

## Female Sex Offender Risk Assessment

### White Paper

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Currently the field of sex offender management and treatment is lacking any validated/standardized risk assessment instrument for the female sex offender population. As a result, providers and other stakeholders working with this unique offender type do not have an approved method of accurately assessing risk. Further, it is counterproductive and prohibited for risk assessment instruments normed on the male population to be used on the female population. Given that research has shown that clinical judgment is the *least* accurate indicator of risk and that standardized risk instruments are the preferred measure of risk, this is a substantial and concerning gap in the field.

Female sex offenders represent less than 10% of all known sex offenders (Cortoni & Hanson, 2005; Cortoni, Hanson, & Coache, 2010; Female Sex Offenders, 2007). With such a small offender population there are challenges in gathering data resulting in a lack of research (Gannon & Cortoni, 2010; Harris, 2010; Lilly, Cullen, & Ball, 1995). In fact, the field of sex offender management is 20 years behind regarding female sex offenders in comparison to male offenders (Ford & Cortoni, 2008; Gannon & Cortoni, 2010). Given that recidivism amongst this group appears to be very low, (meta analyses from 2005 to 2010 indicate female sexual recidivism is between 1-3%) effectively discerning accurate risk factors is extremely challenging and has proven to be a barrier to developing a standardized risk assessment thus far (Cortoni et al., 2010; Cortoni & Hanson, 2005). The Sex Offender Management Board (SOMB) is working toward developing a risk assessment instrument, but this task has proven arduous and will realistically take a long time. This is due to the very large sample needed for data collection requiring collaboration with stakeholders in other states and possibly other nations.

In the interim, the SOMB offers the following guidance to professionals working with this population. As new research emerges the SOMB will respond accordingly by incorporating updated information but until such time it is essential to utilize best practices. After a thorough review of current information from professional publications (books and peer reviewed journals by experts in the field) there appear to be some indicators that can be helpful when appraising risk of female sex offenders (Clark & Howden-Windall, 2000; Denov & Cortoni, 2006; Cortoni, Anderson, & Bright, 2002; Gannon & Cortoni, 2010; Gannon, Rose, & Ward, 2008). The following list is not intended to be all encompassing or to be used as a risk assessment, rather, professionals should consider the following factors in conjunction with sound clinical judgment as they may potentially be related to risk for female sex offenders:

- Prior criminal history – i.e. anti-social orientation
- Prior child abuse offenses – criminal history, social services, self-report
- Denial or minimization of offending behavior

- Distorted cognitions about sexual offending/abuse – Multi Phasic Sexual Inventory II and/or VRT (visual reaction time)
- Intimacy deficits and problematic relationship(s) – Intimacy deficits can be defined as restrained capacity of an individual to exchange thoughts and feelings that are of personal significance with another individual who is highly valued. Problematic relationships can be relationships in which the individuals do not emotionally support one another, foster communication, or appropriately challenge one another. In addition, the individual may place a higher value on the relationship than his/her own personal worth. The relationship may contain unhealthy interaction, and does not effectively enhance the lives of the people involved. The individuals may not take responsibility for making their own lives or the relationship work.
- Use of sex to regulate emotional state or fulfill need for intimacy. This can be viewed as an individual who engages in sexual behaviors as a coping mechanism to improve mood, increase self esteem, reduce stress, achieve emotional well being, solve problems and/or to avoid negative emotional states. Using sex to fulfill a need for intimacy may be seen as an individual who engages in sexual behaviors to meet emotional needs, to achieve a superficial/distorted sense of connection, and/ or to achieve emotional fulfillment through physical sexual acts.
- Sexual gratification and instrumental goals such as revenge or humiliation
- Substance abuse
- Puts needs of co-offending partner above self and/or child(ren) and/or victim
- Evidence of deviant sexual interest – VRT (visual reaction time)
- Impulsivity – This can be viewed as engaging in behavior without adequate thought, the tendency to act with less forethought than do most individuals of equal ability and knowledge, or a predisposition toward rapid, unplanned reactions to internal or external stimuli without regard to the negative consequences of these reactions.
- Documented presence of personality disorder (e.g. Borderline, which may impact emotional regulation, impulsivity and poor decision making).

It may benefit the clinician to focus on offender characteristics in conjunction with clinical judgment (especially for those who have expertise working with female sex offenders; see Elidridge & Saradjian, 2000; Matthews, 1998), and to use the Level of Service Inventory Revised (LSI-R) to identify criminogenic risk and needs. Given that effective risk assessment is essential in evaluating, treating, and managing sex offenders, it may be tempting to utilize the plethora of standardized assessments available for male offenders. However, they are *prohibited* for use with female offenders (review Gannon & Cortoni, 2010). This is because the assessments were validated on the male population and are empirically based on the specific relationship between risk factors and recidivism, which is null and void with females. In addition, these assessments may misrepresent risk in female offenders.

The Board would like to remind stakeholders that offenses involving female sex offenders have a lower reporting rate than those involving a male offender. In addition, there are female offenders who are dangerous and require a high level of treatment and supervision. While they are a unique population, the behavior is similar and should be treated equally (e.g. non-compliance, instability, resistance, risk characteristics). Often females in the criminal justice system are treated differently due to individual, professional, cultural and social biases. However, inequity and inconsistency in sentencing, supervision, treatment, etc. based solely on gender differences does an injustice to the offender, the victim, and the system and places the community at risk. The SOMB continues to promote individualized assessment and intervention efforts for all offenders regardless of gender and encourages the use of risk, need, and responsivity principles. Furthermore, the SOMB endorses gender responsive evaluation and intervention. The very nature of sexual offenses requires that public and victim safety remain at the forefront of decision-making.

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