Presentation

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IT’S NOT LADYLIKE...

ICIAN’S GUIDE TO WOMEN WHO COMMIT SEXUAL OFFENSES

INTRODUCTIONS PLEASE

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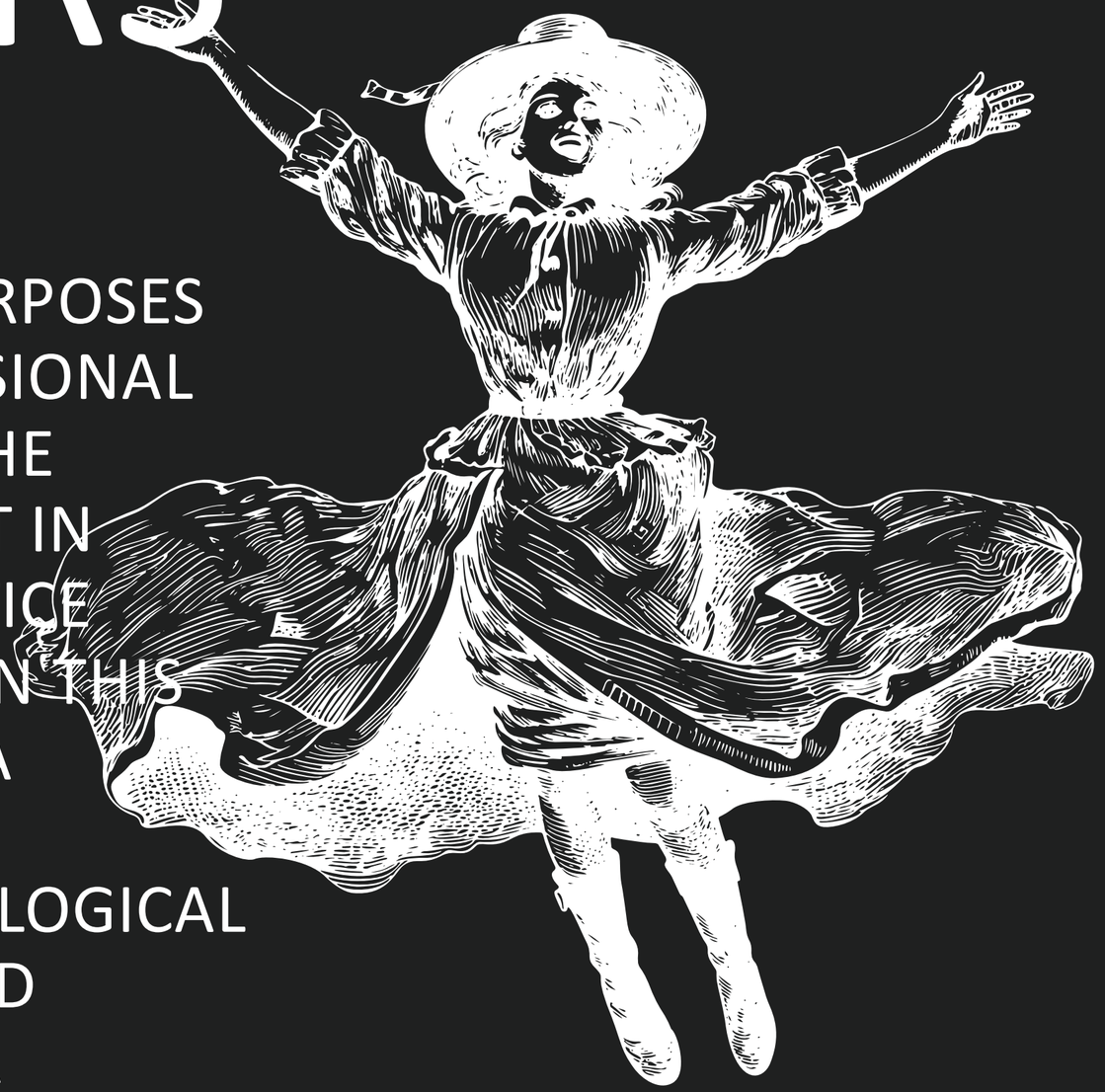


HI, EH?

