Working with Female and Gender Nonconforming Individuals Who Have Committed Sexually Motivated Offenses

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Department of Corrections
WASHINGTON STATE

SOTAP
Sex Offender Treatment & Assessment Programs

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Educational Objectives

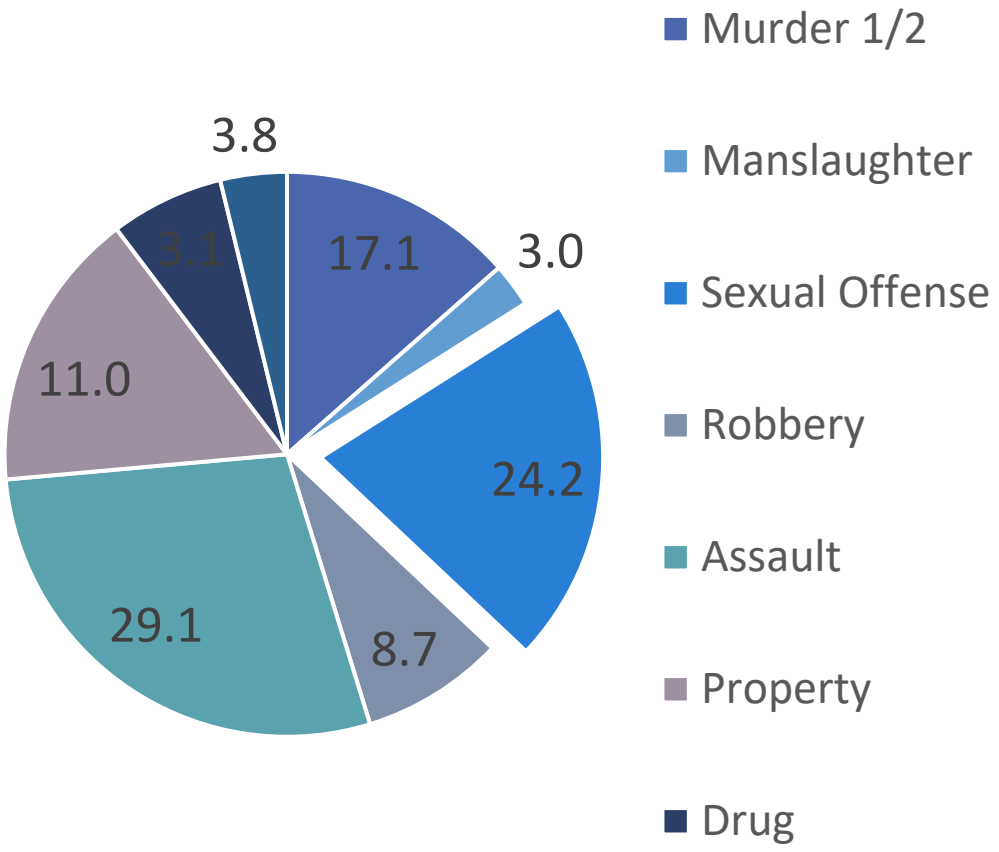
- Describe current evidence-based treatment models for working with individuals who identify as female and have committed sexually motivated crimes.
- Identify current gender-responsive treatment approach adjustments being made to respond to the needs of this population.
- Cite recent research about treatment of this population.

Section Overview

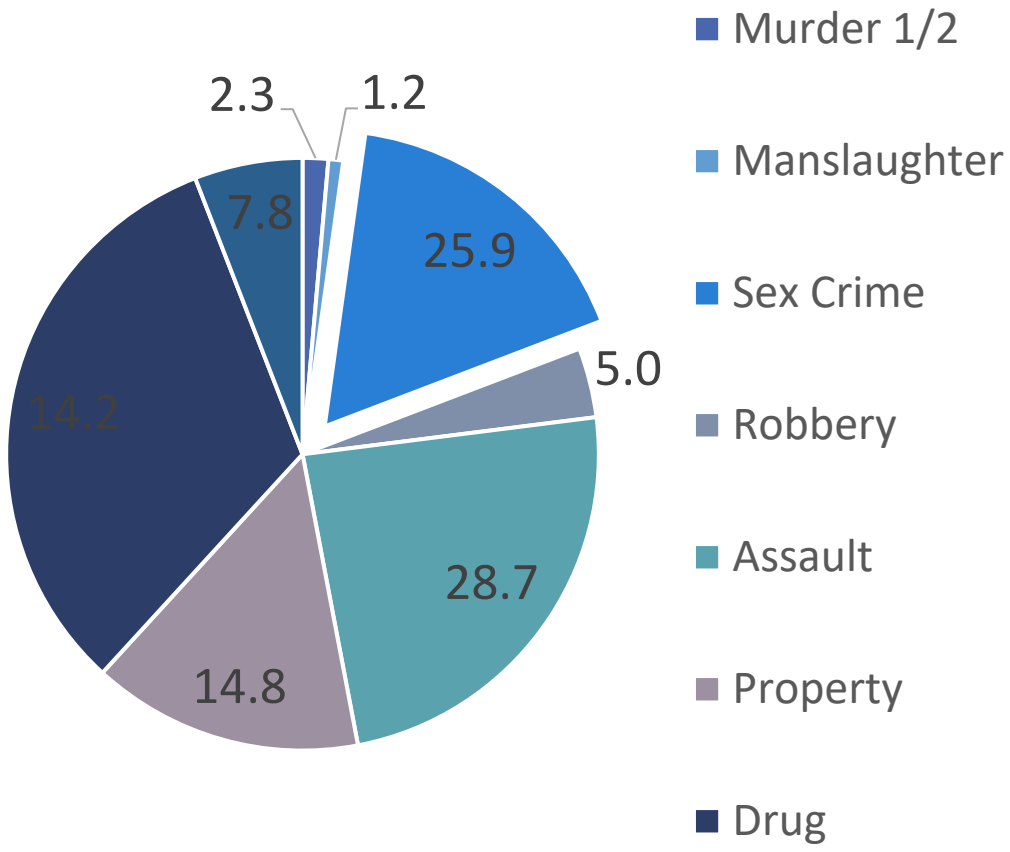
- WA Dept of Corrections (DOC) Population
- Treatment Program
  - Approach
  - Foundation
  - Structure
- Recidivism Data

DOC Population Overview

PRISON



COMMUNITY



Data from DOC Fact Card 9/2021 - Most serious current offense

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Who is SOTAP

(WA State Dept. of Corrections Sex Offense Treatment and Assessment Programs)

