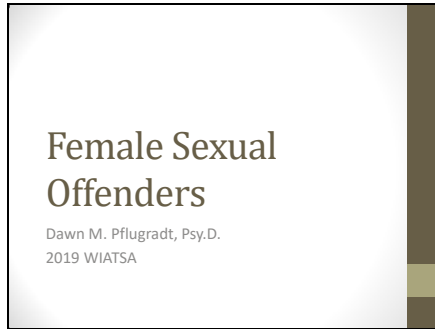


Slide 1

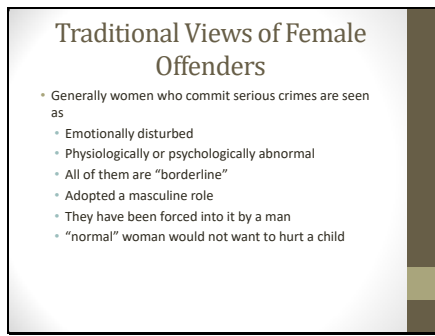


Female Sexual Offenders

Dawn M. Pflugrad, Psy.D.
2019 WIATSA

This slide features a white background with a dark brown vertical bar on the right side. The title 'Female Sexual Offenders' is centered in a large, dark font. Below the title, the author's name 'Dawn M. Pflugrad, Psy.D.' and the year '2019 WIATSA' are listed in a smaller font.

Slide 2



Traditional Views of Female Offenders

- Generally women who commit serious crimes are seen as
 - Emotionally disturbed
 - Physiologically or psychologically abnormal
 - All of them are "borderline"
 - Adopted a masculine role
 - They have been forced into it by a man
 - "normal" woman would not want to hurt a child

This slide features a white background with a dark brown vertical bar on the right side. The title 'Traditional Views of Female Offenders' is centered at the top. Below the title, a bulleted list describes common perceptions of female offenders, including emotional disturbance, abnormality, borderline personality, adoption of a masculine role, and being forced into such behavior by a man.

Slide 3



Who Are We Talking About?

- Individuals who have committed a sexual act on another person against the person's will (or against a person unable to consent).
- Women who consume or produce child abuse images would also be considered offenders.
- Women with prostitution offenses are not considered sex offenders.

This slide features a white background with a dark brown vertical bar on the right side. The title 'Who Are We Talking About?' is centered at the top. Below the title, a bulleted list defines the scope of the discussion, including individuals who commit sexual acts against their will, women who consume or produce child abuse images, and women with prostitution offenses who are not considered sex offenders.

Slide 4

- Attempts to figure out why women commit sexual offenses and /or classify them into typologies have not worked.
- In 2010 a study into the utility of typologies (ex: teacher/lover) found that typologies did not work on a sample of incarcerated female sexual offenders in the United States.
 - Women would not fit cleanly into proposed categories. Often fit into multiple overlapping categories
 - Some could not be classified into any of the categories at all

Slide 5

Brief Note about Offense Styles/Pathways

- Research has moved toward gender-informed and/or gendered constructs.
- Most females tend to follow 1 or 2 main pathways to sexual offending, while a few follow a third pathway.



Slide 6

Three Main Offense Pathways

- Directed-Avoidant
- Explicit-Approach
- Implicit-Disorganized
- Recognition that previous literature of classification has limited clinical utility
- This model acknowledges the complex and contextual etiology and process of sexual offending

Slide 7

Directed-Avoidant

- Sexual avoidance
- Negative affect
- Women in this type often live in extreme fear for their lives or desire intimacy with co-offender
- Often oblivious/passive in planning abuse initiated by co-offender

Slide 8

Explicit-Approach*** (Most Concerning)

- Explicitly plan offense to reach specific goals
 - Sexual gratification
 - Intimacy with victim
 - Financial reward
- Experience positive affect, excitement in anticipation of the offense

