

# **Gendered Treatment Assessment**

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## **A Protocol for Women Who Have Sexually Offended**

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## 8 Gendered Treatment Assessment

- Before beginning any assessment or clinical endeavor, it is important that you become familiar with the research and literature in the field. To assist you, we have included citations and references for your review. We also suggest that you seek consultation and training as it relates to assessing women who have committed sexually-motivated offenses. This is important even if you have extensive training as well as experience assessing or treating men who have committed sexually-motivated offenses. Although there are some similarities, there are also many significant differences, especially in the implementation of procedures and techniques.
- The most current research on female perpetrated criminal offenses has shown that women are generally at low risk to re-offend sexually but at higher risk to commit other offenses (e.g., violent offenses, property crimes) (Cortoni et al., 2010; Vandiver et al., 2018). As such, based upon Bonta and Andrews' (2017) Risk Need Responsivity (RNR) model of rehabilitation, standard sexual offense-specific treatment would not be appropriate for most women. That is, the basic premise of the RNR principles is that interventions should be matched with an individual's risk and needs, i.e., those who are at the highest risk of recidivism receive the most resources (Bonta & Andrews, 2017). Given that women who commit sexual offenses are at higher risk to commit other nonsexual offenses, they are more likely to benefit from treatment that addresses general criminogenic factors and characteristics. It is important to keep in mind that this approach does not apply to women with paraphilic disorders or those that have expressly stated an intent to re-offend sexually. In these cases, individualized sexual offense specific treatment would be appropriate.
- Despite the current research suggesting that women who commit sexually-motivated offenses are low risk, clinicians are often mandated to provide sexual offense specific assessment and treatment services. These requirements, typically the result of legal proceedings and/or correctional program requirements, are problematic for several reasons. In our experience, one of the most significant issues related to mandated programming is that it may be iatrogenic. That is, providing unnecessary assessment or treatment may increase offense contributory factors (e.g., poor self-esteem, emotional dysregulation, and social stigma). In this regard, our clinical experience has been similar to research published by Carr & Willis (2021) related to low risk males convicted of sexual crimes. They suggest that mandated services for low risk individuals should address basic criminogenic needs and community reintegration. The authors of this book agree with this premise for most women who perpetrate sexual offenses. Given that women in general are at higher risk for nonsexual re-offending, targeting criminogenic needs will offer participants the opportunity to improve their overall functioning and live a better life. To this end, this book is

written to guide clinicians in developing an individualized plan that focuses on strengthening abilities and attaining desirable non-criminal goals.

- Although this workbook is about gendered treatment needs assessment, we would be remiss if we did not briefly mention recidivism risk assessment for women who have committed sexually-motivated offenses. Risk assessment for women is very different than it is for men. Similar to men who perpetrate sexual offenses, women exhibit individual psychological differences that may influence their risk of committing future sexual offenses. Unlike males who commit sexually-motivated offenses, there are currently no empirically derived dynamic (changeable) risk factors specific to female sexual recidivism. Consequently, whereas there are several empirically-based instruments to estimate recidivism risk for adult men who perpetrate sexual offenses, there are currently no validated tools designed to assess female sexual recidivism risk (Marshall et al., 2020). Accordingly, unless there is a stated intent to sexually re-offend, the base rates identified at the writing of this book indicate that a woman's risk to sexually re-offend is low (i.e., 1.5% over 6.5 years follow up and 7% over 18.83 years follow up) (Cortoni et al., 2010; Cortoni, 2018; Vandiver et al. 2018). For additional information about gendered risk assessment, contact the authors or see Cortoni, (2018).
- Although the field of assessing and treating women who have committed sexually-motivated offenses continues to evolve, we propose that the current research and information provides an empirical basis for identifying treatment needs. First, the studies in this area have consistently found that sexual offenses committed by females are a component of or behavioral manifestations of general criminogenic factors. Based upon these findings, we chose a gendered theoretical approach that provides, in our view, the most comprehensive model of identifying and assessing factors associated with female criminal offending. Using a gendered theoretical orientation as a guide, we have identified empirically derived treatment domains as well as approaches to assessing treatment needs within them. Additionally, we propose that the use of a general criminogenic risk assessment instrument (e.g., LSI-R or WRNA) in combination with structured professional judgment within the treatment domains described in this book, provides a methodology to assess treatment needs with acceptable validity (Cortoni, 2018). We will briefly describe our general theoretical orientation as well as the approaches that we used to construct a treatment needs format.