- Operations
- Risk Assessment Unit
- Prison Treatment
  - AHCC
  - TRU
  - SOU
  - WCCW
- Community Treatment
- Quality Assurance and Training

Sex Offense Treatment

- Continuum of Care
  - Risk assessment for treatment prioritization
  - Screening for treatment amenability
  - Prison Treatment – Stable 2007
  - Community Treatment – Stable 2007

Modern Treatment Approaches

- Target criminogenic factors
- Assess, increase motivation
- Focus on approach goals vs. avoidance goals
- Positive approach – strength focus vs. deficit focus
- Values based and avoid shame
- Support core correctional practices
- Goal: Have a good and safe life

What is effective with this population

- Group vs. individual*
- Qualified staff
- Clinical supervision
- Arousal reconditioning
- No polygraphs*

- Core Correctional Practices

- Modeling Prosocial Behavior

- WA DOC SOTAP Theoretical Orientation
  - Cognitive Behavioral Therapy (CBT)
  - Acceptance and Commitment Therapy (ACT)
  - Dialectical Behavioral Therapy (DBT)
  - Motivational Interviewing (MI)

Treatment Program Foundation

- Risk, Need, Responsivity Model
  - Risk – Who?
  - Need – What?
  - Responsivity – How?

SOTAP and the Risk Principle

- Who to treat?
  - Screening upon entry
  - Risk Assessment Unit and the Static-99R
  - Prioritization Matrix

SOTAP Prioritization Matrix

SEX OFFENDER TREATMENT PROGRAM (SOTP) PRIORITIZATION MATRIX

Sentence	Static 99R Risk Level			
	High: 6+	Moderate/High: 4-5	Low/Moderate: 2-3	Low: (-)3-1
Community Custody Board (CCB)/ Indeterminate Sentence Review Board (ISRB) with Court Ordered Treatment	1A	2A	3A	4A
Non-CCB/ISRB with Court Ordered Treatment	1B	2B	3B	4B
Non-CCB/ISRB with No Court Ordered Treatment	1C	2C	3C	4C

2016 Snapshot of Risk Level and Services

Sentence	High 6+	Mod/High 4-5	Mod/Low 2-3	Low -3-1
CCB/ISRB w/ Court Ordered Tx	(1A) 29	(2A) 52	(3A) 45	(4A) 21
Non-CCB/ISRB w/Court Ordered Tx	(1B) 29	(2B) 50	(3B) 18	(4B) 9
Non-CCB w/ no Court Ordered Tx	(1C) 13	(2C) 14	(3C) 8	(4C) 4
Total in Tx	24%	40%	24%	12%
Total evaluated	18%	28%	31%	23%

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RNR – Risk Needs Responsivity

- Risk (Static 99R)
  - Match dosage of treatment to risk level
  - Non-Prioritization
  - Overrides
- Needs (Stable 2007)
  - Target criminogenic factors
    - Social Influences
    - Intimacy Deficits
    - Self-Regulation
    - Sexual Self-Regulation
    - Cooperation with Supervision
- Responsivity
  - Cognitive Level
  - Learning Style
  - Language
  - Cultural Factors
  - Mental Health
  - Physical Barriers
  - Reading Ability
  - Stage of Readiness
  - Therapist Qualities

Static 99R

Static-99R Coding Form

Question Number	Risk Factor	Codes		Score
1	Age at release	Aged 18 to 34.9 Aged 35 to 39.9 Aged 40 to 59.9 Aged 60 or older		1 0 -1 -3
2	Ever Lived With	Ever lived with lover for at least two years? Yes No		 0 1
3	Index non-sexual violence - Any Convictions	No Yes		0 1
4	Prior non-sexual violence - Any Convictions	No Yes		0 1
5	Prior Sex Offences	Charges 0 1,2 3-5 6+	Convictions 0 1 2,3 4+	 0 1 2 3
6	Prior sentencing dates (excluding index)	3 or less 4 or more		0 1
7	Any convictions for non-contact sex offences	No Yes		0 1
8	Any Unrelated Victims	No Yes		0 1
9	Any Stranger Victims	No Yes		0 1
10	Any Male Victims	No Yes		0 1
	Total Score	**Add up scores from individual risk factors**		

Translating Static-99R scores into risk categories

Score		Label for Risk Category
-3 through 1	=	Low
2, 3	=	Low-Moderate
4, 5	=	Moderate-High
6 plus	=	High

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Need Principle...*Criminogenic/Dynamic Risk Factors (DRFs)* from STABLE 2007

- Significant Social Influences
  - Pro-social support?
  - Who influences them?
  - Who's opinions matter to them?

- Intimacy Deficits
  - Capacity for Relationship Stability
  - Emotional Identification with Children
  - Hostility Toward Women
  - General Social Rejection/Loneliness
  - Lack of Concern for Others

- General Self-Regulation
  - Impulsive Acts
  - Poor Cognitive Problem Solving
  - Negative Emotionality/Hostility

- Sexual Self-Regulation
  - Sex Drive/Preoccupation
  - Sex as Coping
  - Deviant Sexual Interests

- Cooperation with Supervision

STABLE 2007

All items score 0 (not a needs area), 1 (moderate needs), or 2 (high needs)

STABLE-2007 – TALLY SHEET

Subject Name: _____

Place of Scoring: _____

Date of Scoring: _____ **Name of Assessor:** _____

Scoring Item	Notes	Section Total
Significant Social Influences		
Capacity for Relationship Stability		
Emotional ID with Children	(Only score this item if a child victim – see definition)	
Hostility toward women		
General Social Rejection		
Lack of concern for others		
Impulsive		
Poor Problem Solving Skills		
Negative Emotionality		
Sex Drive Sex Preoccupation		
Sex as Coping		
Deviant Sexual Preference		
Co-operation with Supervision		
	Sum for Final Total (Out of 24 for those without a child victim)	26
	Revised Total taking "Deviant Sexual Interests in Possible Remission" into Account	

Interpretive Ranges: 0 – 3 = Low, 4 – 11 = Moderate, 12+ = High

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Responsivity examples in SOTAP

- Learning style
- Cognitive abilities - Special Offenders Unit for psychiatrically impaired individuals
- Cultural Factors
- Physical Barriers
- Gender Identity
- Activity Track for those with Intellectual and Developmental Disabilities
- Female Programming
- Language - Spanish Speaking
- Stage of readiness
- Additional individual sessions as needed
- Tutors and study hall
- LGBTQI support group
- Therapist characteristics

Therapist Characteristics

What contributes to progress?

- Extra Therapeutic Factors (40%)
- Expectancy (15%)
- Specific Therapy (15%)
- Common Factors (30%)

- Therapeutic Relationship
  - tasks, goals, bonds

What hinders progress?