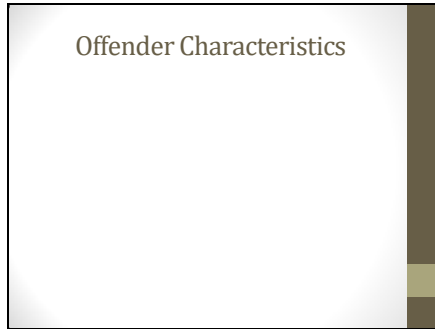
Slide 9

Implicit-Disorganized

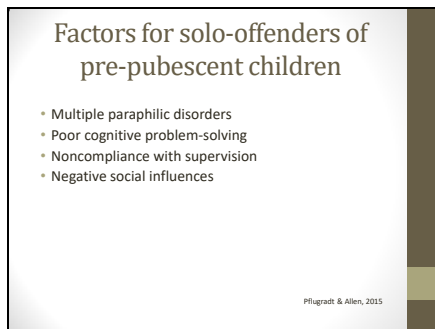
- Minimal planning, organization
- Sudden and disorganized
- Can be associated with positive or negative affect
- Adult or child victim
- Most Uncommon/Rare pathway

Gannon et al., 2013

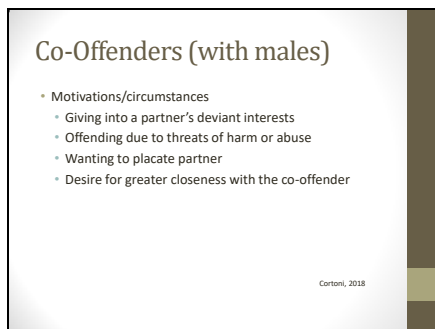
Slide 10



Slide 11



Slide 12



Slide 13

Female Offenders

- Poor mental health issues
- Difficulty coping with stress (including AODA)
- Maladaptive personality characteristics
- Isolation and lack of social support
- Problematic/chaotic family environment
- Abusive experiences

Slide 14

Adverse Childhood Experiences Study

- More than 17,000 participants filled out questionnaire during routine health visits.
- 50.3% of general community females report 1-3 ACEs
- ACEs have been shown to contribute to a variety of health and social problems.
- The more ACEs one has, the poorer the outcome

Slide 15

ACEs in Female Sex Offenders

- Sex offenders had more than three times the odds of child sexual abuse
- Four times the odds of verbal abuse
- Three times the odds of emotional neglect and having an incarcerated family member.
- Half of the female sex offenders had been sexually abused as a child.
- Only 20% endorsed zero adverse childhood experiences (compared with 35% of the general female population)

Slide 16

ACES Con't

- 41% endorsed four or more ACEs
- Higher ACE scores were associated with having younger victims.
- Multiple maltreatments often co-occurred in households with other types of dysfunction, suggesting that many female sex offenders were raised within a disordered social environment by adults with problems of their own who were ill-equipped to protect their daughters from harm.

Levenson et al., 2014

Slide 17

What We Know about Sexually Abusive Behaviors Exhibited by Women

- Most offenses are against adolescents/ children
- Are more likely to have a co-offender (as compared to males)
- Are often in a care giving role to the victim
- Engage in less penetration of the victim.

Slide 18

Victim Impact

- Both male & female victims of female sexual offenders report the same long-term effects as victims of male perpetrators:
 - Substance abuse
 - Self-injury
 - Suicidal ideation
 - Depression & anger
 - Problematic relationships
 - Difficulties with sexuality and sexual identity issues
- However, sexual abuse by female perpetrators has sometimes been deemed more psychologically harmful due to the relationships/nurturance provided by the perpetrator

Cortoni, 2018

Slide 19

Societal Responses Harm Victims Further

- Societal responses to victims often re-victimize them
- Disclosure by victims often is met by disbelief and ambivalence by therapists, family, and police.
- Victims are sometimes told that they must have imagined things, misinterpreted their caregiver's intentions, or were dreaming/fantasizing.
- Hetherton (1999) termed this as "secondary abuse"

