**Presentation Overview**

- Sex Offenders
- Male & Female Sex Offenders
- Sexual Perversions & Paraphilia
- Assessment and Tools
- Assessment Protocol and Limitations

**Sex Crimes: Mostly A Male Phenomena**

- Sex crimes is more often committed:
  - By adult males
  - Followed by male adolescent sex offenders
  - Female sex offenders make up a very small percent of sex crimes
- Children and adolescents (family members) are often the victims of sex crimes.

**Sex Offenders: Adults & Adolescents**

- Predominately males
- Heterogeneous group
- Cuts across socio-economic, educational & cultural groups
- Often products of generations of abusive families
- Often victims of sexual abuse and never reported

**Female Sex Offenders**

- Documented criminal records for the last 100 years demonstrate that in general, female sex offenders are extremely small in numbers.
- Of all sex offenders, approximate 5% or less are females.
- When compared to the male sex offender there is limited research available.

**Sex Offenders: Males vs. Females**

- Male and female sex offenders are a distinctively different groups
- Male and female sex offenders have distinct constellation of problems and risk variables
- Questionable and possibly unethical to use “one size fits all” approach
Adult Sex Offenders: Males & Females

- Male sex offenders are more antisocial, more likely to have a criminal record, are more sexually active, have more sex partners, and have more victims.
- Female sex offenders have more serious psychiatric and psychological problems.
- Both have histories of law enforcement involvement.

Adolescent Sex Offenders: Males and Females

- Males have more school difficulties, school suspensions
- Males have more histories of antisocial behaviors, difficulties with anger, evidence of attention from law enforcement or documented criminal history.
- Female sex offenders have symptoms of depression, suicide and other psychological difficulties.
- More females than males are victims of serious sexual abuse & at a younger age.

Crime Data: Juvenile Justice Bulletin

(Finkelhor et al., 2009, December)

- Female adolescent sex offenders more likely than male offenders to offend:
  - In conjunction with others (36% vs. 23%)
  - In conjunction with adults (13% vs. 5%)
  - In incidents with multiple victims (23% vs. 12%)
  - Against male victims (37% vs. 21%)
  - Against victims younger than 11 (60% vs. 43%)

Careful!! Assumptions Based on Very Little

- Assumptions based on extremely small studies and sample sizes.
- Minimal generalizations can be made on study findings.
- Prevalence of certain characteristics likely to fluctuate significantly depending on the nature of the sample studied.

Recent Meta-Analysis

- Cortini, Hanson, Coache (2010) meta-analysis on adult female sex offenders
- International samples; giving wide variance
- Combined sample studies gave total N=2490 adult female sex offenders
- Follow-up was 6.5 years

Recent Meta-Analysis and Limitations

- Cortini, Hanson, Coache (2010) recent meta-analysis:
  - Social times significantly different today than at time when data collected; cultural differences unaccounted for
  - Sex crime laws differ state to state as well as differing country to country
  - Only 10 studies; 5 from USA; Western Australia; United Kingdom (1); Canada (2); Netherlands (1)
Recent Meta-Analysis and Limitations
Cortini, Hanson, Coache (2010)

- Each study varied according to:
  - Studies ranged from N=6 (Canada) to N=1466 (USA)
  - Age range, educational levels and ethnicity range were not provided
  - Largest contributor to meta-analysis was one (American) study N=1466 (some data collected over 20 years ago (1986-2006))
  - Overall, data is dated coming from an era of considerably different sexual mores; different socio-cultural- psycho- sexual values.

- The largest study had sample size 1466
- Data not all contemporary (1986-2006)
- Five of the 10 studies within meta-analysis defined “recidivism” as an arrest—meaning that not all were adjudicated (guilty) for a sex crime.
- Recidivism rates are likely even lower than reported by meta-analysis.

Female Sex Offenders

- As a group, female sex offenders tend to initiate sexual abuse at a later age
- Juvenile female sex offenders are less commonly found
- Male offenders are more likely to have victims of both genders than female sex offenders

- Female sex offenders are more likely to commit their offense in cohort
- Female sex offenders rarely coerce other into being accomplices in sex offending

Female Sex Offenders & Their Victims

- Female sex offenders rarely use force or violence far less often
- Female sex offenders rarely use threats of violence to silence victims

- Sexually violent predatory female offender is an anomaly
- Female sexual aggression is often against:
  - an (ex-)partner, against friends or acquaintances via verbal assault, coercion
  - Sexual aggression against unknown men is rare
Female Sex Offenders & Their Victims

- Studies report 75% of the cases, victims of female sex offenders are relatives or acquaintances. Reports of strangers being victimized are rare (Mathews, et. a., 1991; Miccio-Fonseca, 2000; Vandiver & Kercher, 2004; Vandiver & Walker, 2002).