- Aggressive Confrontation
- Low Interest
- Critical, Sarcastic
- Judgmental
- Authoritarian
- Defensiveness
- Rigidity
- Coldness
- Poor Boundaries
- Nervousness

Common Elements in Treatment & Other Healing

- An emotionally charged, confiding relationship with a helping person
- A healing setting that strengthens a client's expectation of help and provides safety
- A rationale providing a plausible explanation for symptoms and a procedure to resolve them
- Active participation by both client and therapist that is believed by both to be beneficial
- Combat the client's sense of alienation and strengthen the therapeutic relationship
- Inspire and maintain the client's expectation of help
- Provide new learning experiences – both cognitive and experiential
- Arouse emotions
- Enhance client's sense of mastery and self-efficacy
- Provide opportunities for practice

Assignments

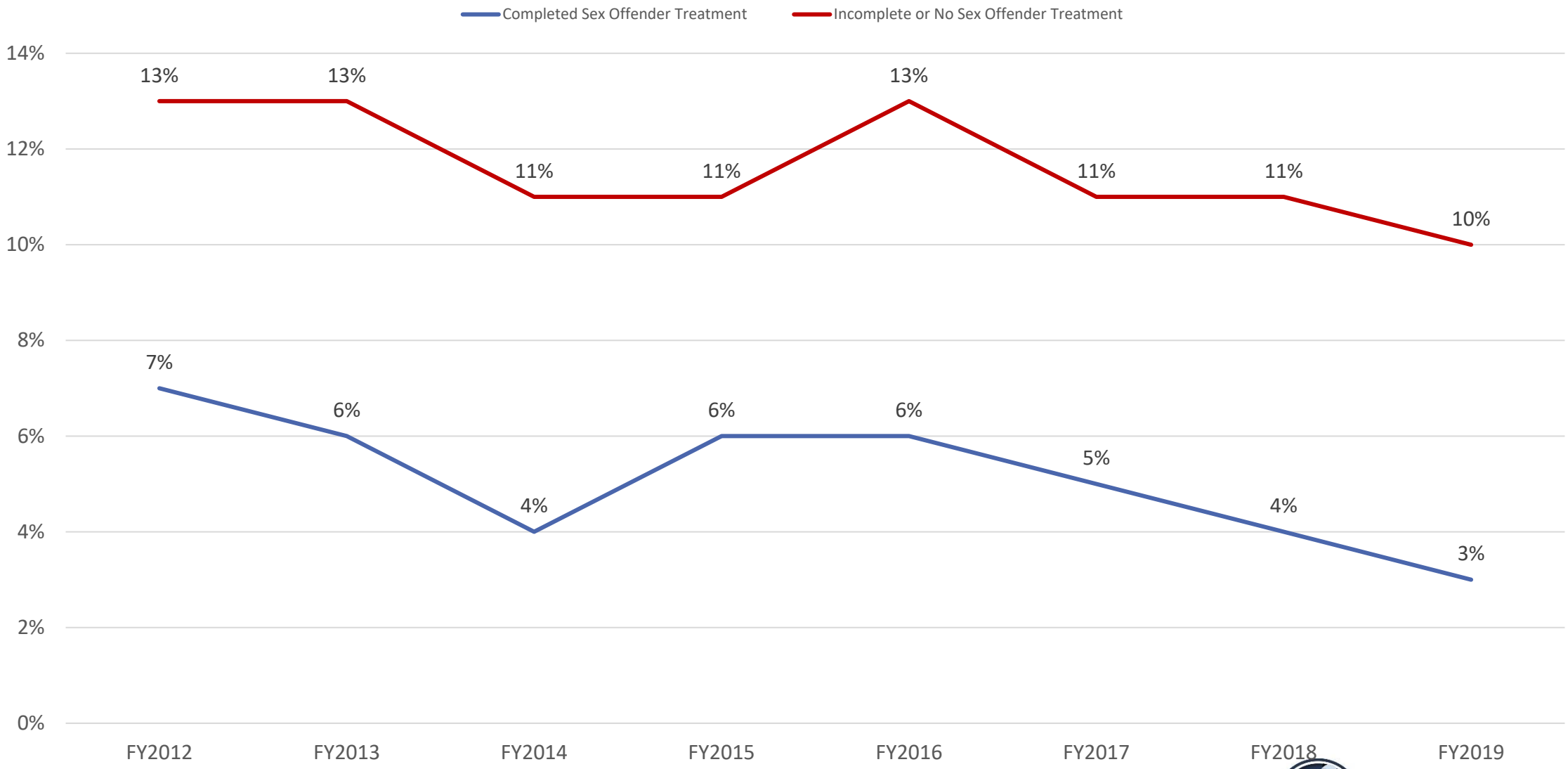
- Values Identification
- Goal Setting
- Autobiography
- Pre-Conditions
- Offense Behavior Chain
- Non-Offense Behavior Chain
- High-Risks and Interventions
- Value-Driven Life
- Ideal Life Reflection
- Volcano
- Arousal Tracking

Why do sex offenses happen?

One **of many** ways to think about this is David Finkelhor's Preconditions Model

- Addresses internal and situational aspects of child sexual abuse
  - Generalized within treatment to all types of offenses
- Suggests that 4 conditions must be met before abuse occurs
- 1. Motivation to act
  - Emotional Congruence
  - Sexual Arousal
  - Blockage to meeting emotional and sexual needs legally
- 2. Overcoming internal inhibitors
- 3. Overcoming external inhibitors
- 4. Overcoming victim resistance

Percentage of Sex Offenders Recidiviating within 3 Years FY2012-FY2019



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Recidivism Crimes for Sex Offender Releases in FY2019

Recidivism Crimes	Completed Sex Offender Treatment	Incomplete or No Sex Offender Treatment
Sex and Violent Crime	0	3
Sex Crime	2	5
Violent Crime	0	14
Other/Unknown Crime	6	42

Strength Based, Gender Responsive and Trauma-informed Treatment approaches offered at the Washington Corrections Center for Women (WCCW)

- Cortoni, F. (2010). The assessment of female sexual offenders. In T. A. Gannon, & F. Cortoni (Eds.), *Female sexual offenders: Theory, assessment and treatment* (pp. 87–100). John Wiley & Sons Ltd.

- Cortoni, F. (2018). *Women who sexually abuse: Assessment, treatment & management.* Safer Society Press.

