Assessment and Treatment Programme for Women who have Sexually Abused a Child/Children
UK

**Type of intervention**

- **Group Work**
- **Individual Work**

**Target group/s, level/s of prevention and sub-group/s:**

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<th>(Potential) Offenders</th>
<th>Tertiary prevention</th>
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<td>Young Adults (18-20 Years), Adults (21 Years +)</td>
<td>Female</td>
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**Target population**

Women with allegations, convictions or admissions in relation to the sexual abuse of children. These women may have been identified through criminal justice or social care processes.

Note: Although the focus is on women who have committed offences against children, elements of the programme have also been successfully utilised with women who target adult victims.

**Delivery organisation (e.g. Lucy Faithfull Foundation UK, Prison Service of England and Wales)**

The Lucy Faithfull Foundation (LFF), UK (child protection charity). Material is made available for use by other agencies who are receiving consultancy and case support from LFF staff.

**Mode and context of delivery**

LFF staff have run this programme as a group work programme within a women's prison and as an individual programme for women in the community (in close liaison with the supervising probation officer).

LFF staff have also provided short term interventions using this programme for women within the social care arena and without convictions.
Level/Nature of staff expertise required (e.g. professional background)

This programme is written from a gender informed perspective. Experience shows that workers who have an interest in and previous experience of working with women and families across disciplines grasp the underpinning model more easily than those who have previous training in work with male sex offenders. Programme facilitators tend to have significant experience within criminal justice settings and there is a strong forensic emphasis required in the knowledge base. However staff from other disciplines who can demonstrate good listening and engagement skills have also proved to be effective facilitators when provided with specialist training in the forensic constructs. It is anticipated that in some countries responsibility for work with sexual abusers might be seen as solely the domain of staff from psychology disciplines. However lack of psychologically trained staff should not be seen as a reason to avoid engagement with the programme or model.

The UK experience has demonstrated that engagement with women usually includes involvement with wider family issues, even when the woman is removed from the home, so an ability to work effectively with a range of family members is also helpful.

Intensity/extent of engagement with target group(s)

An initial assessment is completed within 6-8 two hour sessions, with a minimum of an additional hour of worker’s time required for session preparation, debrief and record keeping.

Completion of the full programme requires some 18 months - 24 months, based on a one two-hour session per week. During delivery of the programme additional time is often necessary to allow for close liaison with other agencies involved with the family. This has been identified by staff as a significant difference between work with males and work with females. This liaison often relates to issues about the ongoing care of children or in relation to complex mental health needs, relationship issues or accommodation needs. Although it may not be the responsibility of the programme facilitator to undertake tasks relating to these issues, experience shows that the complexity identified in the lives of many female sex offenders means progress is limited unless significant levels of liaison regularly take place.

Description of intervention

The model consists of an assessment module, three learning modules and a ‘New Life Manual’. The concept of New Life Planning is integrated from the start of the programme. The treatment approach is largely cognitive-behavioural but is also informed by knowledge of other therapy methods, including Schema therapy, Dialectical Behaviour Therapy and research relating to trauma. As the programme has evolved, concepts of readiness, responsivity and desistance have been utilised to guide programme delivery. The model is underpinned by a belief that gender matters and that any programme offered to women should be gender responsive and informed by an awareness of the significance of relationships, mental health and trauma, substance abuse, community ties, children and economic independence for the day to day realities of the lives of women.

The aims of the programme are as follows:

- To facilitate the participant’s acceptance and responsibility for her sexually harmful behaviours
- To help the participant gain an understanding of her pattern of offending
- To encourage increased understanding of her emotions and emotional states
- To explore relationship issues and encourage the development of relationship skills and emotional intimacy
- To examine sexual history, sexual arousal patterns and to increase sexual knowledge
To examine her own experiences of abuse in childhood and adulthood and identify possible links that may exist with her own abusive behaviour

To plan an abuse-free ‘New Life’

The assessment module contains:-

An offence overview, attitude to victims, personal history - including attachment to primary carers - and an overview of own abuse history. This assessment includes discussions relating to wider beliefs regarding children; completion of a chronology for each offence; discussions regarding methods the participant utilises to meet her own needs; an exploration of the meaning of sex in her life and the significance of sexual fantasy.

The Intervention Programme:-

**Module one** - exploration of the cognitions which underpin the participant’s motivations for change, her offence patterns and her attitudes to children. It also involves exploring the consequences of her behaviour for others (including children who may not have been the primary victims) as well as the development of self-efficacy skills to facilitate her in working towards meeting her needs in ways that are not harmful to her or others.

**Module two** - focuses on three key areas; sexual and non-sexual relationships, victim empathy and the development of a New Life plan.

**Module three** - focuses on personally relevant risk factors, self-management plans, goal setting and problem-focused solutions.

The ‘New Life’ Manual is a self-help manual used by the participant, concurrently with the intervention programme and is designed to support the work undertaken and become the basis of her future life. It also informs her supervision by police and other agencies.

It is important to note that although this is a structured programme it contains sufficient flexibility to respond to the individual risks and needs of each participant.

**Evaluation**

In 2001 the prison based programme was evaluated by a Consultant Clinical Psychologist using a range of psychometric measures to assess changes from pre- to post-treatment. The results indicated that change had taken place in relation to affective interpersonal issues (e.g. emotional loneliness, self-esteem, assertiveness and locus of control), empathy and cognitive distortions. The level of change was assessed as both statistically and clinically significant. However the sample size for this group was so small that further research and evaluations within larger sample sizes was recommended.

In 2010 an International review of treatment initiatives for female sexual offenders was conducted by Blanchette and Taylor (2010). Their comments in relation to the LFF programme, on the information provided, recommended this programme and the associated services as some of the most comprehensive and innovative initiatives. However, they recommended that the issue of the use of measures should be reviewed.

Although psychometric tests were utilised in the early days of the programme, this is no longer the case. This decision was influenced by developments in research relating specifically to female sex offenders and suggests that measures should not be utilised which are not appropriately normed on women. There remains a lack of evidence regarding
which elements may be indicative of an elevated risk of reoffending. Consequently it may be that measures might more usefully focus on more generic issues associated with female offending per se which may have relevance for the individual. Areas where measures might usefully be utilised could include relational aggression, trauma inventories, self-esteem, intimacy scales and emotional loneliness.

References


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