentences, all individuals convicted of sex offenses are reviewed for their potential risk for recidivism. The Department of Corrections determines which cases are referred to the county where the individual committed their crime for consideration of commitment. It is then up to the respective counties to determine if they want to pursue civil commitment for these individuals after their period of incarceration is complete (www.dhs.state.mn.us).

The Minnesota Sex Offender Program does not have the authority to place individuals into the program they also do not have the authority to discharge individuals from the program. Clients must petition and receive approval from the Supreme Court Appeal Panel (SCAP) to transition into Community Preparation Services (CPS), or receive a provisional discharge or discharge from commitment. In evaluating whether to approve a transfer to CPS, the SCAP must consider the following factors: the person's clinical progress and present treatment needs; the need for security to accomplish continuing treatment; the need for continued institutionalization; and, whether the transfer can be accomplished with a reasonable degree of public safety (www.dhs.state.mn.us).

Public safety is top priority, and most of the clients have been living in institutions for many years. To help prepare clients ready to make a transition into CPS or into the community, the program has implemented a reintegration process. Reintegration programming includes gradual, measured increases in privileges. This allows clients to apply what they have learned in
treatment, manage their risk factors and demonstrate their ability to interact with others safely and responsibly, both on the MSOP campus and in the community (www.dhs.state.mn.us).

In conclusion several states are more proactive about creating a holistic sex offender treatment program that not only benefits the offender but the community as a whole. It is also apparent that despite how proactive the state is in regards to sex offender treatment there is rarely a program for female sex offenders that specifically works with the unique characteristics of female offenders.

**Female Sex Offender Community Supervision and Management**

Knowledge regarding female sex offenders has increased however the current of state of research still leaves professionals responsible for managing female offenders with only the basis of their male counterparts. An example of such practice given the dynamics involved sex offense experts have suggested that the specialized conditions of community supervision commonly imposed on male sex offenders, such as restricting employment or other activities to reduce exposure to possible victims may be as equally applicable to female sex offenders (Center for Sex Offender Management, 2007).

Investigators have identified better outcomes for female offenders when a human services component to the community supervision has been applied rather than just surveillance-orientated or sanctions-driven supervision. Taking into consideration these findings experts have argued that a balanced approach is best when supervising adult offenders. This philosophy recognizes that when offenders are provided with necessary resources to address their needs, they are more likely to be successful and stable in the community. Establishing effective supervision approaches for sexually abusive females should also incorporate the use of a balanced and rehabilitative-focus (Center for Sex Offender Management, 2007).
Societal and Professional Biases on the Morality of Women and Sexual Deviancy

It can be argued that all crimes have a general moral basis however in society there is a set of crimes that are specifically labeled as crimes against morality. Included in this group are crimes such as: prostitution, pornography, homosexuality and incest, and child sexual abuse. Sex and morality over time have shifted to a broader topic however society’s views on gender roles and stereotypes have not (Hayes and Carpenter, 2013).

Research has shown overtime that males do take responsibility for the majority of crimes being committed as well as the aggressors and the dominant force behind deviant sexual crimes. The unfortunate consequence to these assumptions is that women are thought to be fragile, weak, submissive, and in incapable of being predators. Law enforcement have been found to respond in disbelief when it’s a female perpetrated crime and more often times than not minimizing the crime in reports and/or our labeling the case as ‘unfounded’ (Center for Sex Offender Management, 2007).

Goldhill (2013) found that society assumptions impact to female abuse being worse and more taboo than males who commit the same crime. The lack of social acknowledgement increases the trauma and victimization the victim feels which can lead to isolation, guilt, and confusion. Goldhill (2013) also claims that many professionals are unsure of how to work with female sex offenders and are unable to accept that abuse is taking place. Often times the presumption that females can do no harm ‘without a penis’ outlines how female sexual abuse actually have little or nothing to do with penetration but often times can include voyeurism, exhibitionism, pornography, prostitution, masturbation, and at times penetration with objects.

Goldhill (2013) states in her conclusions that a total lack of professional awareness often times contributes to victims testimonies being rejected and therefore encourages the interfamilial
abuse to continue as well as female perpetrated sexual abuse to be taken less seriously than their counterparts. Goldhill (2013) cites a study done in the United Kingdom were a social work and police attitudes showed reluctance by the workers to register cases as child abuse and these workers noted that lesser harm is done by female child sex offenders. This denial can leave individuals vulnerable to ongoing abuse.