- Pflugradt, D.M., Allen, B.P., & Marshall, W.L. (2018). A gendered strength-based treatment model for female sexual offenders. Aggression and Violent Behavior, 40, 12-18. https://doi.org/10.1016/j.avb.2018.02.012

General overview (WCCW):

- We know there is a need for more research on the population we serve.
- The incarcerated individuals who identify as female and are either in treatment or awaiting treatment have a variety of individual needs and present with diverse ages, races, offense types, gender identifications, cognitive functioning levels, physical abilities, reading abilities, stages of readiness, cultural factors, languages, learning styles and sexual orientations.
- Individual and group accommodations and adjustments are made with our women clients throughout the assessment/intake process, in the content of our treatment topics as well as our treatment delivery.

Characteristics of the treatment population at WCCW:

- Many of our clients report a history of family physical, sexual, and emotional abuse as children as well as experiencing domestic violence in relationships throughout adolescence and adulthood.
- A majority also have histories of personal and family substance abuse and report substance use typically beginning in early adolescence.
- Several report feelings of worthlessness as a human being and as a parent.
- Most report mental health diagnostics and/or symptoms to include depression, anxiety, past victimization/traumatic events and personality traits.

- Many also report difficulty coping with stress, strong emotions, change, and isolation/social rejection to include bullying and sibling violence.

- A majority report lacking a positive support system, feelings of guilt/shame, and low to non-existent self-worth/value.

- Most of the reported offenses are against children/adolescents, are more likely to have a co-defendant as compared to the male population and are often in a caregiving or parental role to the victim.

Some additional factors we consider:

- The context upon which the offense behavior occurred.
- A relational approach when looking at providing care and when exploring offense-related behaviors.
- Flexibility to address individual characteristics and responsivity factors throughout assessment and treatment to provide guidance towards the ability to live a values driven life that is free from behavior that harms self/others, behaviors that lead to incarceration, addresses the lack of independence and confidence the population experiences and teaches skills that promote healthy relationships and quality of life.

- View past offending behavior as a potential unhealthy way to meet individual needs within the context of the offense.
- Support a focus on the responsivity factors and adjunct programming that promotes holistic functioning and overall health.
- Emphasize increasing pro-social relationships and skills to include developing a positive social support network.

- Empower our clients to address past victimization and other gender/socio-cultural barriers to recovery.

- Emphasize individualized pace of recovery/self-care, acquiring a variety of coping skills to include practicing with each other in a safe setting and specific skills to cope with strong emotions.

- Encourage and model healthy relationships, address healthy sexuality, review concepts around social skills and cues as they relate to interacting with others.

- Support individual pursuit and management of mental health symptoms and trauma related history.

At WCCW we do not offer:

- Mixed gender treatment groups.
- Confrontational approaches and work with general resistance/motivational stages of change.
- The use of assessment tools validated with male incarcerated individuals. (When used, we administer the instruments according to the manual and follow coding rules).

Adjustments made in the areas of **Assessment**:

- The initial and ongoing assessments are adjusted for women so that we are utilizing clinical interview focusing on needs, responsivity factors are considered as well as a structured professional judgment approach to gather information.

- Important to review collateral sources, official criminal history records, incarceration records, psychological reports, mental health/substance use assessments in addition to self-report.

- Consider psychological and cognitive functioning testing referrals.

- Childhood/ and adolescent experiences
- Victimization and trauma history
- Relationship history
- Presence of a co-defendant/context of relationships at the time of arrest and historically
- Socioeconomic functioning
- Mental health history
- Substance abuse history
- Sexual history/expression/regulation
- Other offense related behaviors
- Learning style
- Language
- Cultural factors
- Reading ability
- Stage of readiness
- Emotional/self-regulation abilities
- Any other potential barriers to successful participation or progress in treatment

Risk Factor Assessments for Women:

There are currently no known validated Static or Actuarial Risk Assessment tools for this population.

- Sexual recidivism static risk factors:

There is one known static factor associated with Sexual Recidivism for women:

- Prior convictions for child abuse (any type) offenses.

Current theories could include:

1. Women are primary caregivers; hence 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.

Dynamic Risk Factor Considerations:

- There are also no empirically derived dynamic risk factors related to sexual recidivism in women.
- Therefore, we don't apply the dynamic risk factors or male based risk assessment practices for women or use standardized assessment tools such as the STATIC 99 or STABLE-2007.
- We assess for general risk as research tells us that women who perpetrate sexual offense(s) are more likely to re-offend non-sexually.

Needs Factor Assessments:

Generally, in addition to the domains previously mentioned, we focus heavier in the following three domains as they overlap and are not easily separated out from an individual's life:

1. Intimacy & Relationships-Capacity for Healthy Relationships

- Unhealthy relationships, partner coercion and dependency financially.
- Women are particularly vulnerable in this area.
- So, we look at how our clients relate to others and how we can help improve relationship functioning.
- Experience frequent high levels of emotional distress and emotional expression/regulation.

2. Self-Worth/Value

- Seek poor quality partners and are content in unhealthy relationships.
- Expect people not to like them, describing self as a bad person, monster, or horrible parent/person.
- Have experienced unhealthy relationships and interactions (both sexual and non-sexual exchanges) with peers within the prison setting.
- Often expect to fail, do poorly, and struggle to set goals for themselves or have lower expectations with regard to being successful at reaching short or longer-term goals.

3. Social Functioning/Positive Social Support Networks

- Our clients identifying as female usually require much more social support than our male clients and do better with utilizing coping skills when stressed with the help of supportive connections with others.
- Women often have very limited social networks and supports and strained or unhealthy communication/relationships with family members.

Additional considerations and what we have found most effective/responsive:

- There are some protective factors mentioned in literature for incarcerated women in our treatment program, which includes the benefit of our focus on strengths. This can assist in addressing and managing dynamic risk factors and increasing pro-social skills/coping and can include educational/employment programming, parental role/involvement, relationship/family support and satisfaction along with a focus on self-efficacy and independence from negative social influences.

- Many of our clients are working towards becoming financially independent.

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Treatment Delivery and Responsivity:

- Literature and research has indicated that a comprehensive and integrated treatment model for women who commit sexual offenses includes a gendered, strength-based and trauma-informed approach that also considers social relational and contextual dynamics.

- Evolving research also seems to indicate that the ability to remain emotionally regulated and to socially connect (in a healthy ways) with others may be the most significant treatment focuses with corresponding treatment goals.

- Cognitive-Behavioral Therapy (CBT) is widely considered to be the most effective theoretical orientation to use for treating individuals with sexually motivated offenses and adjustments are made in order to meet the needs of women in the area of thoughts/feelings identification and expression/behavior.