Cortoni, 2018

Slide 20

Female Perpetrated Crime Increasing

- In recent years, there has been a substantial increase in female convictions for criminal offending
- 1980: about 12,000 women in prison
- 2000: more than 85,000 incarcerated women
- 2009: 113,000 women incarcerated (nine-fold increase in three decades)
- 2010: 1.25 million women on some type of criminal justice supervision (Chesney-Lind & Pasko, 2013).
- A notable trend has been female arrests for assault crimes: 12% in 1960 and 22% in 2004 (Schwartz & Steffensmeier, 2007).
- From 2003 to 2012, female arrests for combined violent crime and other assaults, comprised about 18% of total arrests (FBI Uniform Crime Reports)

Slide 21

- In general, the total number of female arrests from 2003-2012 has increased 2.9% (males decreased by 12.7%). This trend reflects a substantial escalation in property crimes as illustrated by the following statistics for female arrests, from the FBI Uniform Crime Reports:
- Violent Crime (murder/non-negligent homicide, forcible rape, robbery, aggravated assault): -2.8% (males: -14.9%)
- Other assaults (assaults and attempted assaults): +11.8% (males: -7.1%)
- Property Crime (burglary, larceny, theft, motor vehicle theft): +24.7% (males: -6.9%)

Slide 22

Current Prevalence

- Official Rate = 2%
- Victimization rates = 12%
- Current Stats under-report offenses committed by female sexual offenders
 - Approximately 20% of female sexual offenses are officially reported
 - Female sexual offending appears no more underreported than male sexual offending

Cortoni, Babshichin & Rat, 2017

Slide 23

Recidivism

- In a sample of 2,490 offenders, recidivism rates over a 6.5 year period (Cortoni, Hanson & Coache, 2010):
 - 1.5% for new sexual offenses
 - 6% for new violent offenses
 - 20% for any new offense

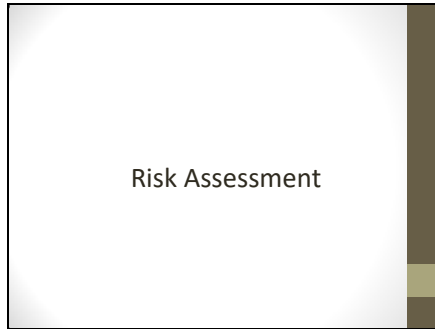
Slide 24

Recidivism

In a sample of 471 offenders recidivism rates over a 18.83 year period (Vandiver et al, 2018):

- were 52% for general (any) recidivism
- 7% for sexual recidivism
- Continues to demonstrate low base-rates for sexual recidivism.

Slide 25



Risk Assessment

Slide 26

A presentation slide with a white background and a dark brown vertical bar on the right side. The title "Factors Related to Non-sexual Recidivism" is at the top. Below it are three bullet points: "Prior criminal history is indicative of a higher risk of general or violent recidivism.", "Youth", and "Substance Use". To the right of the text is a small image of a glass of whiskey with ice and a pink flower.

Factors Related to Non-sexual Recidivism

- Prior criminal history is indicative of a higher risk of general or violent recidivism.
- Youth
- Substance Use



Slide 27

A presentation slide with a white background and a dark brown vertical bar on the right side. The title "Sexual Recidivism" is at the top. Below it is the text "Prior convictions for child abuse (any type) offenses" followed by a bulleted list of two theories.

Sexual Recidivism

Prior convictions for child abuse (any type) offenses

- Two Theories
 - 1. Because women are primary caregivers they are more likely to come to attention for nonsexual abuse as well.
 - 2. Sexual abuse of children, for certain women, is part of a broader pattern of abuse against children.