OBJECTIVES

- Foundation-what do we know?
- Assessment
- Treatment
  - Case Studies
- Additional Considerations

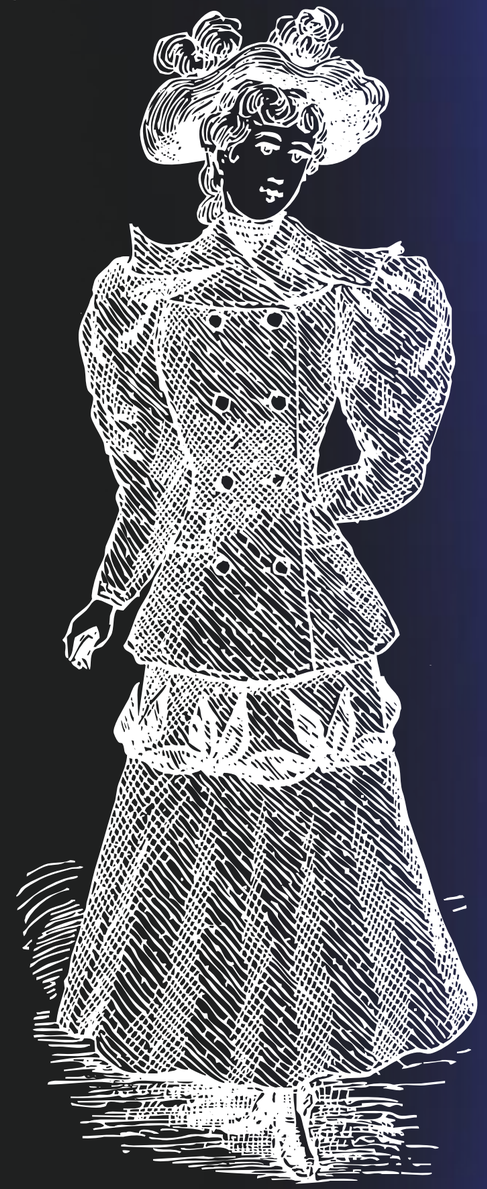
FOUNDATION:
WHAT DO WE KNOW

PUBLIC PERCEPTIONS (WHICH ARE INCORRECT)

- Women offend because they are coerced.
- Women offend because they are severely mentally ill
- It goes against the “natural” feminine role.
- “What harm can be done without a penis?” (Mathis 1972) Vs FSO is “unnatural” and therefore worse (…is it?)

WHO? HOW OFTEN?

- Under recognized and under reported (same as the men).
- More common in adolescent females than women (by a smidge)
- Cortoni et al., 2017
  - **multi-country (12 in total) 2000-2013**
  - **Based on both official records (e.g., arrests, convictions) and victimization studies**
- Results: 2% to 12%, depending on the data source.



WHAT DOES OFFENDING LOOK LIKE?

- Victims: predominately pre-pubescent and pubescent (Cortoni, 2018).
- Any form of sexual act, but tend to be less penetrative (Peter, 2009)
- Production of CSAM*
- 1/3 co-offend, typically with male spouse (Allenby, 2012)
  - Most common: related, female victims
  - If female co-offender: tend to same age, same-sex victims (Williams & Bierie, 2015)
- Solo
  - Most common: unrelated victims (Vandiver, 2006), males (Allen 1991)

WHAT MAKES THEM UNIQUE?

CHARACTERISTICS?

Demographics

- Age: younger than MSO (Peter, 2009), ave 26-32 yrs (Vandiver & Kercher, 2004)
- Substance issues starting in early adolescence (Bumby & Bumby, 1997)
- Few educational qualifications (Matravers, 2005)
- Few occupational qualifications (low pay jobs)
- SES-Low to middle (Vandiver & Kercher, 2004)
- Financial problems (Allen 1991)
- Higher poverty rates than MSO (Blanchette & Brown, 2006)
- Likely to be married or in a co-habituating relationship (Wijkman et al., 2010)

CHARACTERISTICS?