- Dialectical Behavior Therapy (DBT) by Marsha Linehan also used to address:
  Emotional regulation/expression, interpersonal skills, and assertive communication/increased awareness of self and others.

- Individualized approaches to goal setting based on responsivity needs.
- Referring for mental health and psychiatric/medication management and participation in care team or facility risk management team meetings as needed.
- Problem-solving activities and role plays to practice skills in and outside of group.
- Encouraging peer support and in-unit and in-group tutoring when possible and additional individual sessions or working together in group on assignments as needed.
- Encouraging participation in asking for and providing feedback and participating in activities with peers in group to practice communication skills.
- Kite and kiosk reminders-utilizing weekly schedules and monthly calendars along with daily group agenda for planning and increased predictability in an environment that often feels “out of control” to those with a history of trauma.
- Breaks or pauses from treatment for individual needs that may develop. (Examples: surgery that requires temporary Narcotic use/medical or mental health stabilization).

- Target criminogenic factors and responsivity factors.
- Self worth, healthy relationships, independence from financial dependence.
- Assess and maintain/look for ways to increase motivation.
- Focus on approach goals vs. avoidance goals and collaboration with client on treatment goal setting.
- Positive approach – strength focus vs. deficit focus
- Values based and avoid shaming.
- Support core correctional practices and safe interactions.
- Over arching goals: To have a good and safe life, healthy relationships and live a value-driven life that will lead to continued progress towards reaching both short and long-term goals while in treatment and upon transition to the community.

Individualized Treatment Goals and Assignments:

- Assignments are adjusted to focus less on specific trauma/offense history accounts and more on the development of healthy relationships, personal boundaries and accountability for unhealthy attitudes & behaviors that occurred in the context of the offense. Many clients discuss having given up their primary values and goals at the time of the offense.

- Relationship focus on self, peers, and therapist in working together to create an emotionally/physically safe space that is experienced as caring, empathetic, genuine and accepting to help increase trust and build rapport throughout treatment.

- Includes opportunities to explore supportive role models and strength-based empowerment community-based resources.

Group and Individual Discussions and Assignment Topics:

- Increased emphasis on learning about **healthy relationships** and relational skills including sexual health/wellness and healthy sexual expression.

- Increased focus on short and long-term reachable goals, living by **personal values and general/holistic care & self-care** including medical/physical, emotional/mental health, spiritual, sexual health, and continuing emotional/relational needs.

- Increased focus on assertive **communication**, **managing strong emotions, and pro-social life & coping skills**.

- Targeted focus on **transition and re-entry planning** near the end of the final phase of treatment to include Relapse Prevention and normalizing increased anxiety/fears as release date approaches. Safety planning regarding previous and current no contact orders with co-defendants or past/present unhealthy relationship partners.

- Identification of **basic needs** for self-efficacy: Housing, income, transportation and continuity of care in SOTAP treatment to include supporting continued primary provider care (medical, dental, mental health, psychiatric providers).

- Many clients have personal or longer-term goals and desires to reunite with **children and/or family members.**

Adjusted Optional Assignment Examples:

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Beautiful
"Great things take time."
SUPPORT
To reflect is one thing, but to regret is another. Regret is useless.
Seize the opportunity to see what lies beyond the next bend.
IT'S NEVER TOO LATE TO CHANGE YOUR LIFE
"There are thousands of forms of joy, but all are essentially the joy of being able to love."
I WANT TO TAKE CARE OF THE ONES I LOVE.
TRUTHS
RISK/REWARD
clever
The more you learn about yourself, the more confident you can become
Floating on the lake in a giant raft
Life moves fast. You have to pause and take care of yourself
The Gift of Forgiveness
Breaking Free
"Take the work seriously and have fun at the same time"
confident
"I just want to spread love and positivity and light through what I'm doing."
Overcoming PTSD or borderline personality disorder is no joke
"I want to be the best version of myself - whatever that means to me"
Empowering
BREAK THE CYCLE
INDIVIDUALITY
FRIENDSHIP
TRUST
Emotional
HOPE
NOT ASHAMED
Possibilities
"I'VE LEARNED HOW TO SET NEW BOUNDARIES. HOW TO PUT MYSELF FIRST."
Therapy is everything. Saying stuff out loud is so important. You feel better getting it out
Values
Family
TRUST
BEING REAL
SMART
Sitting on the beach at the lake
Cookouts
"You can lie to others, not that I would... but you cannot lie to yourself"
Pushing past fear
A Year of Transformation
"PEOPLE WANT TO BE HEARD SO THEY WANT TO FEEL SAFE."
The power to choose
The Choice is Yours
ACCEPTANCE
Still working on it!
SAFETY
I know I am now the person I was always meant to be
YOUR MISTAKES DO NOT DEFINE YOU
CONNECTIONS
Strength
The good in you can live on.
"NO STRUGGLE OR INJURY DEFINES WHO YOU ARE."
Set boundaries
Discussions
CARE
What advice would you give your younger self?
"I'd tell my younger self, 'You don't have to grow up so fast'"

