

**RISK ASSESSMENT OF RECIDIVISM OF VIOLENT AND SEXUAL
FEMALE OFFENDERS**

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Introduction

The Department of Corrections has recognised that women offenders have specific needs, prompting the development of policies on security classification of female offenders (Department of Corrections, 2002) and enhancing the effectiveness of offender management for women offenders (Department of Corrections, 2003a). In the latter framework, women child sex offenders and serious violent offenders are recognised as the first priority in targeting women for treatment programmes.

The key issue in assessing risk of re-offending of female offenders is pointed out by Nicholls, Ogloff and Douglas (2004) in their discussion of risk assessment of violence. They state that two different perspectives exist in assessing women's risk for violence. The 'gendered perspective' believes that "women's crime and violence is linked closely with their unique experiences ... and, therefore, a valid assessment of future violence risk is likely to require an appreciation of their status as women" (p. 130) with attention to different factors associated with violence in comparison with males. The other perspective is non-gendered and "posits that existing risk assessment measures, developed and validated with men, likely are valid for use with women" (p. 130).

In keeping with the risk-need-responsivity principles (Andrews & Bonta, 2003) adopted by the Department of Corrections, this paper presents key findings from a literature review of key components relating to assessment of risk of re-offending by violent and sexual female offenders and female offenders' criminogenic needs against the Department's Psychological Service's current practice. Findings of studies on female offenders are seldom

comparable because the research foci are confined to specific offender groups in specific circumstances generating subtle outcomes. The present paper concludes with recommended guidelines for risk assessment of sexual and violent female offenders.

Department of Corrections policies, guidelines and current practices

The Department of Corrections' Psychological Service does not have specific guidelines for risk assessment of female offenders and consequently neither for violent or sexual female offenders. In both the Psychological Service Manual and the training manual 'Psychological Assessment of Risk' (Department of Corrections, 2003c) no distinction is made between male and female offenders – most likely *by default* – given the higher rates of crime and convictions by men than by women. The policy document to enhance the effectiveness of Integrated Offender Management for women offenders (Department of Corrections, 2003a) states that “risk prediction tools are effective in predicting risk of re-offending, but may be significantly more effective for women if gender-specific factors were researched, developed and incorporated. There is no agreement to date on what those factors might be” (p. 3).

Risk assessment tools that incorporate systematically both actuarial (static) and dynamic factors are recognised as more accurate than clinical judgement or pure static risk prediction. In discussing risk prediction Bakker, O'Malley and Riley (1999) report that research on statistical or actuarial scales “consistently outperform the judgements of experts in almost every investigation comparing these two approaches to risk assessment ...

irrespective of the experience and professional training of those making judgements” (p. 7). In making predictions, the authors suggest to clarify the context of the prediction: general re-offending, the type of re-offending or “to facilitate a decision based on the probability of serious re-offending or re-imprisonment” (p. 10). The Department of Corrections adopted the models of re-conviction (RoC) and re-imprisonment (RoI) developed by Bakker, O’Malley and Riley (1999), which are based on the criminal offending histories of 133,000 male and female individuals and tested on at least 8000 subjects. Gender was one of the predictor variables i.e. being male is predictive of violent reconviction. The models can predict:

- “whether a further conviction would occur during a five-year follow-up
- if a conviction did occur, whether the offence would be at a low, medium or high level of seriousness
- whether an individual would be imprisoned
- if the individual was imprisoned, whether they would be sentenced to a short, medium or long prison term” (p. 3).

The RoC*RoI are two separate calculated algorithms which combined provide the probability of offending occurring during a five year follow-up period which would be serious enough to result in prison sentence. For example, a high RoI does not necessarily mean the offender is at high risk of re-offending violently. The RoC*RoI was found to work well for female offenders too. Its predictive accuracy is approximately 2% less when applied to female offenders as a subgroup than when applied to the entire research population (D. Riley, personal communication, November 29, 2005). If a specific predictive model for female offenders was developed from the outset, different variables may

have been used. This may have resulted in somewhat different relationships between the predictive variables and re-offending (King, 2004), but not necessarily in a significant improvement of its predictive accuracy. It has been suggested for the RoC*RoI to incorporate gender-specific factors to increase its accuracy when applied to female offenders (Department of Corrections, 2003a). The RoC*RoI has not been proven to be a predictive measure of misconducts (internal risk factor relating to security classification) for incarcerated women (Department of Corrections, 2002).

All Psychological Service offices received a request for information from staff that had assessed female offenders. The current practice of assessing violent and sexual female offenders within Psychological Service was reviewed, based on information and 16 reports provided by 10 psychologists who responded to the request.

For violent females, most staff used the RoC*RoI score although for some offenders this score was unavailable. Static and dynamic factors for violent recidivism were usually considered based on the Violence Risk Scale (VRS¹) or the Historical Clinical Risk Scale (HCR-20²). The Level of Service/Case Management Inventory (LS/CMI³) and the Psychopathy Checklist-Revised or Psychopathy Checklist:Screening Version (PCL-R or PCL:SV⁴) were administered twice, because of availability of norms or validity data for female offenders. One psychologist commented the HCR-20 was used as an aide-memoir only and another psychologist stated that multiple use of risk tools is recommended. Other lists of dynamic factors in the reviewed reports could not

¹ For discussion and reference see page 35.

² For discussion and reference see page 47.

³ For discussion and reference see page 69.

⁴ For discussion and reference see page 41.

be clearly associated with any of the known risk assessment tools. Risk factors for general recidivism were also mentioned, but often it was unclear what they were based on. In some cases, these factors clearly referred to Andrews and Bonta's 'big eight'⁵ or to the criminogenic needs of the Criminogenic Needs Inventory (CNI⁶). Some staff members made specific reference to acute dynamic factors unlikely to be replicated after release and whether treatment was received or declined.

Information about the risk assessment of four female sexual offenders was available from four different psychologists. Three people stated that no actuarial measures normed for female sexual offenders are available or that research in this area is limited. The limitations of the RoC*RoI were mentioned (i.e. it does not accurately predict risk in relation to sex offending and to women). Only one psychologist appeared to have used research on female sexual offenders and female prisoners in the risk assessment section. Reference was made to criminogenic needs according to the CNI, to static and dynamic risk factors specific to the person's situation and to static and dynamic factors identified in the SONAR but with clear reference to its male-based validation. In one case the PCL:SV was administered to confirm clinical assessment that psychopathic personality features were absent and to endorse low risk of future violent and non-violent offending.

In conclusion, in the absence of specific departmental guidelines for risk assessment of re-offending of serious female offenders, there appears to be some inconsistency amongst Department of Corrections' staff's assessment of female violent offenders, using a combination of actuarial and clinical

⁵ For discussion and reference see page 26.

⁶ For discussion and reference see page 54.

assessment, although rarely specific tools are named or limitations are pointed out in their application to females. For female sexual offending, the limits of existing risk assessment tools are recognised but the choice of which risk factors to assess appears inconsistent.

Female offenders

The philosophical argument that gender is relevant, including when considering offending is compelling. Some issues affect women exclusively or more than men: (unwanted) pregnancy, (adolescent) motherhood, sexual abuse, sexual assault, domestic violence and depression. These women realities have motivated some to argue for gender-responsive treatment approaches (Byrne & Howells, 2000; Covington & Bloom, 2004; Morash, Bynum, & Koon, 1998; Sorbello, Eccleston, Ward, & Jones, 2002). Covington and Bloom (2004) recommend that criminal justice services “acknowledge that gender makes a difference” (p. 4) as women appear to have different pathways into criminality, they respond differently to supervision and imprisonment, they exhibit differences in terms of substance abuse, trauma, mental illness, parenting responsibilities and employment histories and they represent different levels of risk within the prison and the community. Their “most common pathways to crime are based on survival (of abuse and poverty) and substance abuse” (p. 10). Covington and Bloom (1998) state that female offenders are “mostly young, poor, and undereducated” with complex histories of trauma and substance abuse. “Most are nonviolent and are not threats to the community” (p. 5). Hannah-Moffat (1999) suggests that in respect of women one must consider some differences between male and

female offenders: the types of offences, the context in which the offences occurred and the women's past history and experiences. Steffensmeier and Allan (1998) propose a gendered approach to offending to understand the nature of female offending and develop female offender programmes. This approach differs from gender-specific theories which attribute causal patterns for female crime as different to patterns for male crime. Steffensmeier and Allan (1998) suggest taking into account:

1. the organisation of gender (differences in norms, moral development (see also Gilligan, 1993 as cited in McClellan, Farabee, & Crouch, 1997 and in Andrews & Bonta, 2003), social control, relational concerns and reproductive, sexual and physical differences)
2. access to criminal opportunity (underworld sexism, differences in access to skills, crime associates and settings)
3. motivation for crime (differences in taste for risk, self-control, costs-benefits, stressful events, relational concerns) (see also Walklate, 2004)
4. context of offending (differences in the circumstances of particular offences e.g. setting, victim-offender relationship, use of weapons).

In general there is little research concerning the origin, severity and maintenance of female criminal behaviour (Loucks & Zamble, 2000). The next section looks in more detail at what is known about violent and sexual female offenders.

A profile of violent and sexual female offenders

The focus of the present discussion is on risk assessment of violent and sexual (re)offending by females. Violent and sexual offending is defined by the type of offence one can be charged for in New Zealand. The following lists are derived from Spier & Lash (2004).

Violent offences

- Murder
- Manslaughter
- Attempted murder
- Kidnapping/abduction
- Aggravated robbery
- Aggravated burglary
- Robbery
- Grievous assault
- Serious assault
- Male assaults female
- Assault on a child
- Minor assault
- Threaten to kill/do grievous bodily harm
- Cruelty to a child
- Other violence

Violent sexual offences

- Rape
- Unlawful sexual connection
- Attempted sexual violation
- Indecent assault

Other sexual offences against persons

- Incest
- Do indecent act
- Unlawful sexual intercourse
- Attempted unlawful sexual intercourse
- Anal intercourse

Spier (2002) and Spier and Lash (2004) report annually on trends in prosecutions, convictions, and sentencing over a ten year period including gender, age and ethnicity. Particular interest went to their analysis of violent offences (by males and females) in the periods 1992-2001 and 1994-2003.

The total number of charges resulting in conviction for violent offences has been slowing down since 1995 after a significant increase between 1992 and 1995. The decreasing trend continued until 2002 and increased in 2003. Throughout the period 1994-2003 “violent offences have accounted for 8% to 9% of all convictions” (Spier & Lash, 2004, p. 17). With respect to violent sex offences the number of convictions peaked in 1996 and has averaged just over 1500 annually since then. The number of convictions for aggravated robbery decreased in the period 1998-2001 after a peak in 1997. Slowly increasing trends between 1994 and 2003 are observed for grievous assault and serious assault. Finally, “convictions for all types of threatening and intimidation offences have increased strongly in number over the decade” 1994-2003 (Spier & Lash, 2004).

Females represent a small number in the crime statistics. “In 2001 females made up just over half of the population, yet they made up only 20 percent of all recorded apprehensions, 17 percent of convictions and 4 percent of those sentenced to custodial sentence” (Statistics New Zealand, 2005, p. 128). Māori and in particular young Māori women are overrepresented in the offender population, as shown in table 1.

Table 1: Gender, ethnicity and age of offenders sent to prison in 2001 and 2003

Female offenders [male offenders]	2001	2003
Māori	60% [52%]	57% [51%]
NZ European	34% [38%]	35% [39%]
Pacific Peoples	6% [8%]	6% [8%]
Percentage of imprisoned female Māori, European and Pacific Peoples under 25 [male offenders]		
Māori under 25	35% [39%]	35% [37%]
NZ European under 25	22% [32%]	23% [32%]
Pacific Peoples under 25	25% [44%]	n/a [42%]

The figures relating to ethnicity are relatively comparable to male offenders, although Māori female offenders in prison account for a slightly higher percentage than incarcerated Māori male offenders.

Apprehension figures from Statistics New Zealand (2005) show that females were arrested respectively in 1996 and 2001 for property offences (53%-44%), drug and anti-social offences (21%-22%) and violent offences (12%-16%). This pattern is similar for males apprehended “although the figures for males [for violent offences] were considerably higher” (p. 119). It was confirmed that men are more likely to commit violent offences than females.

Interestingly, of the female arrests in 2001 a quarter involved girls between 14 and 16, responsible for just over a third of apprehensions for dishonesty and property damage *and 20 percent of violent offences*.

Male offenders accounted for respectively 83% and 82% of all cases resulting in conviction in 2001 and 2003 and females accounted for 17% and 18%. In 2001 only 8% of the total of custodial sentences was given to women. This percentage was 10% in 2003. Females are more likely to receive a community-based sentence than males.

Compared to the average in 1994, 29% more males and 91% more females were sentenced to prison in 2003! For violent offending in 2001 and 2003 conviction figures read 89% for males and 11% for females. Compared with other offences females peak (respectively in 2001 and 2003) in property offences (23%-23%), traffic offences (18%-19%), miscellaneous (18%-16%), drug offences (15%-16%) and against justice (14%-18%) while male offenders make up for the rest of the percentage points. The patterns of

conviction by offence type are similar to that of males (i.e., main offence category was traffic offences, followed by property offences, violent offences and drug offences). The “female conviction patterns between 1992 and 2001 have remained fairly static” (Statistics New Zealand, 2005, p. 121), but convictions for violent offences by females doubled between 1992 and 1997 and have increased since then until the most recent data available (2001).

On the day of the 2001 Prison Census (15 November 2001) 4 percent of the total sentenced prison population in New Zealand was female. “The majority of convictions were for violence (43 percent), property damage (27 percent) and drug-related offences (13 percent)” (Statistics New Zealand, 2005, p. 123). On census day 296 males and 16 females were serving life imprisonment sentences and no females had preventative detention for repeat sexual and violent offending. Forty six percent of females and 62 percent of males were imprisoned for violent offences on 15 November 2001, “including 3 percent of females and 22 percent of males for sexual violence. For women, the most prevalent violent offence was homicide (38 percent), while for men robbery was the most prevalent (35 percent)” (Statistics New Zealand, 2005, p. 123). Interestingly 10 percent of imprisoned violent women had a previous conviction for violent offending (36% for males); just under half of both males and females had a previous conviction for a non-violent offence; and 44 percent had no prior conviction (17% males).

