Differences Between Men and Women with Sexual Offence Histories

Austin Lam[1], Sirui Wu[2], Amanda Butler[3], Michael C. Seto[4], Maureen Olley[5], Leigh Greiner[5], Tonia L. Nicholls[1,6]

[1]Department of Psychiatry, UBC, [2]Department of Education and Counselling Psychology, and Special Education, UBC, [3]Faculty of Health Sciences, SFU, [4]Forensic Research Unit, University of Ottawa's Institute of Mental Health Research at The Royal, [5]BC Corrections, Ministry of Public Safety and Solicitor General, [6]BC Mental Health and Substance Use Services

Background

Cortoni (2018) summarized that women with sexual offences (WSO), compared to men with sexual offences (MSO):

- Tend to offend at a younger age;
- Have lower socioeconomic status;
- Have more extensive sexual and general victimization histories; and
- Co-offend more often with a partner.

It is notably difficult to study WSO given the much smaller proportion of WSO relative to MSO, and the differences between WSO and MSO remain to be clarified.

Objectives

To compare MSO and WSO across sociodemographic, clinical (e.g., substance use and mental health needs), and risk-related variables (e.g., suicide, violence).

Methods

Sample: 79 women with charges of sexual offences and 4,288 men with charges of sexual offences admitted to BC correctional centres from January 2009 to September 2017.

Data Sources:

- Jail Screening Assessment Tool (JSAT; Nicholls et al., 2005)
- BC Corrections Operations Network (CORNET)

Measures: The JSAT is a validated structured professional judgment tool that screens for mental health and management needs, completed by trained screeners.

CORNET is the primary repository for data relating to an individual's involvement with BC Corrections.

Results

MSO (mean age 39) were significantly older than WSO (mean age 35).

Compared to WSO, MSO were 2.2x more likely to be White (V=.05); and 2.3x more likely to have social supports (V=.05).

Compared to MSO, WSO were 2.8x more likely to be Indigenous (V=.07); 2.5x more likely to have children (V=.05); and 3.8x more likely to be unstably housed (V=.09).

No differences emerged for relationship stability, receipt of family or financial support, and completion of secondary education.

Substance Use / Mental Health	Women with Sexual Offences (WSO)	Men with Sexual Offences (MSO)	Cramér's V; p
Alcohol	31.7% (23)	22.5% (963)	p = .07
Marijuana	21.5% (17)	13.3% (568)	V = .03; p <.05
Heroin	21.5% (17)	5.1% (218)	V = .09; p <.001
Cocaine	16.5% (13)	5.6% (240)	V = .06; p <.001
Methamphetamine	21.5% (17)	7.9% (340)	V = .06; p <.001
Substance Use Only	26.6% (21)	21.3% (913)	V = .09; p <.001
Mental Health Needs Only	19.0% (15)	18.2% (779)	
Concurrent Disorders	36.7% (29)	16.5% (709)	
Past Substance Use Treatment	53.2% (42)	36.6% (1,568)	V = .04; p <.01

Mental Health Needs and Risk Items

Mental Health	WSO	MSO	Cramér's V; p
Mood / Anxiety	38.0% (30)	22.7% (972)	V = .05; p < .01
Past Head Injury	44.3% (35)	29.1% (1,249)	V = .04; p < .01
Mental Health Treatment	68.4% (54)	52.4% (2,248)	V = .04; p < .01
Suicide History	38.0% (30)	27.6% (1,182)	p = .05
Self-Harm History	17.7% (14)	6.9% (295)	V = .05; p < .01
Violence Issues	59.5% (47)	70.7% (3,032)	V = .03; p < .05

Conclusions

Cortoni and Stefanov (2020) emphasized the need for gender-informed assessment, treatment, and management of WSO.

They described women with sexual offence histories as having high levels of psychological difficulties and substance use problems.

Our findings are consistent with the view that WSO, in comparison to MSO, have elevated mental health and substance use needs, and increased self-harm and suicide risks.

These differences between MSO and WSO may help inform gender-informed assessment and services.

References

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Questions? Email: austinl5@mail.ubc.ca