## Theoretical Overview of Gendered Assessment

Gendered assessment is a person-centered treatment assessment model that considers how gender affects women's patterns of criminal offending (Brennan et al., 2012; Steffensmeier and Allan, 1996). That is, although both men and women experience same or similar social and physical environments, it is the social construct "gender" (Pflugradt et al., 2018) that often explains the differing manifestations of criminal behaviors. As such, the main questions during a gendered assessment probe how the social construct of gender intersects with the individual's criminogenic needs (i.e., her needs within the various identified domains). As described by Schwartz and Steffensmeier (2007):

Rather, both female and male crime may be better understood by considering the ways in which the continued profound differences between the lives of women and men shape the different patterns of female and male offending (p. 59).

The gender differences pertaining to criminal behavior consist of four key elements: organization of gender, access to criminal opportunity, motivation for crime, and the context of offending (Steffensmeier and Allan, 1995; 1996). By combining this gendered perspective with a strength-based, person-centered paradigm (Pflugradt et al., 2018), a comprehensive gendered assessment model would include the following assertions (Steffensmeier and Allan, 1995; 1996):

- A gendered assessment approach considers how female and male behaviors are associated with or affected by social norms, social identities, social institutions, and relationships.
- A gendered assessment approach considers gender differences in types and frequencies of criminal behaviors as well as differences in the contexts of offending.
- A gendered assessment approach considers the ways in which the pathways to crime for women are similar to and different from those of men.
- A gendered assessment approach considers the extent to which gender differences in criminal behavior derive from complex social, historical, and cultural factors as well as biological and reproductive differences.

## Gendered Assessment Methodology

When conducting a treatment needs assessment from a gendered perspective, we have found that it is also important to utilize a strength-based approach. The advantages of using a strength-based assessment methodology are that it promotes positive self-esteem, focuses on resources not deficits, minimizes stigma, increases sensitivity to trauma related concerns, and facilitates positive

relationship skills. Thus, a strength-based assessment considers the skills that the person already possesses and determines what additional skills can be developed or enhanced to improve functioning and assist her with meeting her needs in a legal, healthy manner (Pflugradt et al., 2018). Although this may appear to be a matter of semantics, (i.e., simply rewording a deficit approach), it is perhaps the most important phase of assessment; providing the person who likely experienced significant trauma and social alienation with validation of her self-worth and abilities.

### **Structured Professional Judgment (SPJ)**

One approach utilized to determine treatment needs has been structured professional judgment. As delineated by Douglas and colleagues (2003), structured professional judgment (SPJ) involves a review of all relevant clinical data (e.g., records, psychological assessments, etc.) to determine the presence of specific factors that are defined and operationalized using available empirical information. Specifically, a structure is imposed on the decision-making process by: specifying a list of empirically supported treatment needs; operationalizing these needs; weighting the importance/prioritizing the needs; and assigning treatment recommendations. A key assumption of the SPJ approach is that professional discretion within a structured process is valuable and appropriate for the assessment of treatment needs. After the individual treatment needs are identified, it is then possible to establish relevant treatment goals and objectives to strengthen current skills/abilities and/or facilitate the development/acquisition of additional resources to enhance and strengthen functioning.

### **The Clinical Interview**

A clinical interview is crucial for gathering important information that is relevant for a treatment needs assessment. We prefer using open-ended questions when possible to encourage maximal responses. In addition, the interview should be strength-based and conducted collaboratively in a supportive environment. The clinician should also convey warmth and empathy, which encourages clients to openly participate and share information. In the assessment domains section of this book, we provide examples of the types of questions to ask (albeit not an exhaustive list). We also encourage clinicians to develop their own interview questions that are relevant to their personal style, treatment setting, and context. Since each client is different, some information may or may not be applicable to her offense dynamics, or treatment needs. In addition, there are some areas that may require the clinician to ask significantly more questions in order to gather the information necessary to best identify and address the woman's specific needs; Other women may not have any needs within the same domain(s). In these instances, asking additional questions would not only be unnecessary, but, potentially aversive (e.g., intrusive, emotionally distressing) resulting

in limited cooperation with the interview. It is important that the clinician properly prepares for the assessment interview by reviewing all available records and archival information to determine which types of questions and information will be most relevant to the individual being assessed.

