

Treatment for Female Sex Offenders

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# REATMENT FOR FEMALE SEX OFFENDERS

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## Abstract

### Treatment for Female Sex Offenders

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Society is seeing more sex offences committed by women and there is a need for effective treatment plans to reduce recidivism. Nationally, there were 13 cases of female teacher sexual assault cases documented in the Weekly Daily News between 2005 and 2009 in the U.S. These female teachers were convicted of sexual assaulting students. According to the Office of Justice, in 2010 there were 4,857 sexual assault cases reported in Wisconsin to Law Enforcement Agencies, 8 % of sexual assault offenders were female. Without treatment offenders are at risk and have a tendency to reoffend. This study will provide a comprehensive review on the best practice for treating female sex offenders. The literature suggests that programs need to address female sex offender substance abuse, mental health, and trauma needs.

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## Chapter One: Introduction

Sex offenders are normally thought to be committed by men against women or children. Although males make up the majority of sex offenders, there is an increase in highly publicized cases involving illegal and inappropriate sexual contact between female teachers and male students. However women have been perpetrating this type of crime for years and our society needs to look at the prevalence of sex offending by women. In 1991, Dr. Fred Matthews suggested that female sex offenders are significant populations worthy of attention (Van Wormer, 2010). When researching programs for sexual offenders in Wisconsin there is nine institutions that offer treatment programs. The treatment programs are cognitive behavioral based treatment programs. These programs address the offender's deviant behaviors. The Wisconsin Department of Corrections treatment programs include topics such as: criminal thinking, offense disclosure, minimization and denial, cognitive distortions, victim empathy, and re-offense prevention. Treatment for sexual offenders is needed to help the individual take charge of their lives, improve their emotional and mental health, and prevent sexual abuse. Research has demonstrated that programs incorporating the Risky Need Responsibility principles are far more effective at reducing recidivism than those that do not (Andrews & Bonta, 2006). These principles include the risk, need, and responsibility principles. The risk principle is high risk sex offenders are likely to benefit from treatment than lower risk sex offenders. The need principle is criminogenic needs that are risk factors related to offending, such as an antisocial lifestyle or substance abuse. These risk factors can be changed through treatment programs. The responsibility

principle is treatment programs that are responsive to cognitive ability, motivation, and other characteristics of the sex offender. (SMART, 2012)

### **Statement of the Problem**

Society is seeing more sex offences committed by women and there is a need for effective treatment plans to reduce recidivism. Nationally, there were 13 cases of female teacher sexual assault cases documented in the Weekly Daily News between 2005 and 2009 in the U.S. These female teachers where convicted of sexual assaulting students. According to the Office of Justice, in 2010 there were 4,857 sexual assault cases reported in Wisconsin to Law Enforcement Agencies, 8 % of sexual assault offenders were female. Without treatment offenders are at risk and have a tendency to reoffend. This study will provide a comprehensive review on the best practice for treating female sex offenders.

### **The Purpose of the Study**

Research is needed to examine female sex offender's development and criminal behavior in order to provide intervention strategies, assessment, treatment, and to reduce recidivism. Although males make up majority of sex offenders our society needs to look at the prevalence of sex offending by women. Female sex offenders are a significantly neglected population. Research need to examine their development and criminal behavior in order to provide intervention strategies, assessment, treatment, and to reduce recidivism. In Minnesota, Duwe & Goldman (2009) found that participating in treatment significantly reduced the likelihood and pace of recidivism. For offenders who

completed treatment, the observed sexual, violent, and general rearrests recidivism rates were 13.4 percent, 29 percent, and 55.4 percent, respectively. By comparison, the observed sexual, violent, and general rearrest rates for sex offenders who did not participate in treatment were 19.5 percent, 34.1 percent, and 58.1 percent (Duwe & Goldman, 2009). The purpose of the study is to improve the research in treating women offenders while providing offenders and therapists with quality practice for successful treatment.

### **Significance of the Study**

Extensive research will aid practitioners, policy makers, and society how evidenced based treatment programs that address women sex offender's mental health, substance abuse and trauma needs is effective in reducing recidivism. Evidenced based treatment programs can treat the effects of sexual assault and prevent its reoccurrence. Evidence based treatment plans can also help victims recover from their traumatic experiences by improving their self-esteem and protecting them from further victimization. And furthermore, help protect children from sexual abuse.

### **Delimitations of the Study**

This research focused on female sex offenders in the state Wisconsin.

### **Methods and Procedures**

Data was gathered using reliable and credible academic resources. An extensive search of treatment programs will be compared and examined for best practices in treating female sexual offenders.

## Typologies

The different typologies of female sex offenders allow for greater detection, management and treatment (Vandiver & Walker, 2002). However due to the small sample size, there are no well-formulated theories of female sex offending due to the paucity of research.

The first study to develop typologies was by Matthews, Matthews, and Speltz (1991). According to them there are three different types of women sex offenders:

(1) The predisposed offender. The predisposed offender has a long history of being physically and sexually abused as a child. They may have been victimized as adult. This type of offender may have sexual fantasies that involve children. They abuse young children sometimes their own or part of her family. This type of offender acts alone

(2) Co-offender is often called male coerced offender. Co offenders are dependent and passive on a male offender towards a male offender that is physically abusive with her. The male partner pressures the women to commit sexual offenses against her children or other children in her family.