Moth and Hudson (1999) studied 37 New Zealand incarcerated women (59.5% New Zealand European and 35.1% Māori, the latter an overrepresentation). Nearly 49% had committed offences involving violence. The majority had started their criminal career at a young age and had multiple

convictions for various offence types. Imprisonment followed after other sentencing forms had been exhausted or after a very serious offence. Although most offences involved theft, violent offending was second most common. "Around a third of the offences involved the use of a weapon and the involvement of associates. These results challenge the widely held misconception that crime committed by female offenders is less serious than that committed by male offenders" (Moth & Hudson, 1999, p. 55). However, three women had no prior criminal history and had committed a single serious crime (murder or a major fraud); they were older than the other women and committed their first and only offence at a later age. The authors comment that they possibly represent a subgroup.

Statistical information from the Department of Corrections shows that between 1964 and the time of writing, 62 females have been imprisoned for sexual offending, some with multiple convictions. This would be a very small percentage of all female prisoners at one time. The sentenced muster data for June 2005 show that of the total muster of 5798 5.8% is female (n= 336). Of the sentenced females in prison, five (1.5%) have been sentenced for a sexual offence (A. Skelton, personal communication, June 1, 2005) and 131 (39%) for violence (of which about a quarter for murder, manslaughter or attempt and only a few for assault on a child). One could conclude that violent female offenders are well represented in New Zealand prisons. In 2001 and 2003, more Māori offenders (46%) were convicted for a violent offence than New Zealand European (respectively 37% and 38%) or Pacific peoples (14% and 13%). This could be similarly reflected in female violent offenders but data were unavailable. However, a rough scan of the muster data of June

showed that more than 60% of female offenders incarcerated for violence are identified as Māori. It is proposed that *because* the number of serious female offenders in prison is rather small, in particular sexual female offenders, general research information and more specific guidelines for risk assessment of both offender groups could assist Department of Corrections' staff in this particular area.

Comparisons with international data could not be made as gender was not specified (Barclay & Tavares, 2003).

In conclusion, female offenders represent a small number in New Zealand crime statistics but young Māori women are overrepresented in the female offender population by three times. Female offenders have been increasingly convicted to imprisonment between 1994 and 2003. Convictions of females for violent offending have steadily increased between 1992 and 2001 but their number is still low compared to violent male offenders. For women, the most prevalent violent offence is homicide, most likely a reaction to conflict or abuse and first-time offenders. In regard to the other violent females it is unknown what age they are, whether the violence was committed against relatives or strangers and whether the violence was gang-related (for a profile of women gang members in the Canadian correctional system see Mackenzie & Johnson, 2003). It is likely that this group of offenders are young Māori women, in concurrence with the Department's recommendation to target young female Māori for core programmes (Department of Corrections, 2003a).

The significance of a prior criminal history in risk assessment appears to be less relevant for violent females compared to males. A very small

number of women are charged and convicted to imprisonment for sexual offending. An analysis of women who have high re-conviction and re-imprisonment rates in New Zealand could assist in fine-tuning risk assessment and reintegration programmes.

About 25 years ago it was noticed that females can be both recipient and participant, offender and victim of violence (Harris, 1979). Similarly, the reality of female sex offenders challenges the taboo of incest and the perception of women as mothers, nurturers and protectors of children (Hunter & Mathews, 1997). It challenges the societal belief that females are generally the victim of violence rather than the perpetrator and that the power in relationships resides with males (Hunter & Mathews, 1997; Nathan & Ward, 2002).

Shaw and Dubois (1995) reviewed publications relating to violence by women from 1984 to 1994 and comment that violence by women has been neglected or avoided. Violent women, they say, are often perceived as masculine, mad, sad or evil. Skeem, Schubert, Stowman, Beeson, Mulvey, Gardner, et al. (2005) studied risk assessments by mental health professionals and conclude that mental health professionals are less accurate at predicting future violence involving women psychiatric patients. This finding was not related to the gender of the mental health professional or to the seriousness of the violence. Violence potential in females may be underestimated because of the low base rate of violence by women or because women's violence is less public i.e. in the home (Skeem et al., 2005).

Shaw and Dubois (1995) underline the fact that across countries and over time in regards to violence men outnumber women, at any age and in

respect to different types of violence. They conclude that the rate for serious violent offending by females remained stable in Canada (from 1970-1990) while that for men increased. Odgers and Moretti (2002) report that for female youth however, official American and Canadian statistics show an increase of moderately violent crime between 1991 and 2000 and “that the gap is closing between girls and boys with respect to their engagement in aggressive behavior” (p. 105). Chesney-Lind and Pasko (2004) state that “violent crime is overwhelmingly a male enterprise” (p. 35) and “women’s crime, like girls’ crime, is deeply affected by women’s place. As a result, women’s contribution to serious and violent crime – like that of girls – is minor” (p. 95). Based on statistics they conclude that women murderers are a rarity and kill more likely as a result of conflict. Shaw and Dubois’ (1995) literature review highlights the connection between drug or alcohol use and violence by women. According to Brennan (1998) often serious violence by women is committed as an associate and often in the context of domestic violence.

Analysis of the data of the Dunedin Multidisciplinary Health and Development Study, “a longitudinal investigation of the health, development, and behaviour of a complete cohort of births between 1 April 1972 and 31 March 1973” (Moffitt, Caspi, Rutter, & Silva, 2001) of more than a thousand New Zealand babies of predominantly European ancestry confirmed that sex differences are the largest for violent crimes and smallest for drug- and alcohol-related crimes. Of interest is their finding that “inside intimate relationships and the privacy of the home, females [in this *normative* sample] are just as physically aggressive as males” (Moffitt, Caspi, Rutter, & Silva, 2001, p. 69), which could not be explained by the hypothesis of self-defence.

However, males scored higher on measures of other types of violence at every age and setting than females. Another finding suggested that “the persistence of antisocial behaviour among women depends on whether or not the woman pairs off with an antisocial man” (Moffitt, Caspi, Rutter, & Silva, 2001, p. 196). The researchers found that neuro-developmental problems (neuro-cognitive deficits, undercontrolled temperament, personality trait called weak constraint and hyperactivity) affect males more often than females and subsequently links to persistent, severe antisocial behaviour. In short, “risk factors for antisocial behavior were remarkably similar for females and males” (Odgers & Moretti, 2002, p. 108). Nicholls, Ogloff and Douglas (2004) state that recent research providing evidence for sex differences in the base rate and severity of criminality and violence now questions “the extent to which the finding that men are more prone to violence than women extends to people with serious mental illnesses” (p. 128). Some studies have reported that female inpatients are more involved in aggressive incidents than men. It could be possible that the base rates for violence are more similar among serious mentally ill men and women, which would have implications for risk assessment and risk management.

Grayston and De Luca (1999) reviewed the available clinical and empirical literature on female-perpetrated sexual abuse of children and provide tentative conclusions as the available data are rather limited. Data suggest that less than 5% of all sexual offenders against children and young people are female. Although this kind of offending may be underreported (see also Atkinson, 2000; Lewis & Stanley, 2000), unnoticed or diverted from the criminal justice system (Vandiver & Walker, 2002) “the bulk of existing data

strongly suggests that females are responsible for a relatively small number of sexual offenses against children in the general population, and that men still constitute the vast majority of sexual abuse perpetrators” (Grayston & De Luca, 1999, p. 94). Atkinson (2000) refers to Finkelhor and Russell’s estimates of the prevalence of female sexual offending, generally considered accurate: for up to 13% of the abuse of females and up to 24% of the abuse of males.

One New Zealand study into female child sex offenders was conducted by Kalders, Inkster and Britt (1997). They collected data on all 25 females charged and convicted with sexual offences against children from 1978 to 1994 inclusive, a much lower prevalence than male child sex offenders in the same period. In 1995, only 1.9% of the female inmate population had sexually offended against children. (In June 2005 this was 1.5 %.) The authors compared the period of 1978-1985 and 1985-1994 and observed an increase in female sex offenders, convictions, age at conviction, sentence length and Pakeha offenders. Closer examination of eight offenders assessed over 1993-1994 revealed that

- they all co-offended with a male and 25% (n=2) continued to offend independently
- 69% of the known victims were female
- all were experiencing psychological problems or relationship stress
- 37.5% had a current or historical psychiatric disorder
- only 25% accepted responsibility.

The authors state that some features appear unique to female sex offenders: “their tendency to co-offend, the higher level of incestuous and

homosexual offending, past or current diagnosis of psychiatric disorder and reported levels of victimization” (p. 15). For assessment purposes they recommend to assess personality, cognitive functioning, emotional functioning, interpersonal skills, sexual attitudes, beliefs and behaviours and abuse/trauma factors.

Female perpetrators of sexual abuse victimise both male and female children. Recently, more evidence supports the finding that girls “may be the most common victims of women who sexually abuse” (Grayston & De Luca, 1999, p. 95) and that females appear to molest younger children, particularly ones they assume a care giving role for. It is of interest that “most women victimize children in conjunction with an accomplice (usually male), and less frequently initiate abusive incidents without a co-offender” (Grayston & De Luca, 1999, p. 95-96) in contrast to male sex offenders who tend to act alone. Other types of child maltreatment may co-exist with the sexual abuse.

Nathan and Ward (2001) conclude that the similarities between male and female child sex offenders include maltreatment and abuse during childhood; social and attachment deficits; poor adult intimate relationships; grooming patterns; denial and lack of empathy; distorted beliefs regarding children and deviant arousal and substance abuse. Females differ from males as the majority of offences occur in the presence of a male associate; they use less coercive measures; they prefer female victims; there is a higher level of incest; they are more attached to the victims and usually offend against familiar victims (see also Hunter & Mathews, 1997). Of interest is the finding that female sex offenders have a relatively higher incidence of serious mental illness (Adshead, Howelt, & Mason, 1994 as cited in Nathan & Ward, 2001)

and mental health problems such as borderline personality disorder, major depression and substance abuse have been found prominent in female sex offenders.

In regards to using violence, “existing evidence suggest that only a minority of female offenders use violence or other force in perpetrating acts of sexual abuse” (Grayston & De Luca, 1999, p. 97). They appear to use persuasion rather than force or threats. However, Atkinson (2000) reported that violence was common amongst incarcerated female sexual offenders. Lewis and Stanley (2000) noted that a higher percentage of women sex offenders used weapons than their male counterparts. It appears relevant to consider the use of violence when assessing sexual female offenders.

Nathan and Ward (2002) and Atkinson (2000) refer to Mathew’s typology based on the female offender’s motivation to commit sexual offences.

1. **Predisposed:** The woman initiates the sexual abuse, motivated by anger and compulsive sexual urges and commits violent and or sadistic offences against young victims.
2. **Teacher/lover:** The woman initiates the sexual abuse of an adolescent (usually male), seeking a loving sexual relationship. She often denies the reality of her actions and minimises the impact on her victim. Hostility is absent.
3. **Male-coerced/male accompanied:** The woman is compelled or forced into sexual offending, usually against her daughters, motivated by both fear and emotional dependency on her partner. The male accompanied female offender is more active in the abuse and may be motivated by anger and sexual gratification.

4. Psychologically-disturbed: The woman has long-standing problems of emotional insecurity, poor self-esteem and social isolation. She may be pathologically dependent and willing to initiate or participate in sexual abuse. Atkinson (2000) has proposed to add '**angry/impulsive**' and retain male-accompanied as a separate category, with familial and non-familial as subcategories. Nathan and Ward (2002) proposed '**male-accompanied: the rejected/revengeful**', categorising female sexual offenders whose motives are steered by rejection, jealousy or a desire to seek revenge against a partner and who have not been coerced by a male. Based on clinical experience they have added two more categories. '**The compliant victim**' refers to women who are psychologically disturbed, have strong dependency needs and are indirectly abusing their children by setting up situations which make abuse more likely (Nathan & Ward, 2001) and '**the willing ally/imposter**' which refers to women with pathological self-esteem issues, attached to a dominant male with paraphilias and/or anti-social traits, and becoming willing (albeit concealed) allies in the sexual abuse.

Grayston and De Luca (1999) identified female sexual offenders more simply. The **passive perpetrators** who observe the sexual abuse (but do not intervene), expose children to unacceptable sexual behaviour or procure potential victims for their co-offenders. **Active perpetrators** participate directly in the abuse and physically engage children in sexual acts (ranging from seductive behaviour, exhibitionism, fondling a child's genitals to invasive acts of penetration, ritualistic abuse and group sex). Another way of classifying female sex offenders is women who co-offend with a male, women who sexually molest teenage boys and women who sexually molest

prepubescent children of both genders (Hunter & Mathews, 1997), implying different motives behind the offending such as emotional dependency and poor self-esteem, anger because emotional needs are not met, and PTSD. Grayston and De Luca (1999) state that a consistent or typical pattern regarding motives for committing sexual abuse does not exist.

In summary, violent and sexual offending by females has been avoided or neglected because it challenges fundamental beliefs about women as nurturers, protectors and as victims of violence. Further, the low base rate of violence and sexual offending by women compared to men has contributed to poor attention to this particular offenders group in the research and correctional world. Collectively, research suggests that females are more violent within a domestic context, that the base rate of violence by mentally ill men and women is similar and that the gap between violent boys and violent girls is closing. In respect of sexual offending, collectively, research shows that females appear to sexually abuse more females and younger children they care for, often within the family, they offend with a male co-offender and suffer from serious mental illness. Conflicting research data exist regarding the use of violence by sexual female offenders. A typology of females' motivation to offend sexually is considered useful for (risk) assessment purposes.

Risk, need and responsivity

The Department of Corrections has adopted the Psychology of Criminal Conduct (Andrews & Bonta, 2003) that proposes the principles of risk, need and responsivity for effective offender rehabilitation. Dowden and

Andrews (1999) state that it remains unclear whether the risk-need-responsivity principles⁷ can be generalised to the female offender population, although the principles themselves appear applicable to this group of offenders. Through a meta-analytic review they found that these principles of effective correctional treatment “were important contributors to treatment outcome for female offenders” (Dowden & Andrews, 1999, p. 448-449) although gender was not considered a specific responsivity issue.

Rehabilitation can only be successful if “it targets the characteristics of the offender directly related to their offending behaviour, and if that intervention is delivered in a way that takes account of the individual characteristics of the offender” (Byrne & Howells, 2000, p. 6). Covington and Bloom (1998) and King (2004) have proposed principles and criteria related to gender-specific programmes for female offenders.