- Percentage of female perpetrators abusing more than one victim varies over studies from 15% to 50% (Faller, 1987, 1995, Miccio-Fonseca, 2000; Vandiver & Walker, 2002).

Female Sex Offenders & Their Victims

- Female sex offenders who sexually abuse their young children seem to have a different psychological dynamic versus other female offenders who do not victimize their children.

- Female sex offenders who sexually abuse their very young children can be dangerous causing physical harm or pain.

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Female Vs. Male Sex Offenders And Their Victims

- Miccio-Fonseca, 2000
- Female family member: 20%, 25%
- Male family member: 50%, 4%
- Female only: (in family or not): 40%, 64%
- Male only: (in family or not): 60%, 21%
- Both female and male: 0%, 15%

Female sex offenders vs. male sex offenders

- Female family members: 20%, 25%
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- Female only: (in family or not): 40%, 64%
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- Both female and male: 0%, 15%

Sexual Abuse Victim FSO Vs. Non-Victim FSO

- Distinctly different groups in a variety of areas sexual abuse victims female sex offenders are more psychologically disturbed and come from more problematic families
Studies Show Majority Victims of Sexual Abuse

- All studies report that a majority (60%-100%) of the female offender have been sexually abused in their youth (Green & Kaplan, 1994; Mathew et al, 1991; McCarthy, 1986; Miccio-Fonseca, 2000).

- A majority of these women also experience physical abuse (Allen, 1991; Kaplan & Green, 1995; Miccio-Fonseca, 2000).

Sexual Abuse Victim FSO Vs. Non-Victim FSO

- FSO-V-FSOO
- Attempted suicide: 62%, 0%
- Psychiatric problems in family: 45%, 0%
- Family member who hurt/killed someone: 77%, 0%
- No differences on many variables

Sex Offenders & Sex Disorder

- Not all sex offenders have a sex disorder
- Many SO’s
  - Have mood disorder and sex disorder
  - Can have personality disorder
  - Often find a sexual dysfunction
  - Drug use and abuse often found in their histories

Psychological Variables Sex Offenders

- Miccio-Fonseca, 2000
- Female versus male sex offenders
  - Attempted suicide: 44%, 15%
  - From families with suicide: 50%, 8%
  - Legal problems: 63%, 68%

Female Sex Offenders vs. Female Non-Sex Offenders

- Suicide attempts reported by 12% of the females who were not sex offenders,
- 44% female sex offenders had attempted suicide.
- Differed on having a family member who physically hurt or killed someone; 56% of the female offenders came from such a family, while only 27% of non-sex offenders reported this

Mental Health and Female Sex Offenders

- Some researchers, have found a higher incidence of schizophrenia and developmental delay among female sex offenders than among male sex offenders. Atkinson, J. L. (1996)
Sex Offenders Are Victims of Sexual Abuse

- Miccio-Fonseca, 2000
- FSO—MSO
  - Incest victim: 33%, 13%
  - Rape victim: 39%, 4%
  - Abused before age 6: 54%, 33%
  - Penetrated: 56%, 24%
  - Fondled: 67%, 39%
  - Peeped at: 67%, 39%

Female Sex Offenders & Family Dynamics

- Often come from blended families
- Family history and backgrounds are unconventional
- Family history of child abuse is common
- History of poor family relationships
- History of Lovemap impairment

Assessment & Treatment of Female Sex Offenders

- Female sex offenders are clinically different than male sex offenders
- Dynamics and underpinnings of their sex offending is distinctly different than for male sex offenders
- Limited validated and cross-validated measures for females be they youth or adults

MEGA²: A Risk Assessment Tool For Females

- Created on sizeable national and international samples of youth, 4-19 years
- MEGA² Validated on substantial sample N=1184; males=979; females=202
- Cross-validated on N=1056; males=953; females 102; transgender=1

MEGA² Cross-Validated Sample

- Very diverse sample; 18% were bilingual
- Ethnicity:
  - 49.1% Caucasian
  - 20.3% Afro American
  - 19.9% Hispanic
  - 1.1% Asian American
  - 0.9% Native American
  - 8.4% Other