Another important component of a gendered treatment needs assessment is considering how the woman perceives the effect that gender has on her life. Within this context, the clinician is often tasked with assessing women who are conflicted about sexual behaviors that are illegal or criminal and those sexual behaviors that are legal but considered socially non-normative. Thus, a significant treatment need may be to assist the client in identifying legal behaviors that provide her the opportunity to express idiosyncratic or unique sexual preferences (i.e., meet her sexual needs without hurting anyone). Moreover, in order to implement a comprehensive gendered treatment needs assessment, it is important to be aware of and sensitive to different gender identities that do not necessarily fit into binary categories. In some cases, clinicians must also be aware of the treatment needs for women who are in the process of gender affirmation. Because this treatment needs assessment approach is idiographic and considers the individual's unique treatment needs, women who identify as men may be evaluated using the methods delineated here. This book may also assist in evaluating men who identify as women, however, we also recommend following the assessment guidelines provided by ATSA as well as those listed in the Static-99R Coding Rules for these individuals (Phenix et al., 2016). As research is conducted that examines the offense dynamics of transgender individuals, recommendations may change.

### **The Gendered Assessment Process**

The authors suggest that clinicians consider utilizing a four-step assessment process. It begins with reviewing records in order to obtain a general overview of the woman's offense characteristics to understand her offense pathway. Understanding the offense pathway will assist with focusing on the relevance and applicability of each assessment domain. The second step involves conducting psychological testing (if needed) as well as a clinical interview to assess each item within the specific domain and determine which areas apply and/or would benefit from strengthening. Next, other relevant factors (e.g., responsivity) are also considered to ensure that the woman's individual characteristics (e.g., intellectual/learning abilities, physical/sensory functioning, mental health needs, etc.) are appropriately matched to the recommended interventions. The fourth and final step involves summarizing the information in a report and completing the treatment needs assessment form included at the end of this book. These final steps will enable the clinician to organize the information into a structured format. Clinicians may also want to consider modifying the enclosed form to address the specific referral question(s) and/or to meet the needs of their specific organizational or clinical settings.<sup>1</sup>

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1 Pflugradt, D.M., Gamboa, M., Greene, M., Hoerl, S., Visscher, V., & Hubbard, N. (On-going Collaboration).

## **Pathways to Offending**

Although research in this area continues to develop, the authors recommend beginning the treatment needs assessment with identifying the client's offense pathway (Gannon et al., 2008; 2012; 2014). Identifying the pathway allows the clinician to obtain a general understanding of the woman's criminogenic behaviors and need areas. This information may also inform the clinician about the relevance and salience of specific assessment domains. It is important to utilize all of the information that you have obtained before identifying the client's specific pathway. In the case of conflicting or inconsistent information, the authors recommend using official records, including police reports, victim statements, criminal complaints, court transcripts, etc. Official records generally should be given more weight than self-reports. Below we describe three types of offense pathways: directed-avoidant, implicit-disorganized, and explicit-approach (Gannon et al., 2008; 2012; 2014).

### **The Directed-Avoidant Pathway**

Women in this category want to avoid offending but are directed to offend sexually against victims by a coercive partner. Women in this category tend to offend either out of fear of or out of a desire to obtain intimacy with their co-offender. They may also report offending under duress or at the direction of others (e.g., threats of violence). It is important that the offense dynamics are verified by records. Some research has shown that although records may indicate that an individual has only offended with a partner, she may later disclose having engaged in offending without a co-offender, either before or after the co-perpetrated abuse occurred (Pflugradt & Allen, 2012).

### **The Implicit-Disorganized Pathway**

Women in this category often do not display any offense planning and are characterized by self-regulation deficits leading up to the offense. The woman's motivation for offending against either adults or children can include diverse goals as well as positive or negative affect. Overall, these women demonstrate an inability to control their behavior and are impulsive and disorganized in their offending behavior. It is hypothesized that this is the rarest pathway to offending for women.

### **The Explicit-Approach Pathway**

Women in this category have diverse goals for their offending, offend against either adults or children, explicitly plan their offending, and experience positive affect associated with it. Positive affect may include excitement or positive emotions associated with sexual gratification, intimacy, thoughts of revenge, or anticipation of monetary gain.