However, Koons, Burrow, Morash and Bynum (1997) dispute the finding that the application of the risk/need/responsivity principles results in reduction of female offending (Monster & Micucci, 2005). Also Howells (2000) is not convinced that the risk/need/responsivity principles can be applied to female offenders. He argues that using level of risk as a treatment criterion poses problems for women “because less information is available about correlates of re-offending for women; the reliability and validity of risk assessment measures is more uncertain; risk of recidivism may be less an issue in treatment targeting; focus is more on harm to self and family and on

⁷ **Risk principle:** Criminal behaviour can be predicted and treatment services should be matched to the level of risk of the offender. **Needs principle:** Treatment should target needs that have direct relevance to reducing re-offending, i.e. criminogenic needs. Criminogenic needs are dynamic risk factors that, when changed, are associated with changes in the probability of recidivism. “Research has been sorely lacking regarding the applicability of this principle to female offenders” (Dowden & Andrews, 1999, p. 440). **Responsivity principle:** This refers to delivering programmes in a style and mode that is consistent with the ability and learning style of the offender (Andrews & Bonta, 2003).

problematic institutional behaviour” (p. 4), as a consequence of for instance mental health and substance abuse problems (Department of Corrections, 2002). Problematic behaviour in prison may be of more concern to prison staff and inmates than offending behaviours. Howells (2000) concluded that for women risk may need to be defined and measured differently. Further, it appears that both criminogenic and noncriminogenic needs for women need to be assessed for further treatment and rehabilitation as female offenders have multiple areas of need – the maximum security women even more than lower security women (Howells, 2000). Some needs associated with mental health problems, self-harm, trauma, responsibility for children and substance abuse are very different from men and need a different focus in treatment (Byrne & Howells, 2000; Hart, 2000; Morash, Bynum, & Koons, 1998). This, according to Howells (2000), inevitably has to lead to the conclusion that although males and females have some characteristics related to crime in common, in rehabilitation distinctive features of female offenders need to be taken into account. Treatment programmes need to adjust content and process.

Blanchette (2001) summarises the different opinions and evidence in this regard. “While current policy and practice demonstrate an understanding of the need for gender specificity, substantiating support for such models is virtually absent” (p. 3). She concludes that risk classification measures are lacking predictive validity when applied to women. Furthermore, she states that it is not the needs principle itself that has been questioned but rather which needs are criminogenic for female offenders. Further, she comments that there is some empirical evidence to support that criminogenic factors for

male offenders are also relevant for female offenders “but their level of importance and the nature of association may differ” (p. 33). Further, female offenders may have *additional* criminogenic needs.

Risk assessment of female offenders involves possibly “different factors or varying levels of factors” (Lowenkamp, Holsinger, & Latessa, 2001, p. 546) or exposure to risk factors “may present different challenges for female and male offenders” (Chesney-Lind, 1987 in Lowenkamp, Holsinger, & Latessa, 2001, p. 547), such as physical and sexual abuse or domestic violence.

Sorbello, Eccleston, Ward and Jones (2002) propose to use an enhancement model rather than the risk management model to direct rehabilitation of female offenders. The enhancement model⁸ “attempts to reduce recidivism by enhancing offender capabilities (i.e. noncriminogenic needs) to improve quality of life” (Sorbello, Eccleston, Ward, & Jones, 2002, p. 198). Their suggestion comes from the problems associated with applying the risk/need/responsivity principles to female offenders. Research indicates more and more that gender-specific risk factors exist and that the risk principle “requires gender-specific definition, measurement and focus” (Sorbello, Eccleston, Ward, & Jones, 2002, p. 199). In respect of the needs principle, “studies highlight the additional importance of noncriminogenic needs in treating women offenders” (p. 199), an approach overlooked in

⁸ The Good Lives Model or enhancement model “is concerned with the enhancement of offenders’ capabilities in order to attain primary human goods, and by doing so, reduce their chances of committing further crimes against the community when they are released from prison. *Primary human goods* are states of affairs, states of mind, personal characteristics, activities, or experiences that are sought for their own sake and are likely to increase psychological well-being if achieved. ... In no particular order, the primary goods are: life (including healthy living and functioning), knowledge, excellence in work and play (including mastery experiences), excellence in agency (i.e., autonomy and self-directedness), inner peace (i.e., freedom from emotional turmoil and stress), friendship (including intimate, romantic, and family relationships), community, spirituality (in the broad sense of finding meaning and purpose in life), happiness, and creativity. Instrumental or *secondary goods* provide concrete ways (or the means) of securing these goods, for example, certain types of work (i.e., good of mastery), relationships (i.e., good of intimacy), or leisure activities (i.e., good of play)” (Ward & Gannon, in press, p. 3).

Andrews and Bonta's model for offenders in general (see also Ward & Stewart, 2003 and Ward, Mann, & Gannon, in press). Andrews, Bonta and Wormith (2004a) acknowledge this in their discussion of the LS/CMI. Finally, antecedents of problems appear to differ for male and female offenders and thus the responsivity principle also poses problems when not adjusted to the differing needs of women. Sorbello, Eccleston, Ward and Jones (2002) identify the obstacles "that prevent women from meeting fundamental needs" (p. 199): dissociation, self-medication with drugs, alcohol or self-harm in order to cope with experiences of abuse and neglect ("offending behaviour therefore, may be a final product of coping inadequacies", p. 199); borderline personality disorder, depression, anger control and poor self-esteem; pressing issues like dependent children, pregnancy and family bonds; unemployment, vocational goals, life skills and knowledge of access to community support agencies. The authors suggest an integrated treatment model that incorporates female-specific programmes. Some work has been done in the Department of Corrections, with focus on substance abuse, relationships and associates in criminogenic programmes for female offenders, following suggestions made in this area (Department of Corrections, 2003a; King, 2004).

Summarised, the principles of risk, need and responsivity have generated debate about their application to female offenders, although the principles appear to contribute to effective rehabilitation programmes for women. In particular risk classification measures are lacking predictive validity for female offenders. Further, it remains unclear which needs can be considered criminogenic for women although evidence exists that in general

males and females have similar criminogenic needs. However, women appear to also have additional criminogenic needs. Rehabilitation needs to take specific gender-related responsivity issues into account.

Risk factors for (repeated) criminal behaviour

The prevalence of female offenders is between 8% and 18.3% depending on the studies in industrial countries (Bonta, Pang, & Wallace-Capretta, 1995) and is low, relative to male offenders (Stuart & Brice-Baker, 2004). Only little research is available on recidivism by female offenders and 'what works' is mainly 'what works with male offenders' (Salomone, 2004).

"The general criminology perspective views the factors responsible for female crime as essentially the same as those for male crime" (Bonta, Pang, & Wallace-Capretta, 1995, p. 279). Andrews and Bonta (2003) identified the best-validated risk factors for criminal behaviour and the best predictors of recidivism (Bonta, 2002) as 'the Big Four': anti-social attitudes, anti-social associates, history of antisocial behaviour and anti-social personality pattern (including psychopathy, impulsivity, restless aggressive energy, egocentrism, below average intelligence, a taste for risk, poor problem solving and poor self regulation skills). The list continues as 'the Big Eight' with problematic circumstances at home (such as low levels of affection, caring and cohesiveness, poor parental supervision, neglect and abuse), problematic circumstances at school or work (low levels of education and achievement and unstable employment history), or with leisure (poor use of recreational time) and substance abuse. The ability to predict criminal behaviour increases with the number and variety of major risk factors assessed and with the

number of different sources of information used. The authors admit that “the importance of school/work, personal distress, and noncriminogenic interpersonal targets remains unclear with women and minorities” (Andrews & Bonta, 2003, p. 321). However, they comment that the correlates of criminal behaviour appear “highly similar for males and females” (p. 266) based on research available at the time of their writing. They endorse other findings that risk assessment with the LSI-R has found “parallel results for males and females” (Andrews & Bonta, 2003, p. 266).

Farrington and Painter (2004) researched whether risk factors for offending differed for males and females, by examining the brothers and sisters of males included in the Cambridge Study in Delinquent Development. They concluded that the following most important risk factors are similar for brothers and sisters: low family income, large family size, attending a high delinquency rate school, a convicted father, a convicted mother, a delinquent sibling, parental conflict, separation from a parent, harsh or erratic parental discipline and poor parental supervision. Some factors predicted more strongly for sisters: low social class, low family income, poor housing, low praise by parents, harsh or erratic discipline, parental conflict, low parental interest in education and low parental interest in the children whilst others predicted more strongly for brothers: nervous fathers and mothers and poorly educated fathers and mothers. “In general, risk factors were better predictors of the offending behaviour of sisters than brothers” (Farrington & Painter, 2004, p. 3) and “risk assessment using family factors is likely to be more accurate for females than for males” (Farrington & Painter, 2004, p. 3).

Some studies have researched the *originating* factors to crime, others the *maintaining* factors. It is paramount to keep the difference in mind when assessing risk of recidivism. Risk of recidivism is different from risk for violence, escape and misconduct in prison and from classification in prison⁹. A gender-specific classification system for women offenders is beyond the scope of this paper but has received international attention (Blanchette & Taylor, 2004; Hardyman & Van Voorhis, 2004).

Holtfreter and Morash (2003) state that identifying risk factors for recidivism is only “identifying predictors within the offender population, not potential influences on crime in the first place” and that evidence supports the notion that “programs attempting to reduce particular risk factors also reduce recidivism” but “this does not mean that all of women’s needs, whatever they may be, place them at greater risk for offending and recidivism” (p. 151). Loucks and Zamble (1999) conclude “there are considerable similarities in the factors predicting recidivism in serious offenders, regardless of gender” (p. 30) such as age at first arrest. In particular psychopathy “is as important in predicting general offending in female serious offenders as it is in serious male offenders” (p. 28) and “plays an important role in the prediction of violent behavior and prison maladjustment, as it does for males” (Loucks & Zamble, 2000, p. 31). Measures of personality and current functioning contributed most to the prediction of criminal and violent behaviour and of prison misconduct in female offenders. Loucks and Zamble’s findings do not support gender-specific theories of female criminal behaviour (see Arnold (1994) for a

⁹ Department of Corrections’ Policy Department (2002) has investigated the development of a security classification system for women inmates in recognition of the current system being designed for male inmates. It was stated that “women present comparatively lower external risk than male inmates” (p. 20).

theory of crime by Black women in which the process of criminalization is initiated by gender oppression, class oppression and victimization and crime is considered a response to alienation and structural dislocation from family, education and work). Although some experiences such as trauma, victimization and moderate to severe depression may have played an important role in the origins of anti-social behaviour in females, Loucks and Zamble (2000) state these are not significant in explaining serious or repeated offending. The exception is pre-adolescent sexual abuse as a significant predictor for violence (Loucks & Zamble, 2000). Their sample of 100 Canadian federally-sentenced women proved to be representative of the institutional population and of serious female offenders in Canadian prisons (Loucks & Zamble, 2000).

Knowledge of predictors of recidivism for female offenders is important for differentiation between high risk and low risk re-offenders, to ensure public safety and to maximize the effectiveness of treatment and rehabilitation services (Bonta, Pang, & Wallace-Capretta, 1995). The authors examined the predictive validity of the Statistical Information on Recidivism Scale (used in Canada). Only two items proved to be predictive of recidivism for incarcerated female offenders: age at first adult conviction and sentence length. Therefore the SIR scale as a predictive scale for female offenders was not supported (also Dell & Boe, 2000). The authors comment that “risk scales based on criminal history variables may have severe limitations when applied to female offenders” (Bonta, Pang, & Wallace-Capretta, 1995, p. 289). However, many of the risk factors for re-offending with males were equally relevant with females (prior criminal history, certain offence types, sentence length). Further

research indicated that a drug/narcotic infraction, life imprisonment and release on full parole were inversely related to recidivism (also found in male offenders). Some variables that predict for males did not for females: history of juvenile delinquency, weapon involved with the offence, offence occurred with an associate and alcohol and drug abuse. Other predictors for female re-offending included committing an unarmed robbery, single-parent mothers, illegal sources of income, depending on welfare, history of physical abuse as an adult, history of self-injury, violence toward staff, and number of incidents in prison.

Moth and Hudson (1999) repeat there have been limited studies on female offender risk (referring to Bonta, Pang, & Wallace-Capretta, 1995 and Loucks & Zamble, 1994). A literature review listed the following static factors predicting recidivism in incarcerated female offenders: younger age at admission to prison, younger age at first conviction, younger age at time of interview, history of committing unarmed robbery, previous drug conviction, physical abuse as an adult, history of self injury, history of violence towards staff and number of incidents towards staff (while incarcerated). Other static factors are: previous incarceration, previous revocation of parole, previous escape, longer aggregated sentence length, prior convictions for violent sexual offence and breaking and entering, history of previous psychiatric hospitalisation, prior suicide attempt, history of serious and repeated antisocial acts, left school prior to 16, early/mid childhood disrupted by adoption, fostering, or institutionalisation. Moth and Hudson (1999) summarise that some static factors may apply to female offenders only: history of physical abuse as an adult, history of self injury, history of

psychiatric hospitalisation, prior suicide attempts and a history of early childhood disrupted by adoption, fostering or institutionalisation.

Stuart and Brice-Baker (2004) explored the available theoretical and empirical data in respect of variables that correlate with higher rates of recidivism in adult female prisoners. They concluded that five [static] variables were significantly correlated with recidivism. These are:

- **Age:** older offenders have higher recidivism rates than younger offenders, but the authors comment that criminal behaviour in older women, often first time offenders, “may not be a continuation of a pattern originating in young adulthood” (p. 40);
- **Arrests while under legal supervision:** positively correlated with higher rates of recidivism;
- **Offence type:** drug offences or property offences;
- **Age of first imprisonment:** younger age of first offence is correlated to higher rates of recidivism;
- **Not looking forward to release:** it is suggested that these women would miss the relationships or friendships within the prison as they are considered sentimental; not being motivated to be released could have higher rates of recidivism. Interestingly, the violent offenders in this study had the lowest recidivism rates, possibly because of longer sentences and subsequently less time spent outside of prison and fewer opportunities to re-offend. “Research shows that extreme violence among women is not typical of those who recidivate, and women who do commit such acts have been found to have significantly shorter non-violent criminal histories” (Stuart & Brice-Baker, 2004, p. 47).