Slide 28

Summary Static Risk Factors

Predictors of Sexual Recidivism

- Prior child abuse convictions of any type

Predictors of General Criminal Recidivism

- Prior Criminal History
- Younger age
- History of substance abuse

Slide 29

Summary Static Risk Factors

- There are currently no validated STATIC risk assessment tools.
- Do not use the STATIC-99R, STATIC-2002R or the ISORA for women. Static risk factors are different than those found in male sexual offenders and these risk instruments will over estimate risk given the low base-rates.

Slide 30

Dynamic (Changeable) Risk Factors

- No known dynamic risk factors related to sexual recidivism in women.
- It is inappropriate to apply dynamic risk factors demonstrated for males to female offenders (ex: Mann et. al, 2010).
- Do not use VRS-SO, SOTIPS, SRA-FV or STABLE-2007.

Slide 31

Dynamic (Changeable) Risk Factors

However, female sexual offenders share some of the same dynamic risk factors when it comes to general criminal recidivism

- Antisocial attitudes/associates
- Substance abuse
- Emotional dysregulation
- Relationship instability

Slide 32

Summary

- Therefore, unless there is a stated intent to re-offend sexually, the presumption is that a female sexual offender is low risk.
- Research also does not support a nexus between diagnosis and sexual re-offending/offending.
- Assessments of female offenders require specific training, practice and clinical experience.
- An evaluator must know the literature and be careful not to apply "male based" risk assessment practices to females.

Slide 33

Clinical Factors

- Mistakenly called dynamic risk factors by some evaluators.
- These are factors identified for the purposes of treatment. They have in no way been found to be linked to sexual recidivism.

Slide 34

Treatment Assessment

- None of the following clinical factors have been shown to correlate or predict sexual recidivism.
- However, they have been shown to correlate with general and violent recidivism and studies have found that they are common in female sexual offenders.

Slide 35


Treatment Factors/Domains

- Intimacy & Relationship Issues
- Cognitive Processes
- Emotional Processes
- Sexual Dynamics
- Social Functioning
- Assessment of Unique Characteristics

Pflaeger & Cortoni, 2014

Slide 36

Cognitive Processes



Slide 37

Intellectual Functioning

- Make sure to obtain an IQ test as well as achievement/academic functioning
- Neuropsychological screening/testing may be needed

Slide 38

Cognitive Distortions

- Research on male sexual offenders has frequently addressed cognitive distortions related to sexual abuse perpetration and criminal thinking
- Significantly less research has addressed the thinking patterns of female offenders
- Even less research has specifically identified the cognitive distortions related to females who sexually offend

Slide 39

Offense Supportive Cognitions

Systematic review of research identified 13 studies which examined Offense Supportive Cognitions in FSOs

- Refers to any cognitive structure or cognitive process that may support female perpetrated sexual abuse
 - Six included offense supportive cognitions
 - Seven included offense supported cognition as a factor

Gannon & Alleyne, 2013

Slide 40

Offense Supportive Cognitions

Studies came from:

- U.K. (7 studies)
- U.S. (4 studies)
- Nordic Countries (1 study)
- Netherlands (1 study)

Participants included:

- Most were incarcerated or court referred for treatment/assessment (9 studies)
- Non-clinical adolescent females in community who reported sexual offending behavior (2 studies)
- Adolescent females incarcerated for sexual offending (2 studies)

Slide 41

Implicit Schemas/Beliefs Supporting Child Sexual Abuse

Generally supported

- Uncontrollable
- Dangerous world (males are dangerous, contact with children is less threatening)
- Entitled (viewed men in co-abuse as entitled)
- Children as sexual beings (not across all children)
- Nature of harm (abuse by men more harmful)
- Lone abusers have more distorted cognitions than co-abusers
- Lack of accountability, blame
- (subjugation and self-sacrifice)

Slide 42

Lack of Information

- Female offenders reported less clarity about sexual values, understanding physiological sexual responses, and sexual satisfaction
- Offenders showed less positive attitudes toward contraception use than non-offenders
- In general, offenders tended to lack information related to appropriate sexual norms/boundaries and at time healthy sexuality.
- Cognitive distortions do not manifest in females the same way they do in males

Slide 43

Empathy

- Victim empathy: plays a key role in perspective taking (Basically FSOs struggle with perspective taking)
- Equally high levels of victim empathy deficits among FSOs compared to MSOs
- Victim empathy deficits are higher for lone-abusers than co-abusers
- FSOs have worse perspective taking ability than non-offending controls

Slide 44

Intimacy & Relationship Issues

Slide 45

Intimacy & Relationships

Female offenders may be particularly vulnerable in this area and are often disenfranchised.

