

MIXED-GENDER GROUP THERAPY IN OFFENCE-SPECIFIC TREATMENT: PRACTICAL OR NOT?

SEX OFFENDER PROGRAMS

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Victorian Population



72 females referred 1999-2009 - 43 Community based dispositions
- 27 in prison eligible for parole
- 2 Extended Supervision Order

Offence Types

Rape	1
Incest	5
Sexual Penetration	17
Stalking	17
Indecent Assault	4
Indecent Act	8
Indecent exposure	2
Child pornography	1
Other	9
Non-sexual	8

Problems with treatment provision to female sexual offenders



- Relatively small numbers of convicted female sexual offenders in the correctional system
- At a given point in time: typically an insufficient number of female offenders who are at compatible stages in their sentence structure or in their treatment readiness
- Difficult to form treatment groups in both prison and community settings

Practicality of mixed-gender treatment groups



- Provides greater scope to provide treatment to female sex offenders at a time when treatment is most effective
- Sufficient numbers available to run the group
- More efficient use of time and resources

Main question to address:



Women-only treatment groups

or

Mixed-gender treatment groups?

Starting Somewhere...



Research on sex offence-specific treatment programs which run mixed-gender groups is nonexistent, and research on the treatment of female sex offenders is somewhat limited at this time.

Useful fields to look at mixed-gender treatment settings:

- Substance abuse
- Victims of sexual abuse
- Trauma
- Grief and loss
- Health and Mental health
- Education

Areas for Consideration



- Treatment needs and treatment targets
- Responsivity issues and engagement
 - Treatment style
 - Group dynamics
 - History of sexual abuse

Treatment needs and targets



Single-gender groups:

- Differences may not be addressed adequately in mixed-gender settings (Greenfield et al., 2008)
- Male-based programs for female offenders ignore specific female needs (Sorbello et al., 2002)

Mixed-gender groups:

- Treatment needs of female sex offenders may overlap with those of male sex offenders (Nathan & Ward, 2001; Ford & Eldridge, 2006)
- Statistical difference is not equal to clinical relevance (Pelissier & Jones, 2005)

Treatment needs and targets



Single-gender groups:

Sorbello et al. (2002)

- Specific female needs (sexual abuse, self-image, parenting)
 - higher incidence of childhood abuse, neglect and trauma
 - higher rates of psychological dysfunction
 - more pressing child and family issues
 - more problems with substance abuse
 - higher level of pre- and post- release obstacles.

Treatment needs and targets



Mixed-gender groups

Nathan and Ward (2001):

“It is important not to assume that treatment programs for males are entirely appropriate for female offenders or that they are necessarily inappropriate; their treatment needs may in fact overlap with those of male offenders.”

- pro-offending attitudes
- inability to cope with distress
- interpersonal skills deficits
- external locus of control
- deviant fantasies, arousal
- poor attachments
- emotional loneliness
- self-esteem issues
- meeting needs destructively
- intimacy deficits

Treatment needs and targets: What does this look like in practice?



- Needs outlined in the literature as being more relevant to women than men may benefit men to explore as well (sexuality issues, dependency in relationships)
- Individualised plans that adopt a holistic approach or enhancement model can benefit both women and men and can be achieved through case management in Community Correctional Services (CCS)
 - Psychiatric and mental health issues, including trauma
 - VACRO (housing assistance, family support)
 - Substance abuse issues
 - Other services (parenting, vocational counselling, education)

Treatment style



Single-gender groups:

- Historically, male treatment models have been viewed as confrontational, which does not appear to work with women
- Women's programs are seen as effective if the focus is on skill building, empowerment, support, strength identifying (Grella et al., 1999)

Mixed-gender groups:

- Client engagement predicted by motivation in treatment, perceived utility of treatment, provision of ancillary services, and relationship with the counsellor regardless of gender (Messina et al., 2006; Pelissier & Jones, 2005)
- Confrontational styles have a negative impact for men (Pelissier & Jones, 2005)

Treatment style: What does this look like in practice?



- Maintain key therapist characteristics
 - Warmth, Empathy, Directiveness, Rewardingness
- Individualise treatment plans as per the Good Lives Model in collaboration with CCS, professional services and support agencies
- Develop client engagement using motivational interviewing techniques

Group dynamics



Single-gender groups:

- Less chance of behaviours or of group members to be marginalised
- Women in single-gender groups discuss issues they would not in mixed-gender groups (i.e. sex, relationships)
- Issues with gender imbalance

Mixed-gender groups:

- Opportunity for clients to challenge gender-based assumptions about traumatic experiences, negative beliefs about the opposite sex (Mueser et al., 2007), nature of harm of offending, gendered sexual scripts
- Model female-male conflict resolution and enhance development of interpersonal skills

Impact of gender imbalance in mixed-gender groups



Women:

- Yielded to interruption from both genders in group
- Gave support instead of talking about own issues and feelings
- Became facilitators for the men

Men :

- Yielded to interruption from other men but not from women in group
- Spoke more about feelings and emotions than in male-only groups
- Became the leaders and dominated group sessions

Group dynamics: What does this look like in practice?



- Ensure equal numbers of male and female group members
- Pair group facilitators of both genders
- Explore observations of gender imbalances as group processes

History of sexual abuse



Single-gender groups:

- Women experience enhanced comfort and safety in a women-only group (Greenfield et al., 2008)
- Men who have been abused by women may have difficulties in groups with women, especially if women are not viewed seriously by the group as a whole (Ford & Eldridge, 2006)

Mixed-gender groups:

- Issues of gender-specific anger, trust, sexuality and competence which are so important to women and men sexually victimised as children, are more successfully addressed in the mixed gender co-therapy format (Roesler & Lillie, 1995)

Dealing with sexual abuse histories in mixed-gender groups

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- If victimisation issues present a barrier to offence-specific treatment, arrange for offenders to do preparatory work via CCS case management to address these issues prior to entering treatment.
- Refer to mental health service via CCS case management in conjunction to attending sexual offence-specific treatment
- Address experiences of abuse without allowing it to dominate treatment i.e. using to explore victim empathy concepts (Ford & Eldridge, 2006)

Other considerations



- Potential for sexual relationships
 - Highlight and clarify boundary issues among group members
 - Request condition of “not to associate with any known sex offender” to be placed on the Orders of the group members
 - Request lawful direction via CCS to not associate with any known sex offender outside of treatment

Conclusions

- Practical applications of mixed-gender groups in terms of treatment efficiency, treatment delivery and cost
- Although it sounds feasible to provide sex offender treatment to men and women effectively in a mixed-group format, there are many aspects to consider.
- Terra infirma: We do not know which aspects will be more relevant than others
- Solid research will be somewhere down the track as for the time being, we will have issues of small sample sizes, lack of randomisation and lack of comparison groups



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THANK YOU

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