Benda (2005) studied Sampson and Laub's position "that desistance from crime can be explained by social bonding that occurs in adulthood – transitions that represent turning points in people's life-course trajectories" (p. 325) with 300 male and female graduates from a boot camp in the U.S.A. The study findings reveal that "childhood and recent sexual and physical abuse, adverse feelings, living with a criminal partner, and drug use are particularly powerful predictors of women's recidivism" (Benda, 2005, p. 337). In addition, "all life transition, except years of education, are inversely and significantly related to recidivism" and "forming a family with a caring partner serves as a buffer for women" (Benda, 2005, p. 337). Covington (1998) also points to women's "capacity for relatedness and connection" as a particular source of strength. Attachment and relationships are important for women and "focus on female development and mutual, caring, and empowering relationships can be useful tools for correctional programs for women and girls" (p. 6). Odgers & Moretti (2002) add that although aggressive females are more likely to desist from offending during their transition into adulthood, they appear to not function well in other domains of life. For men, Benda's results supported previous research on predictors of recidivism: criminal associates, aggression, carrying a weapon, drug use, younger present age and early age of onset of crime and job satisfaction.

Alder and Bazemore (1979) identified two risk factors with female offenders: the number of prior incarcerations and a history of drug dependency. They conclude that if predictive instruments have not been validated for female offenders separate guidelines should be adopted. The authors queried 25 years ago whether the parole guidelines used with male

offenders applied to female offenders. “If male and female subpopulations significantly differ with regard to offense related behaviour, items that predict parole failure accurately for male populations may exhibit serious deficiencies when applied to women offenders” (p. 293). They concluded that there are differences between men and women in type of offences, severity (see also Odgers & Moretti, 2002), number of prior prison sentences, age at admission, prior alcohol use and prior drug use (the last higher for females). They notice that biases could lead to overprediction of recidivism in females when prediction instruments are validated on male data and appear to yield a high percentage of false positives for females (the prediction that a female offender will recidivate while she would have been successful if released) and the fact that cut off scores may differ. For instance, the risk of imprisonment in the RoC*RoI model may be present for a female offender because of breach of conditions rather than because of re-offending. Such statistics would deserve further research and could endorse the predictive accuracy of the RoC*RoI for female offenders.

In summary, the prevalence of female offending is low compared to their male counterparts. Some view the factors responsible for female crime essentially the same as for male offenders. The ability to predict criminal behaviour increases with the number and variety of risk factors assessed and with the number of different sources of information used. Risk of recidivism is *not* equal to risk for violence, escape, misconduct in prison or classification in prison. For risk assessment purposes one needs to distinguish between originating and maintaining factors to crime. Further, in the present discussion a dichotomy is unfolding between *prediction* of risk assuming the presence of

static, unchangeable risk factors (such as age, criminal history and early family factors) and *intervention* or reintegration targets focusing on *dynamic* or *changeable* factors (criminogenic needs) for which consensus about which factors are to be incorporated in risk assessment models is absent. “The *risk principle*, which asserts that risk can be predicted, is less viable when applied to women” (Blanchette, 2001, p. 50). Focusing on dynamic, even non-criminogenic factors may prove more effective in terms of reducing re-offending of women, with attention for family factors, connections and relationships, the last two being important strengths for females and in support of a holistic approach of the offending process and offender.

Risk factors for violent re-offending

The low base rate (the proportion of a population that exhibits violent recidivism) of violent female offenders affects the accuracy of predictive instruments (Alder & Bazemore, 1979; Brennan, 1998; Odgers, Moretti, & Reppucci, 2005; Quinsey, Harris, Rice, & Cormier, 1999). Using the same risk predictors for violent male offenders could easily lead to overrepresentations of females in the violent category (Brennan, 1998). In what follows actuarial and structured clinical guidelines for violent risk assessment are discussed first, followed by identified static and dynamic risk factors relating to violent re-offending by females.

In developing the Violence Risk Appraisal Guide (VRAG, an actuarial tool developed for a male forensic population) Quinsey, Harris, Rice and Cormier (1999) clearly did not test the VRAG on “its ability to predict violent recidivism among female offenders. Generally the predictors of crime among

women are the same as those among men, but the base rate of violence in most female population is much, much lower” (p. 248). One study in 2002 by Harris, Rice and Cormier (as cited in Harris, Rice, & Camilleri, 2004) found that the VRAG did not predict violent offending among women. Harris, Rice and Camilleri (2004) used the data from the MacArthur Violence Risk Assessment Study to evaluate the applicability of the (modified) VRAG for nonforensic male and female patients and primarily self-reported violence. The researchers found a stronger accuracy of the VRAG than their previous study which “warrants further research among female patients and offenders” (Harris, Rice, & Camilleri, 2004, p. 1069). The study supports previous findings that “the predictors and causes of violence are quite general rather than specific to particular populations” (Harris, Rice, & Camilleri, 2004, p. 1072); that forensic and nonforensic patients have similar clinical problems and needs; and generality across different measures of violent outcome and across a wide range of follow-up times. The study does not support the suggestion of adjusting actuarial scores in case of psychotic symptoms.

In his discussion of the research-based selection of the static and dynamic factors of the Violence Risk Scale (VRS), a structured guideline “designed specifically to assess the risk of violent **recidivism** for institutionalized forensic clients who are to be released to the community” (Wong & Gordon, 1999, p. 6), Wong (n.d.) does not refer to how these factors relate to female violent offenders. However, Wong and Gordon (1999) state that the VRS is supposed to be gender and race neutral. However, anger, often considered a dynamic risk factor, appears to differ between male and female offenders. According to Suter and Byrne (2000) women offenders

have higher levels of anger and exercise lower levels of control over its expression than male offenders. “Violent female offenders were found to admit to fewer incidents as being anger provoking, and to express lower levels of anger than non-violent females” (Suter & Byrne, 2000, p. 7). The authors link these results to the higher incidence of psychopathology in female offenders.

Motiuk (2000) lists risk factors associated with violent re-offending: history of violence, anger or fear problems, active psychosis, substance abuse, psychopathy, weapon interest, criminal history, childhood problems, lifestyle instability, younger age and being male. However, not much evidence is present to support that these risk factors are applicable to female violent offenders. Blanchette (1997) found that previous attempts at suicide was the strongest indicator of violent re-offending by female offenders.

Odgers and Moretti (2002) note that a list of risk factors is “of limited value in the absence of models that help us understand the differential impact of risk factors and interactions between risk factors across development. The weight of one risk factor always depends on the context in which it occurs” (p. 107). They argue to move to more integrated models of the “processes through which risk factors across multiple domains and levels interact over time” (p. 107).

Weizmann-Henelius, Viemerö and Eronen (2004) comment on the minor attention given to risk factors related to violent behaviour in women: “women commit fewer crimes than men, especially violent crimes” (p. 185), often in domestic situations. They review explanations the literature offers regarding violent offending by females. In Finland, violent offenders are

referred for an extensive forensic psychiatric assessment. The authors researched a national sample of 61 violent female offenders and found that compared to non-offenders violent offenders reported more problems in their family of origin, more adverse experiences in both childhood and adulthood, more often psychiatric care, substance abuse problems, a history of attempted suicide, a problematic relationship in the year preceding the index offence, personality disorders and cognitive deficits. Comparisons between first-time and repeat violent offenders showed no difference in cognitive abilities but for repeat offenders a younger age at first violent offence, victims often being less emotionally close, a history of non-violent crimes and substance abuse, antisocial personality disorder, borderline personality disorder, witnessed violence in their family of origin, parents divorced, and lived in foster homes more. Substance abuse increased “the risk of violence in antisocial women” (Weizmann-Henelius, Viemerö, & Eronen, 2004, p. 193).

Another Finnish study on repeat offending among homicidal female offenders with psychotic and personality disorders (Putkonen, Komulainen, Virkkunen, Eronen, & Lönnqvist, 2003) concludes that re-offending happens within the first two years of the index offence i.e. soon after the offence or soon after release from prison. “Criminal activity before the index offense best predicted repeat offending. ... Personality disorders increased and psychotic disorders decreased the risk of recidivism” (p. 949). Being young and addicted to substances made a violent female prone for re-offending. The conclusion is that “when a woman is violent, her recidivism might be similar to that of a violent man” (p. 949). The authors caution that their finding may not be applicable elsewhere, given Finland’s racial and social homogeneity.

Odgers, Moretti and Reppucci (2005) reviewed the empirical evidence for the assessment, prediction and management of violence in adolescent girls as “the risk for antisocial behavior in girls is most likely acute during this developmental period” (Odgers & Moretti, 2002, p. 103). Predicting violence in girls faces different issues compared to violence in males or adult females, such as the low base rate of traditional forms of violence among females, the different expression of violence among females as compared to males, the significance of a violent history and an early onset of antisocial and aggressive acts as a predictor of future violence (violent female adolescents tend to disappear when traditional violence measures are used and if they engage in violent behaviour as an adult it happens within the home and has less chance of being detected). “Being female is typically considered a protective factor and is given a negative weighting with actuarial violence assessment models” (Odgers, Moretti, & Reppucci, 2005, p. 9). The authors conclude that “the majority of research on violence prediction in adult women is extremely limited and the findings are unclear at best” (Odgers, Moretti, & Reppucci, 2005, p. 12). There is agreement that psychopathy is an accurate predictor of both violent and general recidivism in adult males, but evidence is lacking to support that psychopathy exists in young people. The authors add that little is known (albeit conflicting information) about the developmental course of aggressive and antisocial behaviour among girls. “The current use of risk assessment instruments to predict future violence in adult females and adolescent males is not widely supported” and “it is clear that the traditional practice of risk assessment for the purpose of violence prediction in adolescent girls is not advisable” (Odgers, Moretti, & Reppucci, 2005, p. 14).

However, the authors argue that there is no need for gender-specific risk factors as risk factors appear to be similarly related to violence in boys and girls according to the literature, such as antisocial peers, academic problems and antisocial parental behaviour (Andrews & Bonta, 2003), except for higher rates of sexual abuse and depression for females. However, “clinical experience with forensic populations ... presents a very different picture” (Odgers, Moretti, & Reppucci, 2005, p. 16). Some of the gender-related factors that appear important in risk assessment for girls are “exposure to sexual abuse, psychiatric co-morbidity, threat to interpersonal relationships, and insecure attachment” (Odgers, Moretti, & Reppucci, 2005, p. 22). When assessing girls they recommend to include contextual and relational factors in which the violence is embedded and to assess the type, severity and duration of abuse, the relationship with the perpetrator and availability of support and in addition co-morbid disorders. They also suggest taking into consideration factors that could decrease the probability of violence in females as girls tend to internalise problems rather than expressing them in aggressive and violent behaviour. Aggression “may function as a coercive, albeit dysfunctional, strategy to maintain relationships” (Odgers, Moretti, & Reppucci, 2005, p. 19) as girls tend to be aggressive against family members, partners and peers. Research supports the notion that violence and motivation manifests itself differently in females, “we may be measuring a different construct” (Odgers, Moretti, & Reppucci, 2005, p. 21), in line with Shaw and Dubois’ (1995) suggested possibility that men and women “experience and use violence for different reasons and under different circumstances” (Problems in understanding women’s violence, Gender-blindness, ¶ 1). It would be

interesting to examine for what kind of violence New Zealand women are sanctioned (i.e., against partner, children or strangers).

In sum, the base rate for violence in women is much lower than in men (except for violence by male and female psychiatric inpatients) affecting the accuracy of predictive instruments. The limited number of studies on the validity of actuarial and structured assessment tools for violent recidivism developed on male offender populations does not recommend their clinical use on female offenders.

In general, the research on violence prediction in adult women is very limited and findings are unclear. However, violence by females appears to happen more in relationships, with different motives and in different circumstances compared to violent males although some argue that risk factors “are generally the same” (Strand & Belfrage, 2001, p. 71) for both groups. Violent female offenders appear incapable of coping with stressful life events hence the development of psychopathologies such as depression, suicide attempts and substance abuse, the last increasing the risk of violence in antisocial women. It is suggested to investigate further the New Zealand violent female offenders population in terms of age, type of offence and relationship with the victim as young women are likely to represent a significant subgroup of violent female offenders.

Psychopathy and female offenders

Psychopathy – characterised by “a persistent disregard for social norms and conventions; impulsivity, unreliability, and irresponsibility; lack of empathy, remorse and emotional depth; and failure to maintain enduring

attachments to people, principles, or goals” (Hare, 1991, p. 45 as cited in Hemphill, Hare, & Wong, 1998) has been well-researched and accepted amongst researchers and clinicians as a risk factor predicting general, violent and sexual recidivism in male offenders (Hemphill, Hare, & Wong, 1998; Salekin, Rogers, Ustad, & Sewell, 1998). The Psychopathy Checklist – Revised (PCL-R), a measure of criminal psychopathy, combining equally personality or affective-interpersonal traits (Factor 1) and behavioural or antisocial lifestyle criteria (Factor 2), based on the 16 core traits of psychopathy identified by Cleckley, has been researched with almost exclusively male Caucasian offenders (Vitale, Smith, Brinkley, & Newman, 2002). However, Cleckley (1981, original work published in 1941) described two interesting case studies of female psychopaths, Roberta and Anna, in *The Mask of Insanity*.

Hemphill, Hare and Wong’s review (1998) of the literature on the PCL-R concluded that “the PCL-R should be considered a primary instrument for guiding clinical appraisals of criminal recidivism and dangerousness” (p. 160) although it was “not designed to predict criminal behavior or to assess risk for violence” (Hare, 2003, p. 145). It has been shown that psychopaths are likely to recidivate within the first year upon their release (Hart, Kropp, & Hare, 1988 and Serin, Peters, & Barbaree, 1991 as cited in Salekin, Rogers, Ustad, & Sewell, 1998), to recidivate violently and to commit instrumental violent crimes (Hare, Clark, Grann, & Thornton, 2000 as cited in Richards, Casey, & Lucente, 2003). About 15% of female offenders would meet the PCL-R-criteria for psychopathy (Hemphill, Strachan, & Hare, 1999 as cited in Raine & Sanmartín, 2001) and their rate of re-offending is higher than for other female

offenders. Evidence is present for an overall lower prevalence rate of psychopathy in female offenders than in male offenders (Jackson, Rogers, Neumann, & Lambert, 2002; Salekin, Rogers, Ustad, & Sewell, 1998). This fact often leads to a debate on lowering the cut-off scores for female offenders. Some have found evidence that a lower PCL-R cut-off score (≥ 25 rather than ≥ 30) discriminates well between psychopaths and non-psychopaths (Jackson, Rogers, Neumann, & Lambert, 2002).