(3) Teacher/Lover offender. The Teacher/Lover offender considers herself as being in a peer-to-peer sexual relationship with a child. The offender may be struggling with same age connections, and feeling abandoned and lonely. Female sex offenders have a difficult time accepting her behavior constitutes a crime because she did not intend to harm the child (Matthews, Mathews, & Speltz, 1989).

## **Risk Assessment**

In order to provide effective treatment all female sex offenders should have a risk assessment. The assessment should include the nature of the sexual behavior, healthcare needs, psychosocial functioning, environmental and family circumstances, and a history of trauma and victimization. Risk assessments have been used to estimate an individual likelihood of recidivism. Risk assessments have been used as a criterion for institutional placement, sentence enhancement, post sentence enhancement, and community notification. (Hanson, R.K., 2007)

Actuarial risk instruments is a statistical method often used to discern sex offenders' risk for sexual recidivism. Actuarial risk tools gather information on static factors. The most evaluated and frequent used instruments are the Minnesota Sex Offender Screening Tool, the Rapid Risk Assessment for Sex Offense Recidivism, and the Sexual Offender Violence Risk Appraisal Guide. These actuarial risk instruments are accurate, objective and inexpensive. (Harris, G.T., & Rice, ME, Quisey, V.L., Lalumiere, M.L., Boer, D., & Laing, C., 2003).

## **Treatment**

To increase the effectiveness of treatment programs practitioners and policy makers must acknowledge that gender makes a difference in sex offense cases. The majority of treatment programs for female sex offenders mirrored programs for males and some females were placed in treatment groups with males. (Mathews et al., 1989).

In examining Wisconsin's Department of Corrections (DOC); primary treatment programs, it was found that Wisconsin has offense-related education and treatment programs for sex offenders in the prison systems. There is also outpatient treatment programs required as part of the offender's supervision. The outpatient sex offender treatment program is cognitive-behavior based that addresses sex offenders deviant sexually behaviors. These programs

consist of short term, long term, and treatment alternative to revocation groups. The short term treatment program has different topics that include offense disclosure, cognitive distortions, victim empathy, denial and minimization, criminal thinking, and re-offense prevention. The short term program meets one or two times a week.

In addition, according to the Department of Corrections its long term treatment programs consist of three phases CORE, Enhanced Thinking Skills, and Reintegration Maintenance Group. Offenders meet twice per week for thirty months. The ATR program is a voluntary option for parolees, probationers, and sex offenders on extended supervision charged with violations and can be revoked. This program provides offenders an environment where they can address their sexual behaviors. Female sex offenders are offered these programs in the Taycheedah Correctional Institution prison for females. Although these programs are helpful there is a need for programs that address female sex offender and their family's needs.

Additionally, the Department of Corrections states the primary goal of supervising sex offenders in Wisconsin is to provide sex offenders with resources and tools to maintain positive community adjustment, reduce recidivism, and to prevent additional victimization. Therefore, the DOC has adopted evidence base practices for example a GPS system that monitors activities, targeted and robust treatment interventions, and implementation of risk assessment tools. The supervision strategies are to address needs, risks, and responsivity. Agents identify the triggers of the offense patterns, and specific offense patterns. The challenge with supervision is aging offender population, advancing technology, and limited residential placement.

The state of Minnesota has major treatment programs for female sex offenders. The programs include intensive group psychotherapy, family therapy, ten week sex education groups, a weekly support group, and program evaluation and case analysis. The programs also offer outpatient services to act as an aftercare for females that are released from prison. The average length of the programs is fifteen months. The goals of the outpatient programs are to

help the female sex offender take responsibility for their sexual abuse behavior, gain awareness of their emotional and psychological processes, gain empathy and understanding of the victim, and create ways to meet their interpersonal and sexual needs without victimizing other (Office of Legislative Auditor, 2013)

The female sex offender is diverse in behaviors, demographics, and paraphilic interests. Treatment is grouped into several categories psychodynamic and psychoanalysis therapies behavioral therapies, family therapy, and relapse prevention programs. These treatments can be used on adults and children and they may be used in combination.

Psychodynamic and psychoanalysis therapies involves individual counseling that focus on resolving and identifying early life traumas and conflicts. Behavioral therapies are the most widely researched therapies. Cognitive-behavioral therapies focus on teach offenders how to change and recognize their beliefs and ways to control behaviors and impulses. Family therapy is a community based treat program for families that combines group therapy and individual therapy in self-help groups (Crawford, 1981).

Relapse prevention programs assist offenders in identifying behavioral and cognitive patterns that relate to sexual abuse. This treatment intensifies supervision and self-management techniques. Family members, probation and parole officers, or other people in the community may be used in supervision (Pithers and Kafka, 1990).