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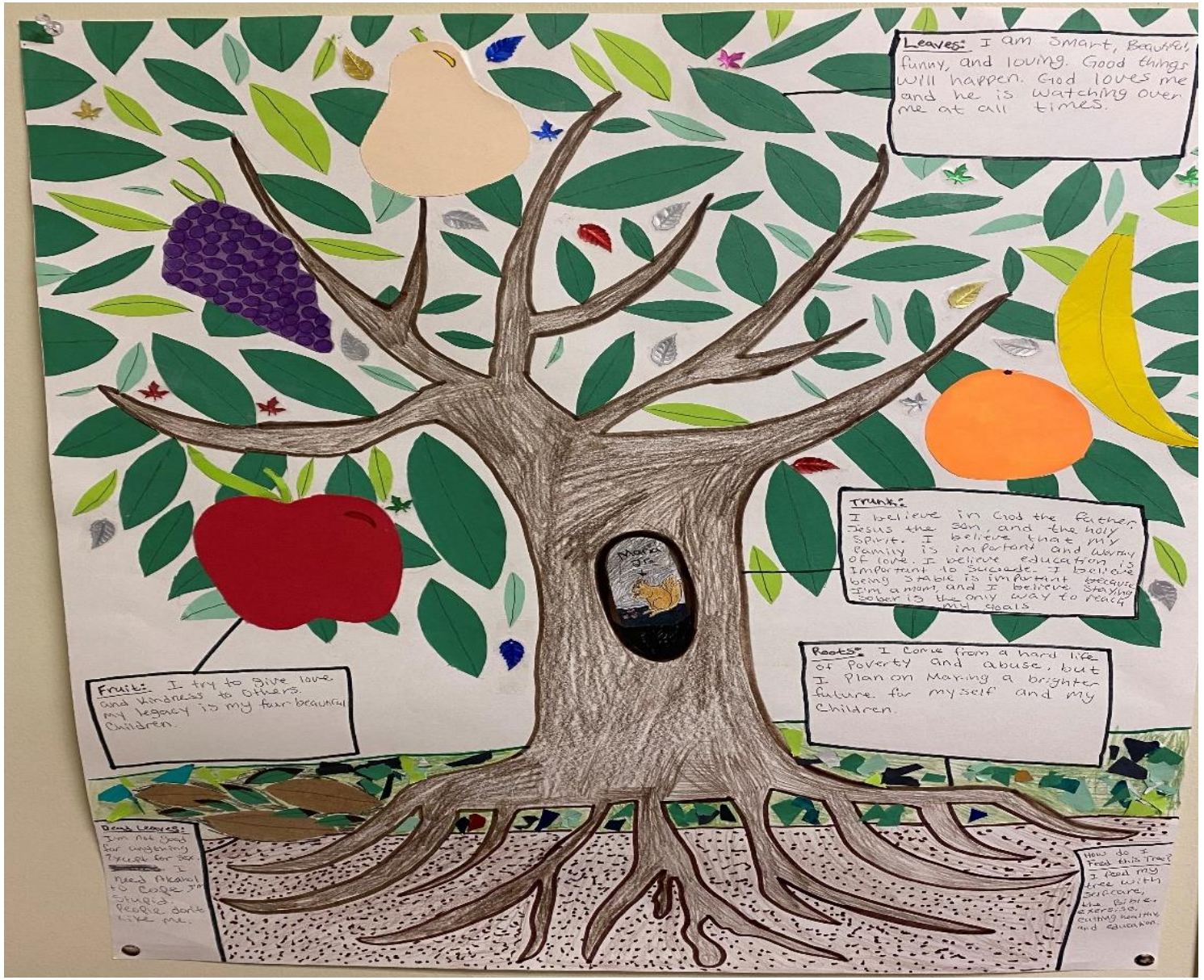

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Next steps in reviewing future adaptations for WCCW SOTAP programming:

The Gender Informed Practices Assessment "GIPA" is a consultant's report intended to assess and enhance facility level gender responsive, evidence-based, and trauma-informed approaches of justice-involved women with the goal of improving the safety and welfare of staff and the incarcerated women, enhancing outcomes, reducing recidivism, and increasing community safety. The GIPA provided the Women's Prison Division with an overall assessment of WCCW operations in 2021 that impact not only the lives of the incarcerated but also the working conditions and overall tone of WCCW. In turn, leadership will use this information to guide changes to practices and implement positive change.

The Gendered Treatment Assessment: A Protocol for Women Who Have Sexually Offended which includes focusing on the gendered assessment process, domains, responsivity factors and includes a Gendered Treatment Assessment Form Example (Pflugradt, D.M., Allen, B.P., Greene, M.E., Gamboa, M., & Hoerl S.V. (2022). Gendered Treatment Assessment: A Protocol for Women Who Have Sexually Offended. Safer Society Press.

Management and Support of Transgender Population

- Housing Protocol for Transgender, Intersex, and Non-Binary Individuals
- Policy: State-Issued Items; Searches; Legal Name Changes; Pronoun Preferences, etc.
- Gender Dysphoria Protocol
- Evaluation and Management of Hormonal Treatment
- Consultation, Assessment, Approval, Referrals for Gender Reassignment Medical Services.
- Gender Affirming Specialists; PREA Coordinator

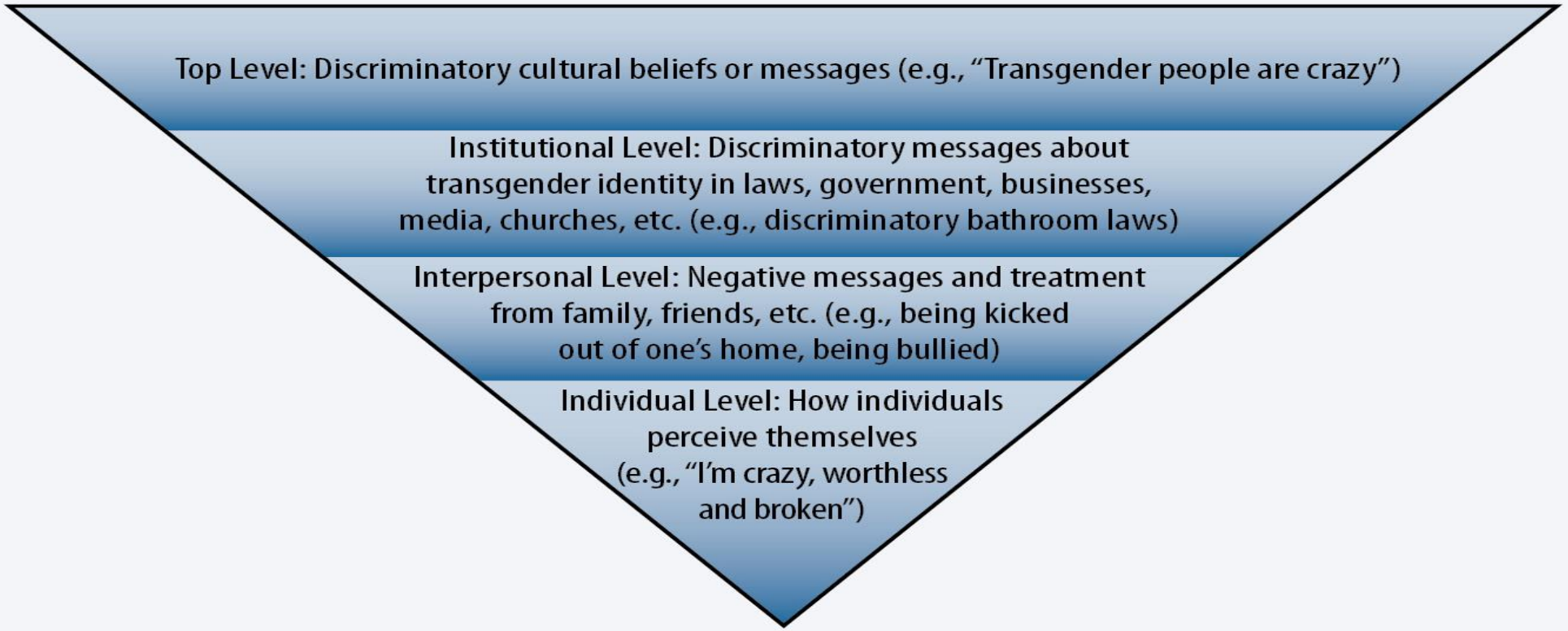
Research Review

- Transgender individuals experience much higher incarceration rates in the US than the general population.
- One US study found that sexual assault rates for transgender incarcerated persons reported to be 10 times higher than that of the general US incarcerated person.
- The 2015 United States Transgender Survey polled well over 27,000 respondents with concerning findings of mistreatment and discrimination.
  - 46% reported they were verbally harassed.
  - 9% were physically attacked simply for identifying as transgender.
  - 10% of respondents had been sexually assaulted in the year prior to the survey.
  - 47% had been sexually attacked at some point in their lifetime.