MEGA² Age Group and Gender

© Copyright, 2012 Female Sex offenders, L.C. Miccio-Fonseca, Ph.D.
Clinic For The Sexualities, San Diego, Ca.
**MEGA² Risk Groups and Gender**

- **Risk Groups**
  - Low
  - Moderate
  - High
  - Very High

- **Gender Comparison**
  - Male N=953
  - Female N=102

**MEGA² Very High Risk Group, Age and Gender**

- **Age Groups**
  - 4-12 yrs
  - 13-15 yrs
  - 16-19 yrs

- **Gender Comparison**
  - Males N=86
  - Females N=5

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**Treatment of Female Sex Offenders**

- No standardized protocol
- Empirical findings give direction of (Individualized) Treatment Plan for Female Sex Offenders
- Clinical dynamics are significantly different
- Female sex offenders have notably less antisocial elements than male sex offenders

**Risk Assessments**

- Actuarial scales are state of the art tools for assessing recidivism & sex offenders.
- Actuarial scales are statically based on large samples of sex offenders.

**Actuarial Scales**

- Risk assessments: considered faulty if actuarial scales are not used
- Actuarial scales are state of the art tools for assessing adult male sex offenders & recidivism
- Statically based on large samples of male sex offenders and cross validated

**Limitations of Actuarial Scales**

- The actuarial scales subject samples are constructed on:
  - often from dated samples, and
  - often are not the same as the individual that is being assessed.
- Lacks sensitivity to specificity to the individual sex offender.
- No actuarial scales that have been validated and cross-validated for female offenders or adolescents to date.
Limitations of Actuarial Scales

- Actuarial scales generally require that the sex offender have a prior law enforcement sex offense documented i.e., arrest, charge, and/or conviction.
- Predictive validity of actuarial risk scales is moderate in part because actuarial risk scales are based on recidivism (either arrests, charges and/or convictions).

Assessing High Risk Behaviors

- History of sexually abusive behavior, type, frequency, duration
- Kind of relationship sex offender has with victim
- History of law enforcement involvement
- History of antisocial or behavioral difficulties

Assessment Procedures

- Follow ethical rules with regard to obtaining or releasing data prior to collateral contacts
- Review all data ethically available
- Empirically guided clinical interviews
- Clinical observations
- Use appropriate psychometric measures

Ecological Validity of Case Planning

- Assessing the sex offender is a multidimensional approach.
- Case planning must consider the evolution of the case.
- Case planning must also consider the developmental changes of the individual during the evolution of the case regardless of age.

Assessment & Treatment of Female Sex Offenders

- Female sex offenders are clinically different than male sex offenders
- Dynamics and underpinnings of their sex offending is distinctly different than for male sex offenders
- Female sex offenders usually do not have a Paraphilia disorder (sex disorder).
A Significant Variable Ignored: Gynecological-History

- Little to no research in this area
- The limited research findings demonstrate that Female Sex Offenders have significant issues in this area

Sexual Health And Histories

- Miccio-Fonseca, 2000
- FSO-MSO
- 2-5 sexual partners in the past: 12%, 43%
- No sexual partners in past year: 44%, 11%
- No sexual illness: 0.33%, 0.08% reported
- No differences: sexual dysfunctions and sexual problems

Gynecological-History Variables

- Female sex offenders /victims had a higher average number of abortions than female non-offenders
- Female sex offenders had fewer live births than female non-sex offenders
- 33% of the female sex offenders had at least one abortion, compared with only 20% of the female non-sex offenders

Assessment And Treatment Models Are Incomplete

- Models designed only for adult male sex offenders and are used with:
  - Individuals who have low intellectual functioning
  - Female sex offenders
  - Adolescent offenders and younger.
- Using such models may have significant adverse effects.