The PCL-R – in contrast to many actuarial risk scales – includes the contribution of personality traits to the persistence and stability of criminal behaviour and recidivism (Hemphill, Hare, & Wong, 1998). The latter authors suggest examining the influence of moderator variables, such as gender and race, in order to strengthen the link between the PCL-R and recidivism. Others have noted the cross-cultural variability in mean PCL-R scores and in the prevalence of psychopathy (Cooke, 1996 as cited in Hemphill, Hare, & Wong, 1998).

Salekin, Rogers, Ustad and Sewell (1998) comment that “if psychopathy measures are able to show adequate predictive validity in women, then their use in forensic settings would be warranted and could contribute substantially to dangerousness/risk assessments. On the other hand, if their predictive validity is only modest, then this information is also important given that inaccurate classifications/predictions could lead to serious ramifications for the examinee (e.g., not being given the opportunity for parole)” (p. 113). The authors used different psychopathy instruments (PCL-R, the Anti-Social Scale of the Personality Assessment Inventory and of the Personality Disorder Examination) with female offenders and concluded

that psychopathy only moderately predicts recidivism in female offenders. In addition, the classification accuracy for psychopathy as a predictor of recidivism was modest to poor (i.e., it resulted in several false positives and false negatives). Further analyses revealed that personality criteria (Factor 1), with verbal aggressivity, “most appropriately predict recidivism in females” (Salekin, Rogers, Ustad, & Sewell, 1998, p. 124). However, the behavioural criteria of the different instruments did not predict recidivism. In short, a classification of psychopathy characterised by behavioural symptoms added little to the prediction of recidivism in this (small) sample of female offenders. The authors comment that caution is needed when using psychopathy measures with females. This is underscored by Jackson, Rogers, Neumann and Lambert (2002). The limitations of Salekin’s study have been highlighted by Cale and Lilienfeld (2002), who conducted additional analyses which “do not support the claim that the factor structure of psychopathy differs markedly in males and females” (p. 1189). Richards, Casey and Lucente (2003) provide strong evidence for the hypothesis that particularly Factor 1 is related to increased risk for recidivism in incarcerated female substance abusers after treatment and release in the community. Loucks and Zamble (2000) found that in contrast to common findings for male offenders, “Factor-1 scores are as closely related to criminal behavior [in serious female offenders] as Factor-2 scores” (p. 34) whilst “Factor 2 (lifestyle) was more closely associated with violence than was Factor 1 (personality)” (p. 23).

Other research has found the PCL-R predicts recidivism in samples of female offenders (Loucks, 1995 and Zaparniuk & Paris, 1995 as cited in Hemphill, Hare, & Wong, 1998). However, methodological issues have been

raised (Vitale, Smith, Brinkley, & Newman, 2002) such as the lower prevalence of psychopathy in female samples (see also Jackson, Rogers, Neumann, & Lambert, 2002), the different factor structure of psychopathy in male and female offenders (see also Salekin, Rogers, Ustad, & Sewell, 1998) and the generalisation of the PCL-R to a variety of samples, across race for instance. Another distinction between female and male psychopaths is co-morbidity, such as higher rates of suicidal behaviour, and disorders such as depression and anxiety in females (Mulder, 1994 as cited in Salekin, Rogers, Ustad, & Sewell, 1998).

Vitale, Smith, Brinkley and Newman (2002) examined 528 adult, nonpsychotic incarcerated women, one half Caucasian and one half African American. Their study confirmed the reliability and validity of the PCL-R in female offenders. They noted a relation between PCL-R scores and anxiety, negative affectivity and low intelligence, suggesting that “these factors may contribute strongly to the PCL-R scores of female offenders and may ... lead to the misclassification of “neurotic” or “secondary” psychopathic women” (p. 223). The anxiety reflects the woman’s negative reactions to the consequences of her antisocial behaviour rather than a personality characteristic. The researchers comment that the paucity of high PCL-R scores may reflect the lower base rate of psychopathy in women than in men or that the PCL-R items not adequately capture the construct as it is expressed in female populations. Importantly, except for some minor differences between the two racial groups, “there was relatively little evidence for the presence of race differences” (Vitale, Smith, Brinkley, & Newman, 2002, p. 225). The authors also note that the results do not explain the

aetiology of psychopathy in women. Finally, they acknowledge that future studies need to address further the PCL-R structure across gender (see also Grann, 2000; Salekin, Rogers, Ustad, & Sewell, 1998). Richards, Casey, & Lucente (2003, as cited in Nicholls, Ogloff, & Douglas, 2004) “found that psychopathy scores were strongly related to recidivism following community release of female inmates” (p. 131). They found that psychopathy scores of female inmates were significantly associated with institutional rule violations, treatment non-compliance, avoidance of urine analysis for illegal drug use and general and violent prison misconduct. This is supported by Loucks and Zamble’s (2000) findings that psychopathy predicts general offending, violent behaviour and prison misconduct in serious female offenders.

Concluding, some evidence is present that the PCL-R and PCL:SV show a relationship with crime and violence in women (Nicholls, Ogloff, & Douglas, 2004). Although it is best to use **total** PCL-R scores (rather than factor scores) with female offenders, clinicians should be “circumspect in utilizing psychopathy for risk assessment in female offender and clinical populations” (Jackson, Rogers, Neumann, & Lambert, 2002, p. 702).

Other research has indicated that the underlying dimensions of psychopathy for female offenders differ substantially from the two-factor model originally proposed by Hare in 1991 (Hare, 2003). Jackson, Rogers, Neumann, & Lambert (2002) attempted to test three psychopathy models (Hare’s (1991), Salekin, Rogers and Sewell’s (1997) and Cooke and Michie’s (2001) three-factor model) using a cut-off score of ≥ 25 with 119 female inmates. Results question the application of the two-factor models. Cooke and Michie’s three-factor model – arrogant and deceitful interpersonal style (ADI),

deficient affective experience (DAE) and impulsive and irresponsible behaviour style (IIB) – appears to capture more efficiently the underlying dimensions of psychopathy in female offenders. “The most salient dimension appears to be the lack of emotional range and empathy” (Jackson, Rogers, Neumann, & Lambert, 2002, p. 701), with callousness, lack of remorse and shallow affect as the prominent items. Grann (2000) reports on a similar (European) study, examining specific PCL-R items with respect to gender. Although the majority of the PCL-R items did not show gender differences, some statistically significant gender differences emerged. Callous/lack of empathy and juvenile delinquency were considered ‘male items’ and promiscuous sexual behaviour a ‘female item’, discriminating best between male and female offenders. “These differences may reflect prevailing gender stereotypes” (Grann, 2000, p. 148) which may operate on different levels (in the questions asked and not asked in clinical interview, in what is reported in the files and what not and in the instrument itself). Testing a four-factor model of psychopathy which “affords to examine how the interpersonal, affective, and behavioral factors are associated with the antisocial aspects of psychopathy” (Vitacco, Neumann, & Jackson, 2005, p. 473) is the latest research update. The authors found support for both Cooke and Michie’s three-factor model and the four-factor model “in relation to ethnicity, gender, and estimated IQ, as well as violence and other aggression” (p. 473). Kennealy, Hicks and Patrick (2005) report further support for the validity and reliability of Hare’s two-factor and four-facet models of the PCL-R in female populations. Rogers, Salekin, Hill, Sewell, Murdock and Neumann (2000) examined the relationship between subcriteria and the PCL:Screening

Version criteria. In terms of the criterion-related validity of PCL:SV subcriteria the researchers found that 'fraud artist or con man', 'no capacity for guilt – no conscience' and 'little emotion in regard to actions' (subcriteria from Factor 1) "emerged as potential risk factors" with female offenders (p. 11) and 'often physically abusive', 'outbursts are shortlived', 'no realistic long-term plans or commitments', 'lived day-to-day' and 'not thinking of the future' were considered potential protective factors. For a detailed review of sex differences in psychopathy and antisocial personality disorder, see Cale and Lilienfeld (2002). These authors document extensively that psychopathy and antisocial personality disorder are more prevalent in males than in females. They also comment that "there is no compelling evidence to support the claim that psychopathy or ASPD criteria should be tailored specifically to assessing either male or female adults" (Cale & Lilienfeld, 2002, p. 1198). Hare (2003) stated that standard PCL-R scores "have much the same meaning, with respect to the construct of psychopathy, in several different groups and settings" (p. 75) including African-American offenders, white female offenders and male forensic psychiatric offenders.

Research with the Historical Clinical Risk Scale (HCR-20), which includes psychopathy as an item, and female offenders is rare. Strand and Belfrage (2001) concluded few significant sex differences between violent mentally disordered men and women existed on the items, subscale and total scores of the HCR-20 and PCL:SV, except for some differences on specific items such as lower scores in 'previous violence' for females. They committed less serious violence than the males but the frequency did not differ. Other interesting findings included female inpatients committing significantly more

in-patient violence directed towards staff or self than the male inpatients, a majority of women were diagnosed with borderline personality disorder and a strong correlation between self-destructive behaviour and in-patient violence for females. They conclude that the HCR-20 is a useful tool when assessing in-patient violence for both mentally disordered males and females but one has to take into account that the nature of the violence differs between the sexes: mentally disordered men compared to in-patient women display more severe violence in the community or towards other patients.

Nicholls, Ogloff and Douglas (2004) found contrasting results: women had significantly lower scores on the subscales and total score on the HCR-20 than men at admission, but had similar scores upon discharge. The authors remind the reader that “while the reliability and validity of many existing measures have demonstrated utility in assessing violence risk with men, their utility with women is uncertain and requires further examination before the measures should be recommended for clinical use with female populations” (p. 132) and in particular with serious mentally ill women multiple tools for risk assessment need to be used. The researchers examined the predictive validity of the PCL:SV, HCR-20 and VSC (Violence Screening Checklist) in male and female psychiatric patients. They conclude that “psychopathy has a moderate to strong relationship with institutional and community violence among serious mentally ill women, fairly consistent with what we see in men” (p. 150) but not with physical violence and “that the HCR-20 and PCL:SV have moderate to strong predictive accuracy with [serious mentally ill] women” (p. 152). However, they recommend cautious use with these tools if applied on women, under the conditions the clinician is clear about its limitations, is up

to date with literature on female aggression and does not rely on existing cut-off scores.

Concluding, in spite of some empirical support for the reliability and validity of the PCL-R in female offenders, using psychopathy for risk assessment in female offenders should be circumspect because of methodological issues (lower prevalence of psychopathy in women, different factor structure, generalisation of the PCL-R to a variety of samples and co-morbidity). The HCR-20 has been suggested as a useful tool when assessing *inpatient violence* for both mentally disordered males and females. In general researchers recommend cautious use with violence risk assessment tools if applied on women.

Risk factors and sexual re-offending

Sexual re-offending is associated with deviant sexual interests and antisocial orientation/lifestyle instability (Hanson & Morton-Bourgon, 2004). The authors remark that (male) sexual offenders are more likely to reoffend with a non-sexual offence. Their meta-analytic review in relation to whether predictors of sexual recidivism are substantially different from predictors of non-sexual recidivism included mainly studies of male sexual offenders. Their study confirmed the strongest predictors for sexual recidivism and the importance of conflicts in intimate relationships and emotional identification with children associated with sexual recidivism. For female sexual offenders Beech, Fisher and Thornton (2003) point to two areas that deserve careful assessment: the woman's ability to resist pressure from male co-offenders (if

the offending happened under coercion) and their role as caretakers of children.

Research data on recidivism of female sexual offenders is almost non-existent. Only one study was mentioned by Hanson and Morton-Bourgon (2004). Williams and Nicholaichuk (2001) followed up sixty one of seventy two women who sexually offended between 1972 and 1998. Recidivism was 32.8% (most non-violent such as theft, drugs and prostitution), 11.5% (n=7) were violent and 3.3% (n=2) were sexual. In a sample of ten female sex offenders, 80% offended with a co-offender and 87% of the victims were female. Both sexual recidivists were extra-familial child molesters, committed the offence on their own and had prior sex offences on record. One reoffended against both genders (younger than 2 years old), the other against a 15 year old female. "No woman who committed her crime in conjunction with a male confederate re-offended. Every woman who assaulted a stranger and who committed the offence on her own re-offended. It was a non-overlapping distribution. ... The women who recidivated were so clearly criminalised and disordered, it took no effort to identify them" (T. Nicholaichuk, personal communication, August 2, 2005).

Nathan and Ward (2001) identify possible indicators for female sexual re-offending because "some of the risk predictors used in relation to male offenders may not have the same utility" (p. 52):

- existence of self-harm prior to or after the offence or the potential for self harm in the future
- whether the woman was unable to express her rage, rejection at the time of the offence

- whether the previous factor was a chronic condition or aggravated by situational factors
- whether the victim was extra-familial or intra-familial
- the degree of emotional attachment shown to the victim.

In addition other risk predictors may include: homosexual orientation, intellectual deficits, deviant arousal and fantasies, unaccompanied offending, sexual dysfunction, use of force in previous sexual offending, anti-social tendencies (Nathan & Ward, 2001) and psychological dysfunction (Hunter & Mathews, 1997).

The different types of female sexual offenders invite tailored treatment (Hunter & Mathews, 1997; Nathan & Ward, 2001). Treatment needs are oriented toward intimacy and relationship issues, self-esteem, victimization experiences, what problems the sexual abuse solved for the offender and what specific needs are met by the offending, such as power and control, affiliation, esteem, social and physiological needs (Nathan & Ward, 2001).

For assessment and treatment Grayston & De Luca (1999) recommend to include the offender's own history of physical, sexual and psychological abuse as a child, adolescent or adult; any mental health problems that may be interfering with her capacity to interact appropriately with children and youth (depression, substance use, personality disorder), any interpersonal or marital problems that may contribute to abusive episodes, any other types of child maltreatment, specific stressors impairing the offender's capacity to adequately cope with daily demands and the offender's perceptions of and responses to various child stimuli.