- Childhood Victimization History
  - At earlier age, greater severity and duration of sexual abuse, more incest and rape than MSO
  - High levels of sexual, emotional, physical abuse in early childhood (Elliott et al., 2010)
  - Neglect, bullying (Gannon et al., 2008), parental rejection (Desfachelles & Cortoni, 2017a)
- Levenson et al., 2015
  - ACEs survey
  - 20% reported no ACEs vs 35% of non-offending F.
  - 41% FSO reported 4+ ACEs vs 15% of non-offending F.

CHARACTERISTICS?

Adulthood History

- Sexual &/or physical victimization (Gannon et al., 2008, Wijkman et al., 2010)
- Drug and alcohol use (Miller et al., 2009)
- Relationship problems and intimacy deficits (Gannon et al., 2008)
- Low self-esteem (Hunter & Mathews, 1997)
- Inadequate social skills (Hislop, 2001)
- Poor self-identity (Hislop, 2001)
- Fear of men (Beech et al., 2009)
- Lack of social and familial support (Gannon et al., 2008)

CHARACTERISTICS?

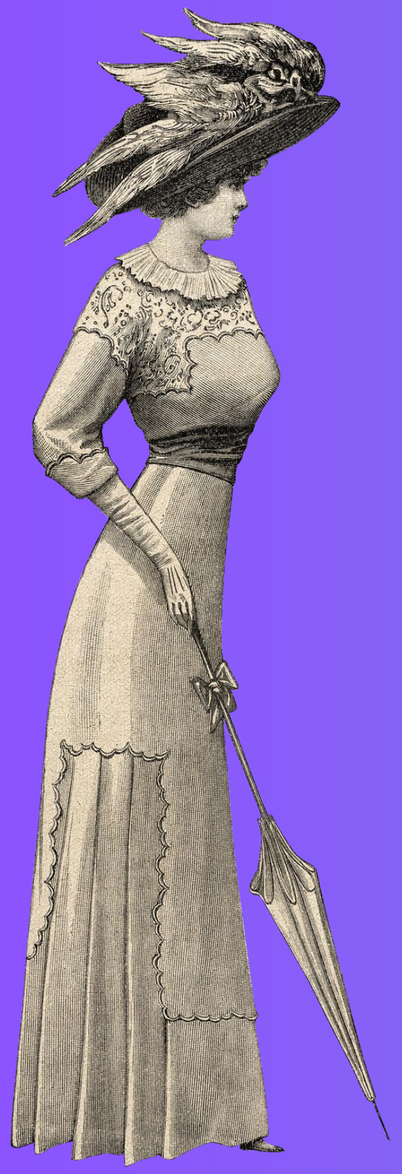
Psychopathology

- High MH (psychiatric and SA abuse) rates (Tardif et al., 2005)
- History of psychiatric hospitalization in >1/3 (Fazel et al., 2010)
    - But no differences between FSO & non-SO F offenders
    - Was a difference in comparison with non-offending women

CHARACTERISTICS?

Psychopathology

- High MH (psychiatric and SA abuse) rates (Tardif et al., 2005)
- History of psychiatric hospitalization in >1/3 (Fazel et al., 2010)
  - But no differences between FSO & non-SO F offenders.
  - Was a difference in comparison with non-offending women.
- Antisociality (Ford & Cortoni, 2008)-esp if non-sex motivation
- Presence of multiple paraphilias for FSO with pre-pub victims (Pflugradt & Allen, 2015)



CHARACTERISTICS?

Psychopathology

-depressive disorders and suicidal ideation
-PSTD
-anxiety disorders
- impulse control (Green & Kaplan, 1994)
-psychosis (8%) (Fazel et al., 2008),
- avoidant, dependent PDs(Green & Kaplan, 1994),
-borderline PDs (Tardif et al., 2005)

BUT-not different from non-sexual F offenders in general

GENDER SPECIFIC

- Co-Offending
- Williams & Bierie (2015)
- Huge study of reports to police (NIBRS) (N=43,018 involved FSO)
- 61.9% solo
- 32.5% co-offend with a male
- 5.6% involved 2+ FSO

GENDER SPECIFIC

- Co-Offending
- More likely to have female victims
- Often dependents
- Likely to have intra-familial victims
- If mixed gender (3+): stranger victim & physical harm
- All female SO incidents tended to occur in penal system
    - 42% involved a male victim