In conclusion, research has shown that when community supervision correlates with supportive rehabilitative and supportive programs it can be successful. Similar evidence has been shown within gender-specific criminal justice literature with investigators identifying more success for female offenders. It is important to highlight that female offender success was highest when it included a human-service component in contrast to exclusively surveillance-orientated or sanctions approach to supervision (Center for Sex Offender Management, 2007). The following review of attachment theory, feminist theory, and control balance theory will create the theoretical framework to identify positive professional practices with in female sex offender treatment.
III. THEORETICAL FRAMEWORK

Theories pertaining to criminally deviant behavior vary from environment to lack of rational thought and reasoning. In this section attachment theory, feminist theory, and control balance theory will be examined as it relates to female sex offenders and their treatment. This discussion will be followed by a brief synopsis of female adolescent characteristics and typologies.

Attachment Theory

Attachment theory is based on the joint work of John Bowlby and Mary Ainsworth dated back to the 1930s. Attachment theory draws on concepts from etiology, cybernetics, information processing, developmental psychology, and psychoanalysis. Through time this theory was revolutionized to describe the behavior between a mother and her child and its disruption through separation, deprivation, and bereavement. Bowlby and Ainsworth’s work borrowed from Freud’s notion that mature human sexuality is built up of components, instincts, and that a child’s unmistakable attachment behavior is made up of numerous instinctual responses therefore creating an unbreakable bond between mother and child (Bretherton, 1992).

The vast difference between Bowlby and Ainsworth’s work is that attachment between the child and mother can be healthy versus Freud who created the Oedipus complex. Oedipus complex is the complex emotions around in a young child, typically around four, by an unconscious sexual desire for the parent of the opposite sex and to exclude the parent of similar sex. This attachment can create hostility in the home environment and if the child doesn’t continue towards self-actualization, narcissism and other psychoanalytic behaviors could occur. (Bretherton, 1992).
Research on childhood sexual abuse frequently dismisses the influence of the family as a risk factor for the onset of all kinds of sexual abuse and as a mediator of its long-term effects. Attachment theory provides a useful framework for understanding the familial antecedents and the long-term consequences of sexual abuse. Areas of focus are found associated in insecure parent-child attachment (i.e. rejection, role reversal/parentification, and fear/ unresolved trauma) and are frequently found in the families where sexual abuse is prevalent (Alexander, 1992).

According to L.E Kwako, J.G. Noll, F.W. Putnam, and P.K. Trickett (2010) childhood sexual abuse was found more among children whose mother had suffered from an unhealthy attachment to her primary caregiver and endured childhood sexual abuse. Researchers used the Dynamic-Maturation Model of the attachment theory as a framework for exploring the impact of maternal childhood sexual abuse on children’s attachment relationships in congruence with a longitudinal sample of adult survivors of childhood sexual abuse (Kwako et al, 2010).

In respect to maternal attachment, researchers found that women with a history of childhood sexual abuse were more likely to be insecure and report higher levels of attachment-related anxiety with their children. The children of mothers who had survived childhood sexual abuse encompassed extreme anxious self-protective measures against their mothers and the lack of security in their attachment was apparent (Kwako et al, 2010).

**Feminist Theory**

The social issue of a female sex offender is a complex issue and society tends to portray female abusers in two ways: as evil women who have lost their nurturing gene and ‘gone to the other side’ and/or a woman who is a victim of trauma and therefore irrational due to her mental state. Through the appeal of the moral temporality of sex and the taboo that theorizes how
morality can shift according to who is engaging in the act is how the feminist theory surfaced. (Hayes and Carpenter, 2013).

Gendered sexual performances are embedded in cultural norms and reflect gendered stereotypes as well as behavioral expectations. Traditional masculine roles prioritize independence, assertiveness, and sexual exploration; it is seen that sexual activity for males is about self-pleasure and tension release. Female gender roles are base more on behavioral restraint and personal control. Historically the current notions of femininity arose during the eighteenth century when middle-class women chose to take on the habitus of the physically frail and asexual. There was a division between feminine and sexual, she was the sexual gatekeeper (Hayes and Carpenter, 2013).

The feminist theory is committed to social justice and understanding the unique positionality of women in the male dominated fields of policing and corrections. The feminist theory embraces the core elements of a feminist approach as well as focusing on masculinity, gender gaps, and the demonizing of girls and women of color in serious crime. The feminist theory believes in recognizing the importance of girls’ studies as well as women’s studies to better the development of a global, critical feminist criminology (Lind and Morash, 2013).