-Transgender offenders: a literature review. (Jones, 2013).

-Executive summary of the report of the 2015 US transgender survey. James et al., 2016).

-The Report of the 2015 U.S. Transgender Survey. (James, et al., 2015)



The transgender discrimination inverted pyramid provides a visual to show transgender clients how internalized messages at each level trickle down to influence mental health. (Credit for graphic concept: Kelsey Fish; credit for text content: Ashley Austin and Shelley Craig.)

Transgender Data/Research

- **2012 Federal Survey:**
  - Prisons:
    - 40% of Transgender Prisoners Are Sexually Abused Each Year (by another inmate or staff)
    - Jails: 27%
  - Transgender prisoners were victimized at rates nearly 10 times then those for prisoners in general (4% in prisons and 3.2% in jails).

-National Center for Transgender Equality

Transgender and Gender Non-confirming Statistics

- Total WA DOC Incarcerated Individual Population (Prison): 12,206
  - 94% Male
  - 6% Female
  - 25% Sexual Crimes (Current Offense)

- WA State DOC (Prison) Transgender and Gender Non-confirming:
  - 174 Individuals (1.5% of prison population)

- National (*Estimated*) Transgender and Gender Non-confirming:
  - .4%; .5%

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Transgender and Gender Non-confirming Individuals in WA State DOC with a Sexual Offense

- **Total = 174**
  - 94 (54%) with a Sex Offense
  - 80 (46%) w/o SO

- Transgender-Female = 106
  - 64 (60%) with SO
  - 42 (40%) w/o SO

- Transgender-Male = 21
  - 4 (19%) with SO
  - 17 (81%) w/o SO

- Gender non-confirming/ Intersex/Non-Binary = 47
  - 26 (63%) with SO
  - 21 (47%) w/o SO

Transgender and Gender Non-confirming Individuals: Federal Data

- Data obtained from the Bureau of Prisons has revealed:
  - 48% of biological male inmates identifying as women are in federal custody for sex offenses.
  - Compared to the 11% of the non-transgender male population of federal inmates in general.
  - 5% of biological females identifying as men are in federal custody for sex offenses.

-Freedom of Information request (2021).

Swedish Ministry of Justice (2020 Data)

- **2019 MOJ statistics:**
  - 76 sex offenders out of 129 transwomen = 58.9%
  - 125 sex offenders out of 3812 women in prison = 3.3%
  - 13,234 sex offenders out of 78,781 men in prison = 16.8%

- **2017 MOJ statistics**
  - Of the 125 transgender prisoners counted by the prison service in 2017, 48% had been convicted of sexual offenses.
  - In the overall prison population, by comparison, 19% of males had been convicted of sexual crimes and only 4% of females (Ministry of Justice 2018b).

Transgender and Gender Non-confirming Individuals: Additional Data

- United Kingdom 2021 Statistics:
  - 145 transwomen in the male prison estate.
    - 87 of those prisoners had at least one conviction for a sexual offence.
  - Proportion of male-born transwomen in the prison system who are sex offenders is approximately 60% (compared to the 18% of the general population).
  - "Do these figures indicate that trans people are more inclined than others to commit sexual offences? I do not believe these figures offer such evidence….could be the result of predatory men who might exploit trans-inclusive policies."
  - "Do these figures suggest that men who commit sexual offences are more likely than others to claim to be transgender? I think that possibility should be given more attention."

Literature Review

- Are Sex Offenders Exploiting Trans Rights? *The Spectator* (Kirkup, 2022)
  - Concerned that transgender-inclusive policies make it possible for male sex offenders to falsely identify themselves as transwomen and gain access to the female prison estate.
  - The concern here isn't about individual's who identify as transgender. It's about predatory males and the fear that those males can and will exploit rules put in place for the benefit of trans people.
  - Issues Include:
    - Policies based on self-identification vs. established agency protocols and oversight.
    - Transgender advocation vs. women inmate's concern for safety.

Transgender Women's Offending Rates—Swedish Study

- This Swedish cohort study by Dhejne et al. (2011) followed a population of individuals who had undergone surgical and legal sex reassignment involving hormonal and surgical treatment between 1973 and 2003 (324 in total) and compared them to a matched control group of their birth sex.
  - The primary purpose of the study was to consider whether medical transition helps patients (leads to better social and health outcomes) and to inform what support they might need post transition.
- The study can be divided into two cohorts 1973-1988 and 1989-2003 with the difference being that the latter cohort received adequate mental health provision.

Transgender Women's Offending Rates—Swedish Study

- **The researcher's state:**
- 'Male-to-females . . . retained a male pattern regarding criminality. The same was true regarding violent crime.'

- Transgender women were over 6 times more likely to be convicted of an offence than the general female population, and 18 times more likely to be convicted of a violent offence.

- This group had no statistically significant differences from other natal males, for convictions in general or for violent offending.

- "The study provides strong evidence that policy makers cannot safely assume: (a) Transgender women offending patterns, will be significantly different than those of the general male population, (b) Transgender women will be similar to those of the general female population."

Research Review

- ***Issues in Working with Transgender Individuals Who Sexually Harm*.** (Jumper, 2021)

- **Purpose of Review:** A review of the recent literature related to the assessment, treatment, and management of transgender individuals who sexually harm.
- **Recent Findings:** There are no empirical research studies directly focused on the care of this group of individuals that have only recently been identified as an important sub-population among people who sexually harm. Related empirical research and other important professional literature do exist to inform clinicians regarding treatment guidelines for transgender mental healthcare.
- **Summary:** Research is needed to determine how best to assess sexual violence recidivism risk and to distinguish unique treatment needs for transgender individuals who sexually harm. Strength-based approaches to the treatment of sexual violence can help organize treatment approaches to assist transgender individuals in avoiding future incidents of sexually harmful behavior.