Some research has been conducted on juvenile female sexual offenders (Hunter & Mathews, 1997; Mathews, Hunter, & Vuz, 1997; Vick, McRoy, & Matthews, 2002). Results show that juvenile female sexual offending “typically occurs in the context of more pervasive emotional and behavioral disturbances” (Hunter & Mathews, 1997, p. 468). Compared to their male counterparts juvenile females have a more extensive and severe history of sexual and physical abuse, were much younger at the time of first victimization and had a greater likelihood of having had multiple perpetrators (Mathews, Hunger, & Vuz, 1997). Further, they had been exposed to high levels of trauma, interpersonal violence and aggression. “A surprising number ... reported having themselves been molested by a female” (Mathews, Hunger, & Vuz, 1997, p. 194) and about the same percentage of juvenile females and males used force in the commission of their acts. Both males and females were most likely to choose victims of the opposite gender and younger children. Females typically abuse children known to them.

Vick, McRoy and Matthews (2002) state that “there is no solid estimation of the likelihood of recidivism among young female sex offenders” (p. 19). Definitions of inappropriate sexual behaviour for males may not be suitable for females, “because of the sexual double standards and societal beliefs about young women, sexuality and violence” (p. 20) and sexual abuse is often captured by child abuse (Vandiver & Walker, 2002). Others claim little difference in the dynamics and characteristics of female and male youth sexual offenders hence “the treatment interventions are basically the same” (Ryan & Lane, 1997, p. 389) but observe that motives for the abuse may be different (Kaufman, Wallace, Johnson, & Reeder, 1995). It is suggested

however that treatment with a developmental perspective and victimization processing would be more appropriate than the more confrontational treatment programmes for male sexual offenders (Mathews, Hunger, & Vuz, 1997).

The Static-99 (Harris, Phenix, Hanson, & Thornton, 2003) assesses only static factors “that have been seen in the literature to correlate with sexual reconviction in adult males” (p. 3). The authors are clear this instrument is not recommended for females. It is probable that the same principle applies to the Static-AS. The *Static-AS* is a brief actuarial instrument designed to estimate the probability of sexual recidivism among New Zealand adult males who have already been convicted of at least one sexual offence against a child or non-consenting adult. The scale contains 7 items that assess static factors relating to risk. The minimum information required for scoring *Static-AS* is the offender’s official criminal record, information about victim gender, and current age of the offender. The *Static-AS* has been found to accurately classify male offenders into four risk categories from low to high risk of sexual recidivism.

In summary, empirical data on recidivism of female sexual offenders is virtually non-existent. One study by Williams and Nicholaichuk (2001) identified stranger victims and unaccompanied offenders as particular risk factors for re-offending. When the sexual offence was committed with a male accomplice, it is recommended to assess the woman’s ability to resist pressure from male co-offenders, her role as caretaker of children, access and attachment to (mainly) female victims, perceptions and responses to various child stimuli, history or potential to self-harm, chronicity of inability to express rage and rejection, other types of child abuse, and ability to cope with

daily demands. In addition, psychological dysfunction (mental health issues, substance abuse, personality disorder) needs to be assessed with any female sex offender. Some important profile differences exist for juvenile female sexual offenders compared to adult female sex offenders, but little with male youth sex offenders, except for elements of personal victimization history. There are no actuarial risk assessment tools available for female sex offenders.

Criminogenic needs

The New Zealand Criminogenic Needs Inventory (CNI) was developed by the Department of Corrections as a tool to identify the criminogenic needs of the New Zealand offending population. The CNI complements the Risk of ReConviction models, identifying *why* offenders are at risk¹⁰. The CNI is offence focused and includes the assessment of psychological needs, responsivity factors linked to offending and the role of culture in the offending period (starting the day before the offence and finishing at the completion of the offence) and the pre-disposing period (six months prior to the offence). The CNI has been validated on New Zealand offenders and has been found reliable and valid when compared with other measures of needs. Criminogenic needs specific to women are not identified and norms for female offenders are not available although the latter was recommended (Coebergh, Bakker, Anstiss, Maynard, & Percy, 2001). “There is no direct evidence that in using [the CNI and RoC*RoI] the risk and needs of women offenders cannot

¹⁰ New Zealand criminogenic needs combined for both offending and pre-disposing period are: alcohol and drug, criminal associates, lifestyle balance, violence propensity, relationships, risk-taking arousal, offence related cognitions and emotions, gambling, sexual arousal, psychiatric disorder and organic disorder.

be accurately identified, however, there has also been no adequate development of a specific women's gender risk prediction tool or needs assessment that takes into account any gender specific factors for female offenders" (Department of Corrections, 2003a, p. 4). A recommendation has been made to include personal and emotional adjustment as an additional criminogenic need for women. If empirical data were available supporting the notion that assessing for dynamic factors in a considerable period before the offending (such as the pre-disposing offending period) predicts women's re-offending with greater accuracy, the Pre-Disposing Period Criminogenic Needs Inventory for female offenders would provide valuable information.

The Māori Culture Related Needs¹¹ (MaCRNs) of the CNI were developed as a partial response to address over-representation of Māori in the criminal justice system (Maynard, Coeberg, Anstiss, Bakker, & Huriwai, 1999) "on the basis that there are specific and unique needs to Māori offenders. These needs are characterised by culture and the place of that culture in New Zealand society and which, if not addressed appropriately, are likely to contribute to an increased risk of re-offending by that individual" (Coebergh, Bakker, Anstiss, Maynard, & Percy, 2001, p. 16). These needs were developed independently from the Criminogenic Needs Inventory and integrated later in the CNI. No studies on Māori female offenders were found, although indications exist that "Māori women are just as likely to have identified MaCRNs as men, particularly in relation to whanau influence to crime and cultural identity" (Department of Corrections, 2003a, p.32). However, this needs further investigation.

¹¹ Māori Culture Related Needs are: limited or lack of whanau contact, whanau-related stress, whanau social influence to crime, whakawhanaunga, cultural tension and cultural identity.

In its Māori Strategic Plan the Department of Corrections (2003b) endorsed its support of the Framework for Reducing Māori Offending (FReMO) and commitment to early intervention and prevention by developing “a framework for addressing the needs of Māori women offenders” (p. 12).

Consultation with cultural advisors for this project on female offenders revealed that in general the position and acceptance of Māori female offenders in the whanau and in their community would not change because of the crime they committed. However, it was said that female sexual offenders are possibly a ‘forgotten’ group because of whakama, their shameful actions, similar to how Māori females in prison are perceived. In addition, violent women may not be acknowledged (‘It has nothing to do with me. It belongs in *that* family’) in contrast to joyful events embraced by everyone. Reasons given for why Māori in general do not function as they normally might do were connected to the fact that links of accountability became severed due to processes of losing land (no land equals a person without mana), being unable to provide and to protect the whanau (as intrinsic to Māoridom) and loss of connections and responsibilities within hapu and whanau due to urbanisation (M. Neho, personal communication, August 9, 2005; M. Rolleston, personal communication, July 27, 2005).

A small number of studies have identified particular criminogenic needs in violent Australian Aboriginal male offenders, such as unemployment, alcohol abuse and domestic violence (Howells, Day, Byrne, & Byrne, 1999) which affects responsivity to treatment if not taken into account with programme design and delivery. Blanchette and Motiuk’s (1997) comparison of Canadian maximum-security women and men revealed that the maximum

security female offenders were more likely to be Aboriginal, had a higher suicide risk potential and difficulties in every criminogenic needs domain, significantly more in the marital/family and substance abuse domain. No differences in criminal history were found, except for sex offence history (males). More recent research examining Canadian Aboriginal and Caucasian incarcerated women showed substantial higher needs for Aboriginal women in the domains of substance abuse, employment, marital/family and association/socialization whilst Caucasian women offenders rated consistently lower levels of the seven needs domains (Dell & Boe, 2000). However, similarities existed between the two groups in the overall risk domain and in community functioning, personal/emotional orientation and attitude. Dell and Boe (2000) conclude that “individuals differ due to their racialized experiences but they also resemble one another due to common life experiences” (p. 2).

The Canadian criminogenic needs differ slightly from the New Zealand list¹². “Currently there is support that many of these dynamic risk predictors may be pertinent for the female population” but it is unclear which needs are paramount in terms of community adjustment (Law, 2004, p. 18). The researcher found that the employment and associates variables of the Community Intervention Scale were the strongest predictors of failure for females. Substance abuse and associates predicted violent re-offending significantly.

Blanchette (2002) lists the following commonly cited women-specific criminogenic needs in the personal/emotional domain: low self-esteem,

¹² The most pertinent criminogenic needs used for risk prediction in (Canadian) male offenders are: attitudes, education/employment, substance abuse, family/marital relationships, associates/social interaction, community functioning and personal/emotional orientation.

childhood and adulthood personal victimization and self-injury/attempted suicide. However, some factors may not be criminogenic – though considered significant – because of their nebulous relationship with criminality: victimizations, history of abuse, attempts of self-harm, lack of education and employment skills, high rates of depression and mental illness, and dependency on welfare. “There is still a need for predictive and treatment outcome studies to determine the exact nature of the relationship between several need areas and criminality/recidivism for women” (Blanchette, 2001, p. 78). Some evidence supports that women and men have similar criminogenic needs such as substance abuse, family/marital problems, antisocial attitudes and antisocial associates whilst research data on employment/education and community functioning are equivocal. In addition, not mental ability and mental health problems but cognitive deficits such as problem-solving deficits and impulsivity (all considered part of the personal/emotional domain) have been identified as another predominant criminogenic need of female offenders (Blanchette, 2001).

Based on their literature review Moth and Hudson (1999) summarise the criminogenic needs specific to imprisoned female offenders and related to recidivism: being responsible for children (particularly as a single mother), financial problems, limited job skills and opportunities, current clinical depression and drug use and absence of a stable relationship. In young female offenders criminogenic need areas are antisocial peers and attitudes, lack of affiliation with pro-social agencies and people, educational problems, misconduct and minor personality variables.

At least one New Zealand study (Moth & Hudson, 1999) has studied the criminogenic needs of 37 women residing in Christchurch Women's prison¹³. More than half of the participants reported low self-esteem, low mood, drug use, unemployment and financial problems in the six months prior to their offending. Many of the women in this study had past or present mental health issues. Sexual offences were rare in this group. The authors compared the scores on the needs areas as identified by the CNIA (Case Needs Identification and Analysis, now Offender Intake Assessment) with Canadian studies of female offenders and concluded that the New Zealand women had higher needs in all areas, but mainly in employment/education, community functioning, substance abuse and attitudes. Further, women with a higher security classification had greater needs in the domains of education/employment, associates and attitudes. Compared to non-offender populations factors such as abuse as a child, behavioural and academic problems at school, early departure from school, long periods of unemployment, dependence on welfare and sources of illegal income and a lack of job skills were overrepresented. Further, accommodation problems and few pro-social connections occurred prior to their offending. The authors also mentioned difficulties in relationships, in particular with problem solving and conflict and establishing intimacy. Higher scores on the Level of Service-Revised (LSI-R) were associated with higher security classifications. The authors hypothesised that "the reporting of low mood, financial problems and low self esteem issues may all be important variables in case formulation approach to understanding the initiating causes of offending. ... [T]he

¹³ For a profile, see page 11-12.

consistent use of psycho-active substances and reported mood difficulties may reflect generalised problems in affect regulation that may be central to the offending process” (Moth & Hudson, 1999, p. 64-65). Pascoe (n.d.) studied the link between the identified areas of need and reconviction data for this sample of female offenders. Of the 29 women from the original sample released since March 1999, 10 had been reconvicted. The small number prevented statistical analyses. The majority of reconvictions were for dishonesty offences and the majority resulted in custodial sentences. The number of days out of prison varied between 30 and 777 days. Of the reconvicted women, 60% identified as Māori, responsible for nearly 58% of the reconvictions. “There was no significant difference indicated between the areas of need identified for the original sample and the 29 women who were subsequently released” (Pascoe, n.d., p. 26) and similarly for differences between the original sample and the 10 reconvicted women. Pascoe (n.d.) concludes that which CNI criminogenic needs *weigh more* heavily for women than for men may be a more relevant question than *what* female criminogenic needs are.

Byrne and Howells (2000) claim that female offenders have general needs that mainly relate to psychiatric and psychological problems (hence adequate psychiatric screening on entry is paramount) but note the tendency to pathologise female offending. Further, some non-criminogenic needs in male offenders may be criminogenic needs in female offenders (Hannah-Moffat, 1999; Hart, 2000) associated with women’s backgrounds, life circumstances and different experiences of environmental, situational, political, cultural and social factors. Hannah-Moffat (1999) claims that “the

recent redefinition of needs as risks in the correctional sphere emerges from a desire to improve predictive capacities for both male and female prisoners” (p. 84). The hybrid term risk/need is in vogue and implies that both terms are indistinguishable. The correctional management of women classified as ‘high need’ is little different from women classified as ‘high risk’. Characteristics of women previously considered needs¹⁴ such as history of abuse, history of self-injury, single motherhood, mental health concerns and dependency on welfare have become criminogenic factors, “risk factors that can predict recidivism” (p. 86), justifying specific interventions and management strategies by prison staff. Hannah-Moffat (1999) argues that risk in terms of institutional adjustment, escape and public safety is gendered. She reminds the reader that behaviour in prison and outside is not strongly linked as many assume (Shaw, 1991 and Loucks, 1995 as cited in Hannah-Moffat, 1999).