The feminist theory states the sex/gender system exists globally and in countries, cultures, regions, communities, organizations, families, and other groups therefore affects individuals impacting their identities, imposing gendered expectations, and prohibiting and sanctioning gender inappropriate behavior. Since systems in place are generally more patriarchal sex/gender systems are characterized by males’ who exhibit and exercise power and control to oppress women (Lind and Morash, 2013).
Due to women violence not well understood or explained it is often assumed that women or girls are mimicking their male counterparts and taking up a form of dangerous masculinity. It is then also assumed that female violence occurs for the same factors that have been long studied in male violence. Lind and Morash suggest that due to more recent research within the feminist theory that one must examine more closely how the multiple systems of oppression based on race, class, ethnicity, and gender interact in complex but co-equal ways to produce contexts where female violence makes sense (Lind and Morash, 2013).

In conclusion the feminist theory does not dismiss that women can violently offend and commit horrific acts against individuals but does discuss how the patriarchy influence amongst crime, victimization, the justice system, and workers within that system have an impact on women and girl offenders and the treatment they receive. Many researchers define this gap in services as the ‘gender gap’ where for decades criminologists normalized high levels of male violence and ignored the needs of women offenders. The feminist theory assists in building a less violent and just world through the exploration of female offenders and how the criminal justice system can help in getting women offenders the help they need. (Lind and Morash, 2013).

**Control Balance Theory (General Deviance Theory)**

The control balance theory is a relatively new theory of human behavior. The control balance theory incorporates numerous concepts from many multiple theories, including social control, social learning, rational choice, and general strain theory. The control balance theory is used as a general framework capable of explaining deviance and conformity. The theory’ main premises relies on the exchange between the amounts of control people have versus the amount of control they endure from others. The core idea is that people desire control so much that they
will engage in deviant behavior in an effort to obtain, maintain, and maximize control if provoked, motivated, and have the opportunity to do so (Fox, Nobles, & Lane, 2014).

Since the theory is so new there hasn’t been enough research to determine whether or not control balance theory can replace general deviance theory however this theory has been able to be proven true through a variety of hypothetical situations and emphasizes on gender differences. Prior research offers a limited understanding of how control imbalances operate differently for men and women. Two hypothesis were discussed: does an imbalance in control explain criminal behavior among offenders and second, do these effects vary significantly among men and women? (Fox, Nobles, & Lane, 2014).

Researchers first found that sex offenders, despite gender differences, had less control and these control deficits were associated with childhood sexual victimization and so the desire for control was a main reason for sex offending. The second outcome found was that when comparing theft and general victimization, stalking perpetration and victimization, and combined drinking to a point of intoxication and smoking marijuana individuals expressed lack of control at work, in their intimate relationships, parental relationships, and friendships. Finally researchers found that there was a relationship between self-control and control balance. Deviance was found when opportunity presented itself and low self-control was evident (Fox, Nobles, & Lane, 2014).

In conclusion, researchers found that despite gender differences there were significant associations between control balance and offending for a variety of crimes. Regarding gender differences, individuals who believed they possess more control then they are subjected to commit a greater variety of crimes and projected to be much greater for women than men. With these findings researchers believe that more research is necessary to study women and their
relationship to the four main constructs of the control balance theory: control ratio, opportunity, constraint, and self-control) (Fox, Nobles, & Lane, 2014).

This section discussed three vastly different ideologies regarding female offenders. Research on women offenders has increased in the past decade however there are many limitations to make note of. These limitations include but are not limited to: poor sample sizes, limited financial resources, lack of demographic information (i.e. age, race, criminal records, etc.), lack of inclusion or exclusion criteria, much of the information regarding crimes were either self-reported or in a legal context which can lead to issues of validity, and finally most of the theories hypothesized about crime have been primarily been constructed around male adult offenders and it is unclear whether or not these theories can be applied to women or girl offenders.

The primary goal for incarcerated sex offender treatment programs are to reduce recidivism and to protect the community. Using the above theories, to achieve these goals institutions need to ensure that treatment for female sex offenders encompass a holistic picture of the female and not just the criminal act. There are certainly women who sexually offend who do not have histories of sexual abuse and assault or trauma however these rare exceptions. In the next section a recommendation for gender-response treatment will be discussed.
IV. Recommendations for Female Sex Offender Treatment Programs

Historically speaking finding a treatment direction for sex offenders has proved to be difficult. Through research and the contributions of professionals around the country it is has been identified that there are some monumental differences between male and female sex offenders. These results indicate the need for the development of a gender-responsive management component in the treatment for female sex offenders. In the following section professionals have made recommendations towards a gender-responsive treatment, better assessments to evaluate the specific needs for women offenders, and an overall understanding and an acknowledgement of trauma and sexual victimization while using strength-based techniques to show women their worth it. (Center for Sex Offender Management, 2007).