Treatment to Prevent Sexual Harm

- Despite the lack of any formal literature regarding the treatment of transgender people who sexually harm, there are logical pathways clinicians can explore to best meet the treatment needs of this population.
- Most important is to become familiar with the broader transgender literature. There are conceptual areas that overlap between these two populations to guide clinicians when making treatment decisions for transgender individuals who sexually harm.
- The risk-needs-responsivity (RNR) model of criminal conduct has been a widely accepted approach to the management and treatment of individuals who have engaged in criminal conduct for many years, including sexual offending.
  - ATSA practice standards do not specifically address transgender identity--the standards emphasize the responsivity principle. Gender identity is an obvious and critical responsivity factor. It makes sense then that carefully tailoring the style of treatment to an individual's gender identity will greatly increase the likelihood of engaging and benefitting from treatment.

-Issues in Working with Transgender Individuals Who Sexually Harm. (Jumper, 2021)

Treatment to Prevent Sexual Harm

- Staff self-education
- Monitoring personal bias and perspectives
- More open about feminine related topics

Treatment to Prevent Sexual Harm

- **Assessment of Sexual Recidivism Risk: Static Risk Assessment**
- Assessing risk for sexual violence recidivism among transgender people who sexually harm in order to determine what level of services are appropriate as prescribed by RNR is extremely challenging given the lack of research on this specialized population.
- There currently are no actuarial risk instruments validated specifically for use on transgender individuals who commit acts of sexual violence and no research studies to date have been conducted to inform existing risk assessments with this population.
- Gender is typically considered to be a static risk factor and sexual offending a male (cis) gendered crime; thus, there has been no consideration of other gender identities or the fluid nature of gender and the effects this may have on risk for reoffending.
- For purposes of the STATIC-99R, male to female transgender individuals are considered male until the penis has been removed and the individual has lived for at least 2 years as a woman.

Treatment to Prevent Sexual Harm

- **Assessment of Sexual Recidivism Risk: Dynamic Risk**

- Careful assessment of dynamic risk among transgender individuals in treatment for sexually harmful behaviors can point to potential areas of treatment focus.

- Shan Jumper, who wrote, Issues in Working with Transgender Individuals Who Sexually Harm, mentioned the following Dynamic Risk Factors that he and his colleagues find to be meaningful in their work with transgender persons who sexually harm.

Treatment to Prevent Sexual Harm

(1) **General social rejection/loneliness**: A study of 120 transgender individuals in Spain found that higher levels of loneliness were associated with lower levels of mental health for transgender men and women, with romantic loneliness being the strongest factor among transgender men. Transgender women showed higher levels of anxiety, social loneliness, and sexual dissatisfaction and a poorer body image. Depression in both genders was accounted for by social loneliness, body image, and the use of avoidant coping skills. These findings are consistent with a recent literature review on mental health and gender dysphoria.

Treatment to Prevent Sexual Harm

(2) **Capacity for relationship stability**: Lack of secure intimate adult relationships, either an absence of these relationships or history of dysfunctional relationships marked by repeated conflict, abuse, or infidelity. Given the potential rejection faced by many transgender individuals, developing effective strategies for combating social rejection and loneliness and improving capacity for stable relationships can be an important focus of treatment. Many transgender individuals report a long history of rejection, harassment, isolation, and abuse related to their gender identity with obvious negative impact on their ability to combat loneliness and form meaningful, stable relationships in their lives. Research has also shown that being in a relationship was associated with a reduction of psychopathology for TGNC persons.

Treatment to Prevent Sexual Harm

(3) **Negative emotionality/hostility**: Relates to the tendency to feel victimized and generally mistreated by others and to respond with anger and hostility to life's challenges. For the cisgender person in sexual violence treatment, this tendency may often be subjective and reflective of personality structure. For transgender individuals, there is a reality of truly being victimized and mistreated by others, increasing the likelihood of angry, hostile responding. In many cases, the high rate of suicidality among transgender individuals suggests the eventual inward focus of this response style towards themselves. Forty percent of respondents to the most recent US Transgender Survey had attempted suicide in their lifetime, nearly nine times the attempted suicide rate in the general US population.

Treatment to Prevent Sexual Harm

Strength-Based Approaches to Treating Sexual Harm

Trauma-Informed Care:

- A strength-based framework that can be easily integrated into an existing sexual violence treatment program to focus on resilience and personal choice.
- Conceptualizing treatment needs through a trauma-informed lens provides many opportunities to design clinical interventions to address dynamic risk in transgender people who sexually harm.

Treatment to Prevent Sexual Harm

Transgender affirming cognitive behavioral therapy (TA-CBT):

- An affirming stance towards gender diversity, recognition, and awareness of transgender-specific sources of stress, and delivery of CBT content within an affirming and trauma-informed framework.
- TA-CBT stresses the exploration of early experiences of recognizing and understanding gender identity, particularly experiences of shame or suppression of their transgender identity.
- Cognitive behavioral therapy is one of the most common approaches to the treatment of sexual harm, so incorporating a transgender affirmative stance can provide an important tool to help clients address any potential relationship between gender identity and sexually harmful behavior.

Treatment to Prevent Sexual Harm

The Good Lives Model:

- Designed to augment the RNR principle with a dual focus of risk reduction and well-being enhancement.
- This strength-based approach to treatment focuses on risk reduction and promoting prosocial attainment of ten primary human goods that represent universally sought and valued outcomes, experiences, and states of mind.

Treatment to Prevent Sexual Harm

- Transgender individuals who sexually harm and then transition towards their preferred gender while incarcerated may face multiple hurdles upon reintegrating into the community.
- The freedom of being able to live as themselves will be accompanied by the loss of the familiar. As a doubly stigmatized population, levels of support and affirmation are critical.
- If the individual's only social contacts disapprove of their gender transition, the fear of loss of this support can be critical.
- Affirming a transgender identity through connections to others in the transgender community contributes to increased comfort with a person's transgender identity and better behavioral health.

Conclusions

- Assessing a transgender individual's likelihood of sexually reoffending must be approached carefully given the lack of current actuarial measures.
- There are no established best practices for treatment or risk assessment for sexually harmful behavior among transgender and non-conforming individuals.
- Accurate collection of data is complicated by the understandable reluctance of many transgender individuals to reveal their gender identity while incarcerated. *Researching TGNC clients charged with sexually harmful offenses after their release from incarceration is one strategy to address this limitation.
- In the past few years, there has been an increase in dialogue and a search for information on this topic among colleagues who work in the field of sexual violence treatment and prevention.

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SOTAP Sex Offender Treatment & Assessment Programs

NCCHC NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

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