Basically looking for how does this woman relate to the world and what do we need to do to improve her functioning?

Slide 46

Intimacy & Relationships

- Female sexual offenders often have very limited social networks and supports
- Histories often include patterns of relationships that were characterized by abuse
- May have negative feelings and/or experiences about sexual encounters with adults (both male and female partners).


Slide 47

Intimacy & Relationships

- Lacking intimacy?
 - Physical
 - Emotional
- History of short-term relationships
- Same age friends/Family Support?
- Acquaintances? (Anti-social peers/co-offenders)
- Isolated? (Barriers to interaction)
- Abused

Slide 48

Emotional Processes



Slide 49

Emotional Processes

- MMPI or MCMI is helpful here
- Overall mental health and well-being
- Often related to intimacy/relationship issues
- What coping is used for relationship/intimacy needs?
- Substance use?
- Depression and or any other mental health dx
- Coping with body-image, self-esteem?

Slide 50

Anxiety

- If incarcerated, as release nears anxiety increases.
- Younger offenders tended to have more anxiety.
- Offenders in relationships tended to have more anxiety.
- If you are working with a female offender, research indicates that this areas warrants an assessment and possibly treatment interventions.

Plugradt & Allen, unpublished

Slide 51

Sexual Dynamics

Slide 52

Sexual Dynamics

- Women's arousal patterns are different from males and are more fluid (Chivers et al., 2004).
- The role of paraphilic disorders in female sexual offending is unclear. No evidence for nexus. Even though they are less frequent in women, their manifestation is gender specific.
- Sexual arousal during the offending may be more related to emotional states (Pflugradt & Allen, 2012) than to sexual preference.

Slide 53

Sexual Deviance

- If female offenders have a paraphilic disorder, it tends to be exhibitionistic disorder.
- Be careful about applying Pedophilic Disorder given the nature of female sexual fluidity if meets DSM-5 Criteria most often will be nonexclusive.

Slide 54

Sexual Sadism

- Mainly Caucasian
- Young (21-33 years)
- 10.8 years education
- Offended with a co-offender (male & female)
- Female and male children, female adolescent, adult men & women
- Assaulted victim(s) over course of days, weeks and even years
- Included both physical and psychological torture that occurred within the guise of nurturing.
- Cognitive distortions from the offenders included: Victim deserved it; denial; and concrete thinking

Slide 55

Sexual Sadism Offense Process

- The process of breaking the victim down emotionally/psychologically seemed just as arousing as the physical torture.
- Female perpetrators often used manipulation to direct others to torture while she observed and/or participated passively.
- Physical torture was severe and escalated over time.
- Physical torture occurred within a social context involving several people each having a vaguely defined role in a loosely defined family structure.
- The infliction of pain and/or torture was at times vicarious, i.e. forcing the victim or co-offender to watch or participate in abusing another person/victim.
- Physical/psychological control was further obtained or enhanced by nurturing the victim(s).
- The torture progressed from psychological (i.e. a process of dehumanization) to physical due to some precipitating event(s) with concomitant emotional responses such as anger, jealousy, fear and revenge.