GENDER SPECIFIC

- Co-Offending
- May offend of own volition.
- May offend under considerable coercion/threats (Gannon et al., 2008)
    - An estimated 50% are coerced (Desfachelles & Cortoni, 2017b)
- Those who start as co-offending then shift to solo

OFFENDING CHARACTERISTICS

FACTORS RELATED TO SO: MOTIVATIONS

- Closeness/intimacy
  - With co-offender or victim.
- Sexual gratification obtained via victim or co-offender.
- Instrumental Reasons (revenge/humiliation)
- Co-offending
  - Wish to please spouse out of fear he would leave
  - Desire to avoid physical or sexual reprisals by spouse
  - External rewards (attention, services, money)

FACTORS RELATED TO SO: RELATIONSHIPS

- Related to early developmental experiences
  - Gender specific pathways toward offending (all) (Daly, 1994)
    - Includes drugs, childhood physical/sexual victimization, defensive violence against partners (see Brennan et. al., 2012)
    - Battered woman/victimization pathway: higher MH issues, anger issues, and aggression, particularly in the home
- Attachment issues may play important role
- Related to early developmental experiences

FACTORS RELATED TO SO: COGNITIONS

- Implicit Theories common to male and female offenders
  - *Children as Sexual Objects
  - Nature of Harm
  - *Entitlement (for men but not women)
  - *Dangerous ~~World~~ (Men)
  - *Uncontrollability
  - + (and unique to women)
- Subjugation
- Self Sacrifice

*gender-specific expression
(Beech et al., 2009, Gannon et al., 2012)

FACTORS RELATED TO SO: INTIMACY AND RELATIONSHIPS PROBLEMS

- Often related to early experiences.
- Often victims of domestic violence (Gannon et al., 2008)
- Excessive dependence on men (Eldridge & Saradjian, 2000)
- Absence of practical support from family and friends (Gannon et al., 2008)
- Attachment problems
- Relationships are protective for men, but may be detrimental to women (Griffin & Armstrong, 2003)

FACTORS RELATED TO SO: SEXUALITY

- Pedophilia?
- Ehebephilia?
- Non-sexual?
- Sexual sadism?
- Fantasies prior to offending?
- Fantasies after offending?
- Masturbation to fantasies?
- Less influence of testosterone than males

FACTORS RELATED TO SO: SEXUALITY

- Gendered differences in physiological arousal matching preferences.
  - Suschinsky, Lalumiere & Chivers, 2009)
  - [Image: Credit: Eric Brousseau, Petherick, A. Sex matters. Nature 550, S2–S3 (2017). https://doi.org/10.1038/550S2a]

FACTORS RELATED TO SO: VICTIMIZATION

- Childhood victimization is often linked to higher risk of antisocial behaviors (Widom & Massey, 2015)
- Plays role in development of personality traits (passivity and dependency)
- Scandinavian study: causal association between all types of child maltreatment and subsequent sexual aggression (Forsman et al., 2015)

ASSESSMENT

ASSESSMENT OF TREATMENT NEEDS

- Family History
- Childhood/Adolescence
- Victimization History
- Attachment
- Education
- Employment
- Mental Health
- Substance Abuse
- Relationship History

Sexual History

Sexual Regulation

Emotional Regulation

General Regulation

- Criminal History
- Sexual Offense (co-offender?)
- Denial/Minimization
- Offense-Supportive Cognitions
- STRENGTHS

WHAT TO USE FOR RISK PREDICTION?

- There is no validated instrument for use with women (Marshall et al., 2021)
- Total scores not associated with sexual recidivism
- Only individual item associated with sexual recidivism were:
  - History of prior sexual offenses
  - Non-contact offenses
- Three items associated with non-sexual recidivism:
  - Female victims
  - 4+ sentencing dates
  - No long term co-habitation

WHAT TO DO?

- Base evaluations on (currently) known risk factors:
- Prior sexual offenses
- Non-contact offenses
- BUT—doesn't mean that the woman is high risk but just higher risk than your average FSO
- Default position: known base rates of sexual recidivism of women is LOW (≈ 2%)(Cortoni, 2018) so anything higher must be well justified (and documented)
- Can use tools to predict general recidivism for females
    - LSI-R (Level of Service Inventory: Andrews & Bonta, 1995)

TREATMENT NEEDS

CAN WE USE WHAT WE HAVE AND JUST CHANGE THE PRONOUNS?