Sexual Arousal & Measures of “sexual arousal”

- No established standardized operational definition of “sexual arousal”---only reactivity of the male organ (penis)
- No universal theory, model or paradigm to explain “sexual arousal”
- Utility tools have limitations of validity and reliability
Sexual Arousal & Measures of “Sexual Arousal”

- How and who defines 'sexual arousal'?
- Current tools utilized purported to “measure sexual arousal”
- Polygraphs
- Plethysmograph (PPG)
- Visual reaction time

Polygraphs and PPG’s

- Significant validity and reliability problems
- Widely used in field of sex offenders on males, not females.
- Utility tools endorsed by many in the field including sex offenders in spite of serious validity and reliability problems and lack of standardization on these

Assessment Procedure

- Comprehensive Empirically Guided Structured Clinical Interview with the Individual
- Comprehensive Empirically Guided Structured Record Review extensive background information: Medical, Psychiatric, Educational, Occupational, Law enforcement involvement history, Substance Abuse, Abuse generically

Assessment and Sexuality

- No standardized method
- No paradigm or model of “normal erotic development”
- Many doing “assessments” have limited professional education or experience in taking a sexual history
- A general discount of self reported sex history

Assessment and Sexuality

- Many professionals resort to “tools” “profiles”
- Little to no idiopathic consideration
- Personal Sentence Completion Inventory (PSCI) covers idiopathic sexual history,

Treatment Models & Sex Offenders

- Behavioral model: attempts to change behavior
- Cognitive model: attempts to change thought patterns and fantasy
- Technical instruments: polygraph, and phallometric testing and profiling
- Psycho-pharmacological treatments
Female Sex Offenders

Multiple Treatment Methods
- Relapse Prevention, Good Lives Model, Circes of Support
- Cognitive restructuring
- Psycho-pharmacology
- Surgical and/or pharmacological castration
- Specialty Groups
- Treatment does reduce recidivism and risk

Multiple Treatment Methods Suggested
- Relapse Prevention, Risk–Need–Responsivity (RNR) Good Lives Model, Circes of Support
- Cognitive restructuring
- Psycho-pharmacology
- Surgical and/or pharmacological castration
- Specialty Groups
- Treatment does reduce recidivism and risk

Recidivism Rates Lower For Sex Offenders vs. General Offenders
- Sexual recidivism rates for sexual offenders range between 10-15% over 5 years.
- Increase to approximately 20% over 10 years
- Averages of detected sexual re-offense rarely increase above 40%-50% over 25 years after release to the community

General Recidivism Rates For Specific Sex Offenders (Male)
- Incest offenders ranged between 4-10%
- Rapist ranged between 7-35%
- Child molesters with female victims 10-29%
- Child molesters with male victims 13-40%
- Exhibitionists ranged from 41-71%

Recidivism Rates For Female Sex Offenders
- Sandler & Freeman (2009)
- A large scale empirical analysis; N= 1466
- Significant differences found between female sex offenders who sexually recidivated (n=32) and those who did not. (n = 1434)
- Female sex offenders who sexually recidivated did not confine their offending to sex crimes.

General Recidivism Rates For Adult Female Sex Offenders
- Empirically a generally an unknown factor
- Difficult to study in light of the extremely small subject sample when compared to male sex offenders
- Likely that general recidivism rates for female sex offenders is considerably low
Recidivism Rates For Adult Female Sex Offenders

- Sandler & Freeman (2009)
- Female sex offenders who sexually recidivated, 41% had at least one nonsexual conviction prior to their sexual conviction compared with 13% with no sexual recidivism group.

Research Findings

- Cortini, Hanson, Coache (2010) 2490 offenders had average follow-up 6.5 years
- Findings: Adult females have extremely low rates of sexual recidivism; less than 3%
- Risk assessment tools for male sex offenders if used on females is likely to substantially overestimate the recidivism risk of female offenders.

Research Findings

- Cortini, Hanson, Coache (2010) recent meta-analysis (Sample: 2490 female offenders) reported:
  - Sexual Recidivism Estimates (n=2415): 0% to 10.8%
  - Violent Recidivism Estimates (n=2260): 6.46%
  - Any Recidivism Estimates (n=2406): 24.42%

Research Findings On Treatment of Sex Offenders

- Research has demonstrated that treated sexual offenders recidivate less often than comparable untreated sexual offenders (Hanson, Gordon, Harris, Marques, Murphy, Quinsey, & Seto, 2002).

Call For Distinct Models Differentiating Groups of Sex Offenders

- Distinct models to deal with the specific group needs of the
  - Adolescent offenders
  - Developmentally delayed
  - Female sex offenders

Call For New Paradigms in Assessment & Treatment Models

- Current practice primarily focuses on the behavioral manifestations of brain functioning not the functioning itself
- Behavioral manifestations are open to unreliable interpretations
- Assessment and treatment models need to incorporate both psyche and soma
References


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