Slide 56

- Some of the sexual arousal appeared vicarious i.e. the female perpetrators' arousal resonated off the arousal of co-offenders.
- Victims were chosen for their psychological vulnerability rather than physical weakness.
- Perpetrators created emotional dependence in their victims.
- A primary cognitive distortion was that the victims deserved to be tortured, resulting in a distorted perception of parenting/nurturance.
- Control was more sexually arousing to the subjects than inflicting pain.
- Control was a central theme which involved not only controlling the victims but also the co-offenders.

Slide 57

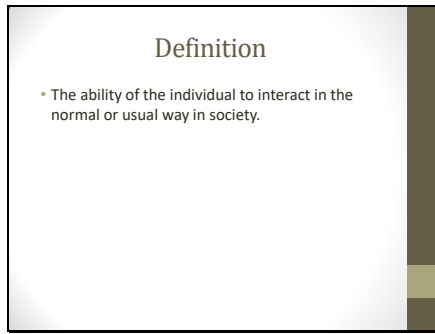
Sexual Dynamics

- In addition to deviant arousal, you also must assess:
- Knowledge of female sexuality?
 - Recognizing own sexual needs
 - Knowing how to meet own sexual needs
 - Understanding needs for intimacy and sexuality.
 - Understanding basic education regarding the female body, sex and reproduction.

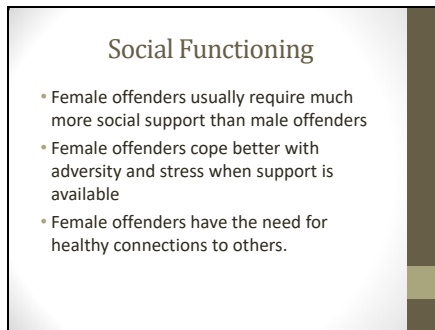
Slide 58



Slide 59



Slide 60



Slide 61

Social Functioning (Con't)

- How well does she relate to other adults?
- Role as caregiver?
- Is she able to generally function in day to day life or does she need assistance?
- Generally socially appropriate?
 - Mature?
 - Childlike?
 - Understands boundaries?
 - Experience with healthy relationships?
- Desires adult interaction?
 - Related to lack of resources (job, childcare)

Slide 62

Unique Characteristics

Slide 63

Unique Characteristics

- Lack of resources (more isolated, more risk for general recidivism)
- Low educational attainment leads to fewer job opportunities
- Still expected to parent despite difficulties (or want to parent and can't)

Slide 64

Gendered Treatment Model

Based upon the current empirical evidence about female sexual offenders, gendered treatments should focus on all areas of functioning including:

- Reducing or eliminating antisocial attitudes and behaviors while increasing prosocial skills
- Empowering clients to overcome past traumas and socio-cultural barriers to rehabilitation
- Building and enhancing coping skills and abilities
- Developing relational strengths (e.g., healthy relationships (including healthy sexuality), peers and social supports)

Pflugrad, Allen & Marshall, 2018

Slide 65

- Evolving research seems to suggest, for most female offenders, the ability to socially connect (in a healthy, appropriate manner) with others may be the single most important treatment goal.

Slide 66

Treatment Cont.

- Given the multiple differences between male and female sexual offenders. It is recommended that a Gendered Strengths Based Treatment Approach be utilized.
- Do not place female offenders in mixed gender sex offender treatment groups!!!
- For additional information see Pflugrad, Allen, & Marshall, 2018)

Slide 67

Conclusion

- Although research is limited, it does tell us that female sexual offenders require a gendered approach to risk assessment and treatment.
- Know the literature and the difference between male and female sexual offenders before undertaking risk assessment and treatment for female sex offenders.
- Refer if necessary-Do not apply male based techniques to female sex offenders
- Unless there is strong evidence (such as statement of intent) the base-rates for sexual recidivism for females is low (1.5% over 6.5 years; 7% over 18 years).
- Research does not demonstrate a nexus between diagnosis and sexual recidivism.

Slide 68

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Slide 70

Thank You!

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A 3D gold star graphic with a metallic sheen and a slight shadow, positioned in the lower right quadrant of the slide content area.