Based on the unique needs of women offenders and their differing typologies, the following treatment goals have been established: maintain trusting, supportive, and equal intimate relationships, promote autonomy and self-sufficiency, develop a positive self-concept, enhance assertiveness and social competency, increase effective emotional management, reduce self-destructive behaviors, and ensure healthy sexual development, expression, and boundaries (Center for Sex Offender Management, 2007).

Using the aforementioned treatment goals, providers and professionals call this gender-responsive treatment. Gender-responsive treatment is when providers appropriately identify the gender difference between males and females and gage the type of treatment an offender needs. Taking into account of the unique needs, risks, and protective factors that women have that prevent women from engaging in traditional treatment helps reduce recidivism and overall enhance community safety (Center for Sex Offender Management, 2007).
Experts have developed the following specific goals and outcomes for gender-responsive treatment: to maximize treatment effectiveness, create environments that ensure safety, respect, and dignity, help build relationships in knowledge that relationships play a key role in the lives of women, interrelate substance abuse, trauma, and mental health needs, identify socioeconomic challenges for women offenders and dedicate a focus on providing them with specific opportunities and services, and collaborate with a system of holistic and comprehensive services within the community (Center for Sex Offender Management, 2007).

Another recommendation to consider is having a comprehensive assessment which includes information regarding the nature and extent of the sexual behavior problems, psychosocial functioning, healthcare needs, quality of interpersonal relationships, family and environmental circumstances, and developmental experiences (i.e. history or victimization and other trauma). Currently many assessments include basic demographic information, general psychological assessment tools, personality and developmental functioning but do not include specific information with respect to deviant attitudes and behaviors. Many of the tools that assess sex offense-specific offenders have been created and normalized for male offenders which makes their use for females’ questionable (Center for Sex Offender Management, 2007).

It has been found that when comparing male and female sex offenders they have comparatively high rates of sexual victimization and trauma that are common to both adolescent and adult female sex offenders. Professionals recommend that treatment should often emphasize and address trauma and its impact on emotional, social, psychological, and sexual adjustment. An example of such a treatment would be identifying the co-morbidity of treating for psychiatric conditions like Post Traumatic Stress Syndrome (PTSD) which is also very important for female sex offenders who have experienced severe trauma (Center for Sex Offender Management,
2007). Professionals also suggest using strength-based methods to enhance positive and effective interpersonal relationships; therapists should remain optimistic about the women’s ability to successfully manage their own behaviors (Elliott et al, 2010).

In conclusion the gender-based response treatment collaborates traditional sex offender treatment and evidence based practices with more of a focused target on showing female sex offenders how to accept responsibility, change cognitive behavior and negative thinking patterns, show empathy, identify their risk factors and triggers, and developing positive and effective coping skills. The overarching goal is to ensure women and girls that they are capable of leading productive and meaningful lives without compromising the safety and wellness of themselves or others (Center for Sex Offender Management, 2007).
V. Summary and Conclusion

Incarcerated women are some of the most misunderstood and neglected women in our society. Women and girls’ rate of incarceration has increased significantly and only recently has the criminal justice system begun to acknowledge the need for a better systematic approach to work with and rehabilitate female offenders. Current systematic approaches such as: harsher sentencing laws for women’s drug offenses, building newer and more facilities for women, and an increase in women’s non-violent property crimes during two economic recessions are just some of the reasons why women offend. Understanding that women’s pathways into criminality differ from than of men is significant.

Based on the research and the information found in this literature regarding female sex offender treatment, three recommendations have been provided. Recommendations are based on the attachment theory, feminist theory, and control-balance theory. The recommendation practices included: implementing a strong gender-responsive treatment which focuses on the unique needs or women and girl sex offenders; implementing a comprehensive assessment tool that doesn’t just include demographic, psychological, and psychosocial traits but does include prior sexually deviant behavior and history of abuse and victimization; and an overall understanding and an acknowledgement of trauma and sexual victimization while using strength-based techniques to help women obtain the confidence and skills to manage their own behavior and eventually being released into the community.

Through the completion of this research it was found that there is a significant lack in researching regarding female sex offenders and the effectiveness of sex offender treatment. It is recommended that future research examine the current treatment and practices of the criminal and juvenile systems who serve women and girls. Such research would provide empirical
evidence which could be used to determine whether or not current sex offender treatments deter inmates from recidivating, how the programs could be improved, and what practices are recommend for the implementation of a gender-response treatment program.

It is clear that female sex offenders and the current provided treatment is a concern for feminist criminologist; however, in order for incarcerated female sex offenders to leave prison and onto a more meaningful, productive, and successful lives their treatment needs to be at the concern of all criminal and juvenile systems.
References


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