The problem of substance abuse – in itself a complex concept related to severity, frequency, context and time frame in relation to the offending – among female offenders is serious (Blanchette, 1997; Byrne & Howells, 2000) as are the high incidence rates of abuse (Byrne & Howells, 2000). Dowden and Blanchette (1999) report that substance abuse impacts on a female offender’s ability “to make rational prosocial choices and likely contributes to certain at-risk individuals’ criminal behaviour” (p. 9). The women they studied had multiple criminogenic needs compared with non-substance abusers (replicated in a later study by Jones, 2004) and addiction treatment appeared to have a positive effect on recidivism figures, providing “optimistic preliminary evidence for the effectiveness of institutional substance abuse treatment for

¹⁴ That these characteristics are *needs* is questionable. It is suggested that for women, needs such as safety, secure attachment, stability, coping and the like are *implied* in these characteristics.

female offenders” (Dowden & Blanchette, 1999, p. 30). Their findings also indicate that more substance abusers had violent offences in their criminal history or index offences. “Perhaps, violence in women offenders may be mediated by a substance abuse problem” (Dowden & Blanchette, 1999, p. 31). The same authors note that substance abusing female offenders had more needs in a variety of problem areas (not all related to the substance abuse), such as poor stress management, low frustration tolerance and thrill-seeking behaviour, which offers an additional explanation for the significant more violent offences by substance abusers. Byrne and Howells (2000) suggest that offending behaviour could be a product of PTSD or of the substance abuse as a coping mechanism. They report that “there is evidence that treatment of abuse sequelae can reduce reoffending” (Byrne & Howells, 2000, p. 5). In Holtfreter and Morash’s 2003 study substance abuse was found to be very strongly connected to high risk of re-offending, whilst emotional stability/mental health and criminal associates had a moderate connection. Blanchette (1997) found in her study of 182 federal female offenders (58% designated as violent and 42% as non-violent) that non-violent female offenders tended to have more criminal associates than violent female offenders, contradicting earlier research. Overall, violent female offenders presented higher levels of need than non-violent female offenders.

Zaplin (1998) noted that there is no definite causal link between child abuse and female crime but clinicians have noticed that the majority of female offenders have a long history of child abuse. Chesney-Lind and Pasko (2004) argue that the link between female offending and women’s (childhood) victimization experiences in particular with respect to race and gender is

increasingly clear (also Blanchette, 2001). McLellan, Farabee and Crouch (1997) studied the relative victimization of 1030 adult male inmates and 500 adult female prisoners in Texas. Their findings support the suggestion that women react more with self-blame and depression to victimizations than males, that this continues from childhood into adulthood and hence they become more vulnerable to substance abuse. "The severity of substance misuse and problems associated with it are stronger predictors of female rates of criminal activity than male rates" (McLellan, Farabee, & Crouch, 1997, p. 455) but problematic drug use was less predictive of violent crimes. Koons, Burrow, Morash and Bynum (1997) also point to the mediating role of victimization experiences by women, leading to mental health problems and substance abuse and further affecting criminality (see also Morash, Bynum, & Koons, 1998). Loucks and Zamble (2000) found that drug abuse did not correlate significantly with general recidivism and only weakly with violent offending. However, substance abuse in the family (in particular by the father) "is important in the prediction of recidivism" (Loucks & Zamble, 2000, p. 35).

In Dowden and Andrews' (1999) meta-analysis interpersonal criminogenic needs (in particular family process variables but also antisocial associates) were the strongest predictors of *treatment success* for female offenders and not substance abuse and basic education skills as identified in previous studies. "Personal and interpersonal noncriminogenic needs were not related to treatment outcome" (Dowden & Andrews, 1999, p. 449) but associated with recidivism increases (!). Holtfreter and Morash (2003) comment that the 1999 Dowden & Andrews study did "not provide evidence that there were no gender-related differences in *specific* needs that programs

addressed for women and for men” (p. 140). The authors investigated this further with 402 female felony offenders. They included the LSI-R because “previous work ... indicates the LSI is a highly reliable measure of risk for recidivism for women offenders” (p. 144). They found three clusters: low need/average risk (cluster 1), high need/high risk (cluster 2) and average need/low risk (cluster 3), arguing that women with lower risk should not be excluded from programmes as “they may benefit most” (p. 152) from programmes that target specific needs. In stating this, the authors question the risk principle in which higher risk offenders should receive the most intensive treatment.

Dowden and Andrews (1999) report that it remains unclear whether past victimization and self-esteem issues are criminogenic or noncriminogenic needs for female offenders whilst they “are promising targets for change” (Dowden & Andrews, 1999, p. 449; Bonta, Pang, & Wallace-Capretta, 1995). Lowenkamp, Holsinger and Latessa (2001) investigated the role of abuse in risk prediction with female offenders but had to conclude that childhood abuse did not significantly impact on criminogenic risk and actuarial risk of re-offending (i.e., re-imprisonment). “The risk factors for men and women remain the same, however, the form by which these factors are measured may differ” (Lowenkamp, Holsinger, & Latessa, 2001, p. 560). They used the LSI-R and confirmed its validity for both females and males. A cut-off score of 12 on the LSI appears to predict recidivism for female offenders (Howells, 2000; Moth & Hudson, 1999).

The question has been put forward whether it is adequate to classify female offender needs into criminogenic and noncriminogenic for correctional

treatment (Monster & Micucci, 2005). In a study of 27 incarcerated women in a Canadian facility, Monster and Micucci (2005) identified education, vocational training and specialised programmes in respect of substance abuse, financial management and sex offending as the major criminogenic needs. The non-criminogenic needs (access to better health care and maintaining more frequent and positive contacts with their families and significant others) were *perceived as more important* by the inmates than their criminogenic needs, which supports the philosophical principles of the enhancement model.

Concluding, the Criminogenic Needs Inventory (CNI) does not include criminogenic needs specific to women. Based on international research the suggestion has been made to include “personal and emotional adjustment” (including low self esteem, childhood and adulthood personal victimisation and self-injury/attempted suicide) as an additional criminogenic need for women. It is hypothesised that Māori female offenders may have more and higher needs in several need domains than New Zealand European female offenders similar to overseas studies with Aboriginal female offenders.

Further studies are needed to determine the exact relationship between need areas and offending/recidivism for women. Some evidence supports that men and women share some criminogenic needs but research data on other criminogenic needs and non-criminogenic needs are equivocal. There is a tendency to pathologise female offending and psychiatric and psychological problems have been found to be significant in female offenders, but it remains unclear whether such problems are criminogenic for women. From the

literature it is inferred that females struggle with anger or poor coping skills in interactions and conflicts.

Substance abuse (an adaptive mechanism for coping with PTSD and victimisation experiences) is recognised as a serious problem among female offenders. There is evidence that substance abuse treatment is effective in reducing re-offending although there is inconsistency among researchers whether substance abuse (particularly drug abuse) predicts general offending, recidivism and violent offending in females. Collectively, research has shown that females, who offended violently, belong to an ethnic minority or have a higher security classification and have higher levels of need than their counterparts.

The terms risk and need have become indistinguishable terms in research literature on female offenders and the question has been put forward whether it is adequate to classify female offender needs into criminogenic and non-criminogenic. It appears important to include women's *perception* of which needs they consider important as they may differ significantly from their identified criminogenic needs. From the literature review, treatment appears to be tailored to women's needs rather than their risk.

Responsivity issues

The responsivity principle is beyond the scope of this paper. Gender-specific programmes are discussed further in detail by King (2004) and Covington and Bloom (1998). Based on this literature review responsivity issues for female offenders could include mental health problems (depression, PTSD), borderline personality disorder, abuse experiences, addiction,

parenting responsibilities and associated issues (pregnancy, dependant children), unsafe living situation (domestic violence), health, self-harm, poor self-esteem, unemployment, and lack of educational and vocational skills. Some issues are rather complex and interact with other problems and needs.

An enhancement model, as proposed by Sorbello, Eccleston, Ward and Jones (2002) would focus on noncriminogenic needs – likely to be responsivity issues – to establish therapeutic rapport and open ways for women to meet their fundamental needs or primary goods, which in return could reduce the probability of recidivism once they are released from prison.

Gender-specific treatment could include treatment of specific mental health problems for females. It is suggested that the outcome of criminogenic and non-criminogenic treatment for Māori female offenders could be measured with Hua Oranga, a Māori measure of mental health outcome. This tool is “a cultural measure of outcome [and] designed to complement more clinically focused, targeted measures. ... “Hua Oranga” is recommended as an appropriate outcome measure for determining responses of Māori clients to care and treatment in mental health settings” (Kingi & Durie, 2000, p. 11)

RECOMMENDATIONS AND GUIDELINES

It has been well documented that actuarial measures of risk are more accurate than clinical judgements alone (Bonta, 2002). However, using actuarial instruments has limitations as Beech, Fisher and Thornton (2003) list, for instance its misleading potential when applied to “unusual individuals” not well represented in the research samples. They note the tendency to follow the assessment guidelines for male sexual offenders for female sex

offenders but “how valid it is to do is not known at the present time” (p. 347). “Most of the measurement tools, or evaluations in the fields of anger management, assessment of risk and need, risk prediction, institutional violence and assault, are based on men, or relate to male populations” (Shaw & Dubois, 1995, Measurement and tools, ¶ 1). Actuarial predictors of recidivism are generally developed on particular (and large) populations. Offenders who do not fit the picture may not benefit from such actuarial predictor, such as female offenders. In that case detailed clinical assessment is necessary (Ditchfield, 1997). Blanchette (2001) agrees that assessment “is the cornerstone to effective correctional intervention” (p. 16) since risk assessment classification measures are lacking predictive validity for female offenders. Motiuk (2000) also supports the importance of assessment at the admission stage, “critical to the ability to gauge accurately risk during the later phases of the sentence, when decisions as to possible release are taken” (p. 11). He adds that “multiple methods of assessment are preferred” (p. 17; also Bonta, 2002) over multiple domains. Risk assessment tools that incorporate systematically actuarial/static and dynamic risk factors are more accurate than clinical judgement or only static risk prediction. The combined assessment of both risks and needs also improves the prediction of re-offending (Motiuk, 1993). In addition, the present discussion focussed on prediction of risk with offenders, but many research studies have dealt with psychiatric or forensic populations or with psychological instruments not developed for risk prediction but for psychological instability such as mental health problems.

In sum, many caveats exist when considering using risk prediction tools evaluated on male populations for female offenders. Based on this

literature review no one single actuarial risk assessment tool can be accepted as valid, reliable and normed on female offenders.

The Level of Service/Case Management Inventory or LS/CMI (a revision and refining of the Level of Service Inventory-Revised), described as “a comprehensive measure of risk and need factors, as well as a fully functional case management tool” (Andrews, Bonta, & Wormith, 2004a, p. xiii) is appropriate for use with male and female offenders 16 years and older. For young people under 16 the Youth Level of Service/CMI is used. The LS/CMI contains items assessing all eight predictors of recidivism (‘the big eight’). In addition the tool measures major criminogenic needs, responsivity issues and potential strengths. The LS/CMI has gender and population based norms for different countries (New Zealand is not included). The authors state that “the relationship between increased risk level and increased recidivism is consistent, without exception, for all of the offender groups examined (adults, youth offenders, males, females, mentally disordered and nondisordered, violent and non-violent)” (Andrews, Bonta, & Wormith, 2004a, p. 118). The exception was that female offenders’ recidivism rates in the medium and high/very high risk category were one half (i.e. down) of the population rate.

The different sections of the LS/CMI cover general need/risk factors but also specific risk/need factors that may not apply to the general offender population, prison experience, other health and mental health issues, responsivity barriers (including gender-specific issues such as health for females, mothering concerns, victimization and cultural issues) and a case management plan based on the principles of risk, need and responsivity. The authors acknowledge the importance of non-criminogenic needs as “they may

have an impact on the potential effectiveness of other interventions that do target criminogenic needs” (Andrews, Bonta, & Wormith, 2004b, p. 32). The LS/CMI appears an acceptable alternative to use with female offenders in general, keeping in mind some of its limitations¹⁵: it does not measure potential criminogenic needs related to Māori and norms for New Zealand offender populations are unavailable (Coebergh, Bakker, Anstiss, Maynard, & Percy, 2001).

McLean (1995) has focused on the process of psychological assessment of female offenders. She argues for a comprehensive assessment of criminogenic and non-criminogenic needs (in particular history of suicide and self-injury, depression, psychological difficulties) as the last may be paramount in the woman’s adjustment and stability whilst in prison and after release, similar to Sorbello, Eccleston, Ward and Jones’ (2002) proposal of using an enhancement model rather than a risk management model with female offenders. It is believed that McLean’s statement “psychologists have only restricted ability to make predictive statements about reoffence in women and what will lower risk” (1995, p. 45) is still valid a decade later. The Code of Ethics (Psychologists Board, 2002) for psychologists working in New Zealand states:

2.1.3. “Psychologists who conduct psychological assessments select appropriate procedures and instruments and are able to justify their use and interpretation. ... Any reservations concerning the validity or reliability of an

¹⁵ In the LSI data were not disaggregated by gender for analysis. Consequently “data of minority groups [such as women] becomes lost in that of the majority” (Blanchette, 2001, p. 50). It is unknown whether this was addressed in the development of gender norms for the LS/CMI.

assessment procedure, arising from its administration, norms, or domain-reference, should be made explicit in any report.”

2.2.4. “Psychologists utilise and rely on scientifically and professionally derived knowledge, and are able to justify their professional decisions and activities in the light of current psychological knowledge and standards of practice.”

The Department of Corrections also acknowledges that “psychometric tools should be normed and validated on the populations upon which they will be administered” (Department of Corrections, 2003c, p. 23), which applies to New Zealand, criminal populations (many studies have been validated on psychiatric or forensic populations) and subsequently to female offenders. Bonta (2002) affirms that psychologists need to be able to explain the proper use of a test and the empirical support for it and reminds the reader that “we are not at the point where we can achieve a level of prediction that is free from error” (p. 375).

Risk assessment is a dynamic area that evolves because of new research, knowledge and standards of practice. One needs to remember that risk assessment is not only assessment of the probability of re-offending but also assessment of how risk can be managed.

Recommendations (Hart, 2000; McLean, 1995):

1. When using risk assessment instruments developed for male offenders, it is unsafe to assume validity and reliability for female offenders. It is not recommended that instruments without female norms are used.

2. Use the limited research on female offenders to formulate a risk statement incorporating static and dynamic risk factors, rather than (altering) male-based risk assessment tools and programmes based on experience and feedback from participants. See Appendix A for details on specific research with female offenders and risk of general recidivism, Appendix B on females and risk of violent re-offending and Appendix C on females and risk of sexual re-offending.
3. When using instruments that have been partially validated on female offenders, be cautious. Always make limitations explicit and do not rely on existing cut-off scores. Be aware that the criminogenic needs of women are still not fully understood, that the base rate of serious offending by females is low and that originating factors to offending differ from maintaining factors.
4. Consider using the Level of Service/Case Management Inventory to assess general recidivism by females as an alternative to existing departmental risk and need assessment measures.
5. When assessing and interpreting risk factors that are similar for both sexes, include knowledge of the gender differences surrounding the offence (see Steffensmeier and Allan's suggestions on page 7) and the risk factor (e.g. substance abuse and anger), different motives and different understanding of constructs (e.g. violence and psychopathy).
6. Become familiar with specific factors relevant to female offending from psychological literature (e.g. domestic violence, child abuse sequelae, substance abuse, connectedness) and non-psychological literature (e.g. social work) and keep up to date with research.