Psychotherapy is the original treatment program used to control undesirable behavior. Therapist used verbal interaction with the sex offender to help them openly discuss needed changes in their life and past deviant sexual experiences. Sex offenders talk about their problems with a psychologist or psychiatrist. Psychotherapy helps individuals learn about their thoughts, feelings, and behaviors. (Mayo Clinic)

Data from sexual offender treatment program revealed that cognitive behavioral treatment can reduce sexual offense recidivism. Data was analyzed and revealed that sex offenders that was treated had a lower rate of recidivism than individuals that were not treated. Treatment effectiveness varies by the sex offender needs. High risk sex offenders are likely to benefit from treatment than low risk sex offenders. (NCJRS.gov)

Although the cost of female sex offender's treatment programs can be high the programs can help address their deviant behaviors and help reduce recidivism. Effective treatment can ensure safety for the community and the individual.

To reduce recidivism female sex offender treatment programs should target the criminogenic needs. Substance abuse and antisocial lifestyles are risk factors that need to be address to reduce recidivism. Research has proven that programs that offer Risk Need and Responsivity principles are effective in reducing recidivism. These programs also target the cognitively and motivation of the offender. These programs must tailor the capabilities and learning styles of female sex offenders (Andrews and Bonta, 2010).

Data on recidivism rates of sex offenders come from single studies and meta-analysis. Single studies track cohorts of sex offenders following release of prison, discharge of probation, and an arrest to determine the reconvicted, the proportion rearrested, or the return to prison. Meta-analysis is statistical procedures that combine the results of single studies into one large study with many subjects.

A meta-analysis of 10 studies that included 2,490 offenders with a follow up within six and a half years revealed that female sex offenders have less three percent of recidivism. A qualitative design was use to address the therapeutic events from community based treatment interventions for sexual abuse offenders. The sample used three different treatment programs. Two qualitative measures were used to elicit therapists and client responses. The study found

similarity and overlaps in the experiences between psychotherapy and sexual offender therapy. There is a need for high-quality studies on treatment effectiveness (Cortoni, F., Hanson, R.K., & Coache, M.E., 2010).

### **Factors that can Cause Re-offense**

Social bonds and family ties help reduce criminal behavior. Researchers have found that family relations help reduce criminal activity more than criminal sanctions. Treatment programs that help sex offenders understand factors that cause their offending, change unhealthy thinking patterns and develop coping skills are factors that help reduce recidivism. Providing specialized supervision, surveillance technologies, and helping female sex offenders deal with challenges after they are released from prison can also reduce recidivism. Some factors that cause female sex offenders to reoffend is difficulties in finding employment, restrictions on where they can live, and hostile public feeling (Berg and Huebner, 2011).

Female sex offenders that have mental disorders often re-offend if they are not treated. Child victimization, mental disorders and substance abuse need to be treated to reduce recidivism. Raising awareness is very important to help stop re-offense. Females need greater support in dealing with sexual abuse issues.

### **Recidivism**

Recidivism has been defined as a tendency to relapse a mode of behavior or a previous condition after the offender undergoes intervention and receives sanctions. Recidivism is measured by reconviction, rearrests or return to prison for sexual offenses during a three year period after the prison release. Sex offenders have higher rates of sexual recidivism than non sex offenders and higher rates of general recidivism than sexual recidivism. Female sex offenders have lower rates of general and sexual recidivism than male offenders (Cortoni, Hanson and Coache, 2010).

The recidivism rates of female sex offenders is difficult to measure because low sexual offences are reported to law enforcement, nature of sex crimes, and the ways researchers calculate recidivism. Researchers need to create better evidence base on the different types of sex offenders and the different recidivism patterns (Bachman, 1989).

The offender's individual characteristics must be considered to determine the risk of sexual recidivism. Risk factors play a major role in female sex offender recidivism. Risk factors for female sex offenders is the number of prior child abuse offenses, number of drug arrests, a number of prior convictions, a number of prior sexual offense arrests, and a prior criminal history. Female sex offenders often minimize or deny sex offending behavior (Bonta, J and Wormith, S.J., 2007).

### Chapter Three: Conclusion and Recommendations

Although males make up the majority of sex offenders our society needs to look at the prevalence of sex offending by women. Female sex offenders are a significantly neglected population. Research need to examine their development and criminal behavior in order to provide intervention strategies, assessment, and treatment and to reduce recidivism. In addition, researchers need to create better evidence base on the different types of sex offenders and the different recidivism patterns (Bachman, 1989). Since research has proven that programs that offer Risk Need and Responsivity principles are effective in reducing recidivism (Andrews and Bonta, 2010), these types of programs needs to be available in treatment programs.

Researchers have found that a female sexual offense against adolescents in the educational system is a larger problem than thought. Although Wisconsin supervision rules and treatment plans are effective for mitigating sexual offenses and recidivism there is a need for more treatment programs for women sex offenders. Wisconsin lawmakers and policy makers should mirror other states female sex offender programs that are effective in reducing sexually offences and recidivism.

To increase the effectiveness of treatment programs practitioners and policy makers must acknowledge that gender makes a difference in sex offense cases. Female sex offender programs need to address mental health, substance abuse, and trauma needs.

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