- Consider the differences:
- Victimization
- Use of relationships
- Motvations
- Trauma
- Substance abuse

CENTRAL AREAS (according to Cortoni, 2018)

- Cognitive processes
- Emotional processes
- Intimacy/Relationship issues
- Sexual Dynamics
- Psychsocial Functioning

A relational model may be of particular use: identify and resolve the relationship issues that impact each area

ADDITIONAL CONSIDERATIONS

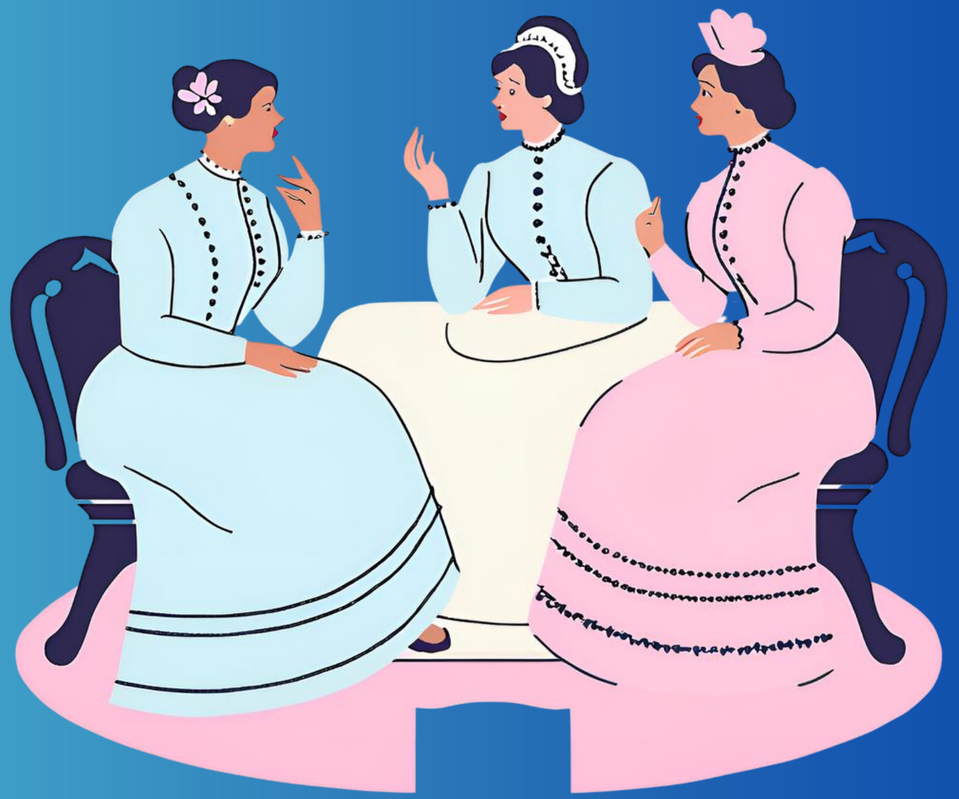
- Women tend to do better with increased supportive relationships when reintegrating.
- Need to support independent functioning to reduce vulnerability
- Opportunities to “test” new relationship skills in a safe setting
- Setting and maintain boundaries
- DO NOT disregard the impact of trauma on psychological and emotional functioning (trauma informed treatment)
- Research indicates that gender-informed txt has improved outcomes (Gobeil et al., 2016)
- Only use trauma informed txt if the need is identified

WHAT ABOUT RNR?

- But place into context of treatment needs rather than risk for recidivism (which is almost always low)
    - -if txt needs are high, then more intense txt even when risk is low

WHAT ABOUT CBT?

- Research supports use of CBT (Blanchette & Brown, 2006)
- Cognitive distortions
- Cognitive schemas
- Cognitive restructuring



CLINICAL CONSIDERATIONS

YOUR TURN

Case Studies

WHAT ELSE? IT DEPENDS

- Challenge your own attitudes and biases
- Be aware that this field is rapidly changing

QUESTIONS?