7. Do not offer opinion on how understandable the offender's actions were.

But:

8. Be aware of bias such as blaming the victim, perceiving the women as a passive victim and pathologising female offenders.

9. Avoid gender-based assumptions of causality that rely on philosophy alone.

And finally:

10. Assessment of criminogenic and non-criminogenic needs and responsivity issues, at different time intervals for risk and rehabilitation purposes, is the key in applying a holistic approach to helping female offenders reducing re-offending.

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APPENDICES

APPENDIX A: Risk factors for offending/recidivism by females

Research	Similar to males	Different/Unique for females	Not predictive	Assess also
Alder & Bazemore (1979) [recidivism]		<ul style="list-style-type: none"> • History of drug dependency • Number of prior incarcerations 		
Andrews & Bonta (2003) No specific research on females [offending and recidivism]	Big 8: <ul style="list-style-type: none"> • Anti-social attitudes • Anti-social associates • Anti-social behaviour • Anti-social personality pattern • Problematic circumstances at home • Problematic circumstances at school or work • Problematic use of leisure/recreational time • Substance abuse 	Unclear: <ul style="list-style-type: none"> • Importance of school/work • Personal stress • Non-criminogenic interpersonal targets 		
Benda (2005) 300 male and female graduates USA boot camp [recidivism]		<ul style="list-style-type: none"> • Childhood and recent sexual and physical abuse • Adverse feelings • Living with a criminal partner • Drug use Protective = life transitions; forming a family with a caring partner		<ul style="list-style-type: none"> • Attachment • Relationships
Bonta, Pang, & Wallace-Capretta (1995) 173 sentenced + conditionally released females [recidivism]	<ul style="list-style-type: none"> • Many risk factors equal (prior criminal history, certain offence types, sentence length) • Drug/narcotic infraction, life imprisonment, full parole <i>inversely</i> related to recidivism 	<ul style="list-style-type: none"> • Unarmed robbery • Single-parent mothers • Illegal sources of income • Depending on welfare • History of physical abuse as adult • History of self injury • Violence toward staff • Number of incidents in prison 	<ul style="list-style-type: none"> • History of juvenile delinquency • Weapon • Offence with associate • Alcohol and drug abuse 	
Farrington & Painter (2004) Brothers and sisters of males in	<ul style="list-style-type: none"> • Low family income • Large family size • Attending a high delinquency rate 	More strongly for sisters: <ul style="list-style-type: none"> • Low social class • Low family income 		Family Factors

<p>Cambridge study in Delinquent Development [offending]</p>	<p>school</p> <ul style="list-style-type: none"> • Convicted father • Convicted mother • Delinquent sibling • Parental conflict • Separation from a parent • Harsh or erratic parental discipline • Poor parental supervision 	<ul style="list-style-type: none"> • Poor housing • Low praise by parents • Harsh or erratic discipline • Parental conflict • Low parental interest in education • Low parental interest in the children <p>More strongly for brothers:</p> <ul style="list-style-type: none"> • Nervous fathers and mothers • Poorly educated fathers and mothers 		
<p>Loucks & Zamble (1999, 2000)</p> <p>100 Canadian federally sentenced females (serious female offenders) [recidivism]</p>	<ul style="list-style-type: none"> • Considerable similarities e.g. age at first arrest • Psychopathy • Measures of personality and current functioning 			<ul style="list-style-type: none"> • Trauma • Depression • Victimization
<p>Moth & Hudson (1999)</p> <p>Literature review</p>	<ul style="list-style-type: none"> • Younger age at admission to prison • Younger age at first conviction • Younger age at time of interview • Previous drug conviction • History of violence towards staff • Number of incidents towards prison staff 	<ul style="list-style-type: none"> • History of physical abuse as an adult • History of self injury • History of psychiatric hospitalisation • Prior suicide attempts • History of early childhood disruption by adoption, fostering or institutionalisation 		
<p>Stuart & Brice-Baker (2004)</p> <p>Analysis of available theoretical and empirical data. Study of 60 imprisoned females. [recidivism]</p>		<ul style="list-style-type: none"> • Age (but: some older women are first time offenders i.e., not a continuation of pattern) • Arrests while under legal supervision • Offence type i.e. drug and property offences • Age of first imprisonment • Not looking forward to release 		

APPENDIX B: Risk factors for violent re-offending by females

Research	Similar to males	Different/Unique for females	Not predictive	Assess also
Cale & Lilienfeld (2002) Review of empirical literature on psychopathy and antisocial personality disorder	<ul style="list-style-type: none"> • Similar structure of psychopathy 	<ul style="list-style-type: none"> • Psychopathy and anti-social personality disorder less prevalent 		
Grann (2000) European study of 36 matched pairs of female and male violent offenders	Majority of PCL-R items not different between genders except: <ul style="list-style-type: none"> • Callous/lack of empathy • Juvenile delinquency 	<ul style="list-style-type: none"> • Promiscuous sexual behaviour 		
Hare (2003)	Standard PCL-R scores have same meaning with respect to construct of psychopathy across groups and settings			
Jackson, Rogers, Newmann, & Lambert (2002) 119 female inmates		<ul style="list-style-type: none"> • Lower prevalence of psychopathy • Be circumspect in using psychopathy for risk assessment • 3 factor model captures better psychopathy dimensions in females • Lack of emotional range and empathy (callousness, lack of remorse, shallow affect) 		
Kennealy, Hicks, & Patrick (2005) 226 female inmates – USA	Two factor and four facet models of PCL-R valid and reliable			
Loucks & Zamble (2000)	<ul style="list-style-type: none"> • Psychopathy predicts general offending, violent behaviour and prison maladjustment • Measures of personality and current functioning 	<ul style="list-style-type: none"> • Pre-adolescent sexual abuse • PCL-R Factor 1 scores as closely related to criminal behaviour as factor 2 scores • Factor 2 more associated with violence 		

<p>Nicholls, Ogloff, & Douglas (2004)</p> <p>268 involuntary hospitalised male and female psychiatric patients</p>	<ul style="list-style-type: none"> • Similar scores on HCR-20 upon discharge • Psychopathy moderate to strong relationship with community and institutional violence 	<ul style="list-style-type: none"> • Lower score on subscales and total score on HCR-20 at admission • Use multiple tools for risk assessment • Utility of risk measures uncertain • Psychopathy not predictive for physical violence • HCR-20 and PCL:SV moderate to strong predictive accuracy 		
<p>Oggers, Moretti, & Reppucci (2005)</p> <p>Reviewed empirical data regarding violent <i>adolescent girls</i></p>	<ul style="list-style-type: none"> • Anti-social peers • Academic problems • Anti-social parental behaviour 	<ul style="list-style-type: none"> • Exposure to sexual abuse • Psychiatric co-morbidity (depression) • Threat to interpersonal relationships • Insecure attachment 		<ul style="list-style-type: none"> • Type, severity, duration of abuse • Relationship with perpetrator • Availability of support • Co-morbid disorders
<p>Putkonen, Komulainen, Virkkunen, Eronen, & Lönnqvist (2003)</p> <p>Homicidal female offenders with personality and psychotic disorders</p>		<ul style="list-style-type: none"> • Re-offend within 2 years of index offence • Criminal activity before index offence • Personality disorders • Young • Substance addiction <p>Decreased risk: psychotic disorders</p>		
<p>Quinsey, Harris, Rice, & Cormier (1999)</p> <p>Actuarial tool for male forensic population</p>			<p>Violence Risk Appraisal Guide (VRAG) not tested on ability to predict violent recidivism among female offenders. One study proposes further research.</p>	
<p>Richards, Casey, & Lucente (2003)</p> <p>404 incarcerated female substance abusers</p>		<ul style="list-style-type: none"> • PCL-R Factor 1 related to increased risk of recidivism after treatment and release • Psychopathy scores strongly related to recidivism following community release 		

		<ul style="list-style-type: none"> Psychopathy scores associated with institutional rule violations, treatment non-compliance, avoidance of urine analysis, general and violent prison misconduct 		
<p>Rogers, Salekin, Hill, Sewell, Murdock, & Newman (2000)</p> <p>PCL:SV unanalysed data from: 103 female offenders (Salekin, 1997) 150 male forensic patients (Hill, 1996) 120 male adolescent offenders (Murdoch & Rogers, 1997)</p>		<p>PCL:SV subcriteria</p> <ul style="list-style-type: none"> Fraud artist or conman (sic) No capacity for guilt – no conscience Little emotion in regard to actions <p>Protective (reversed):</p> <ul style="list-style-type: none"> Often physically abusive Outbursts are short-lived No realistic long-term plans or commitments Lived day-to-day Not thinking of the future 		
<p>Salekin, Rogers, Ustad, & Uwell (1998)</p> <p>78 female inmates</p>		<ul style="list-style-type: none"> Psychopathy moderately predicts recidivism Psychopathy modest to poor predictor of recidivism related to classification accuracy PCL-R Factor 1 criteria appropriately predict recidivism; not the behavioural criteria. Different factor structure. Caution! Higher co-morbidity (depression, anxiety) 		
<p>Strand & Belfrage (2001)</p> <p>Violent mentally ill men (85) and women (63) retrospectively assessed</p>	<ul style="list-style-type: none"> Few significant differences on items, subscale and total scores of HCR-20 and PCL:SV HCR-20 useful to assess inpatient violence for this group More severe violence in community and other patients 	<ul style="list-style-type: none"> Lower scores on 'previous' violence but less serious yet same frequency More inpatient violence towards staff or self Borderline personality disorder Strong correlation self-destructive behaviour and inpatient violence 		

<p>Vitale, Smith, Brinkley, & Newman (2002)</p> <p>528 adult, non-psychotic incarcerated women Caucasian and African-American</p>	<p>PCL-R reliable and valid, also across race</p>	<ul style="list-style-type: none"> • Lower prevalence of psychopathy • Different factor structure of psychopathy • Relation between PCL-scores and anxiety, negative affectivity and low intelligence • Aetiology? 		
<p>Weizman-Henelius, Viemerö, & Eronen (2004)</p> <p>61 violent female offenders</p>		<p>Violent offenders (compared to non-offenders):</p> <ul style="list-style-type: none"> • Adverse experiences in childhood and adulthood • Problems in family of origin • Psychiatric care • Substance abuse • Personality disorders • Cognitive deficits • History of attempted suicide • Problematic relationship year prior to index offence <p>Repeat violent offenders (compared to first time offenders):</p> <ul style="list-style-type: none"> • Younger age first violent offence • Victims less emotionally close • History of non-violent crimes • Substance abuse! • Anti-social personality disorder • Borderline personality disorder • Witnessed violence in family of origin • Parents divorced • Lived in foster homes more 		
<p>Wong & Gordon (1999)</p> <p>Structured guidelines for risk of violent recidivism for institutionalised forensic males</p>	<p>Violence Risk Scale (VRS) gender and race neutral</p>	<p>No studies to support this</p>		

APPENDIX C: Risk factors for sexual re-offending by females

Risk Factors	Similar to Males	Different/Unique to Females	Assess
<p>Beech, Fisher, & Thornton (2003)</p> <p>Overview of actuarial and clinical assessment tools</p>			<ul style="list-style-type: none"> • Ability to resist pressure from male co-offender • Role as caretaker of children
<p>Nathan & Ward (2001, 2002)</p> <p>Overview of important factors and issues based on literature review Study of 12 female sex offenders</p>	<p>Some similarities in profile</p>	<ul style="list-style-type: none"> • Self-harm prior to or after offence or potential for self-harm • Emotional attachment to victim • Ability to express rage and rejection • Chronicity of rage and rejection • Homosexual orientation • Intellectual deficits • Deviant arousal and fantasies • Sexual dysfunction • Use of force • Anti-social tendencies • Psychological dysfunction 	<ul style="list-style-type: none"> • Motives • Specific needs met by offence • What problem did offending solve
<p>Grayston & De Luca (1999)</p> <p>Review of existing clinical and empirical literature on female sex offenders (<i>profiles</i>)</p>		<p>Profile of female sex offenders</p>	<ul style="list-style-type: none"> • Passive or active offending • History of abuse as child, adolescent, adult • Mental health problems (depression, personality disorder, substance abuse) • Interpersonal/marital problems • Coping skills re daily demands • Perception and response to child stimuli • Other types of child maltreatment

<p>Hunter & Mathews, 1997 (literature review) Mathew, Hunter, & Vuz, 1997 (67 juvenile female sex offenders compared to 70 juvenile male sex offenders) Vick, McRoy, & Mathews, 2002 (literature review and survey of mental health providers)</p> <p><i>Profile of juvenile female sex offenders compared to juvenile male sex offenders</i></p>	<ul style="list-style-type: none"> • Use of force • Victims of both genders • Younger children 	<p>Profile of female juvenile sex offenders</p>	
<p>Kalders, Inkster, & Britt (1997)</p> <p>25 New Zealand females convicted between 1978 and 1994 In-depth study of profile of 8 offenders</p>		<p>Profile of New Zealand female sex offenders</p>	<ul style="list-style-type: none"> • Personality • Cognitive functioning • Emotional functioning • Interpersonal skills • Sexual attitudes, beliefs and behaviour • Abuse/trauma factors
<p>Williams & Nicholaichuk (2001)</p> <p>Follow up of 61 female sex offenders</p>		<ul style="list-style-type: none"> • Extra familial victims • Committed offence alone • Victims of both genders • Disordered 	

Other studies, such as **Atkinson** (2000, 19 Canadian female sex offenders), **Lewis & Stanley** (2000, retrospective chart review of 15 female sex offenders in psychiatric hospital) and **Vandiver & Walker** (2002, 40 registered female sex offenders in Arkansas in 1999) have focused on profile data rather than on risk factors for recidivism.

Note that the **Static-AS** cannot be used for female sexual offenders.