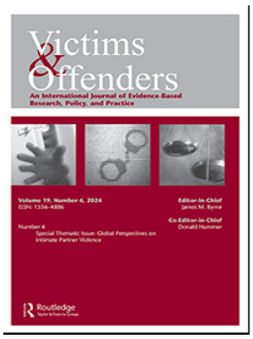

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What Women Want: Program Design for Females Sentenced for Child Sexual Abuse

Bricklyn Priebe, Susan Rayment-McHugh, Nadine McKillop, and Larissa S. Christensen

Sexual Violence Research and Prevention Unit, School of Law and Society, University of the Sunshine Coast, Maroochydore, Australia

ABSTRACT

There is a growing body of research exploring the treatment needs of females sentenced for child sexual abuse (CSA), along with an increased recognition of the importance of considering the "female" experience in correctional programming for this population. While knowledge of the gendered nuances relevant to "what" to address in program content has been explored, strategies for "how" to enhance responsivity in treatment programming for this population are less well-known. This research aimed to uncover key responsivity considerations relevant to program design and configuration for women sentenced for CSA. Interviews were conducted with justice-involved women sentenced for CSA in Australia ($n = 18$) and practitioners ($n = 25$) involved in delivering treatment. Thematic analysis revealed that flexible treatment methods, re-imagined treatment settings, and positive alliances are perceived as essential features of programs for women sentenced for CSA. Participant suggestions largely reflect practices currently used within programs for males sentenced for these offenses, and mirror international best-practice standards in correctional treatment. These findings shine light on the preferences of women who are commonly silenced in correctional research; thereby helping to inform evidence-based program development and design to enhance responsivity.

KEYWORDS

Female sexual offending; gender responsivity; interventions; corrections; offender rehabilitation; correctional programming

Introduction

Sexual offending treatment programs (SOTPs) are continually evolving to reflect knowledge of "best-practice," resulting in a range of interventions aimed at minimizing risks of sexual recidivism in Australia and many other Western countries (Day, 2020; Harrison et al., 2020). While the evidence base behind the efficacy of SOTPs is growing for males (e.g., Prenzler et al., 2023; Schmucker & Lösel, 2017), less is known about whether these programs would also benefit females convicted of child sexual abuse (CSA), and produce similar results. Gender-responsivity in correctional programming is anticipated to improve client engagement, retention, and outcomes, yet empirical research examining the preferences and suitability of interventions for this correctional cohort remains in its infancy (Priebe et al., in press).

CONTACT Bricklyn Priebe bpriebe@usc.edu.au Sexual Violence Research and Prevention Unit, School of Law and Society, University of the Sunshine Coast, 90 Sippy Downs Drive, Maroochydore, DC QLD 4558, Australia

Gender has historically been downplayed or overlooked within treatment considerations for women in correctional settings (Ashfield et al., 2013; Renzetti et al., 2013; United Nations Office on Drugs and Crime, 2020); yet, the Risk-Need-Responsivity (RNR) model purports that client outcomes are enhanced when interventions are designed to be responsive to their needs and preferences (Andrews et al., 2011). Emerging evidence highlights the necessity of gender-informed strategies at all levels of intervention (Cortoni & Fontaine, 2024; Van Voorhis, 2022). This starts with an acknowledgment that "gender matters," resulting in purposeful adjustments to programs to ensure they are "holistic" and "multimodal" in their design for women (Van Voorhis, 2022, p. 139). Attention to the nuances in *what* (i.e., program content) and *how* (i.e., treatment approach) to deliver interventions for women is essential to this process, thereby helping to maximize the effects of correctional programming in the short- and long- term for women (Cortoni & Fontaine, 2024; Gorga, 2024; Wright et al., 2012).

A push toward gender-responsive practice grew out of research on the gendered offense-pathways of females; a high prevalence of past and ongoing trauma (including higher rates of personal victimization experiences), challenges with substance abuse, mental and/or physical health, and parenting and childcare responsibilities are commonly reported (e.g., Bevan, 2022; DeHart, 2018; Wright et al., 2012). Important distinctions between males and females who perpetrate CSA have emerged over time, with some significant variation and nuances apparent in their motivations, pathways, and offense characteristics (Ashfield et al., 2013; Augarde & Rydon-Grange, 2022; Gannon & Rose, 2008). This has resulted in a better understanding of *what* to address during intervention. For example, a growing body of research reinforces that effective treatment for females sentenced for CSA should examine criminogenic, as well as what would typically be considered "non-criminogenic" factors, including trauma, mental and physical health needs (Blanchette & Taylor, 2010; Cortoni & Stefanov, 2020). Certainly, SOTPs with content designed specifically for females sentenced for sexual offenses involving adult or child victims in Canada and the United Kingdom (Blanchette & Taylor, 2010; Correctional Service Canada, 2014; Wanamaker et al., 2018) indicate positive outcomes for clients, including improved self-concepts, enhanced problem-solving skills, and fewer offense-related distortions (Wanamaker et al., 2018). Acknowledging that further research and larger sample sizes are needed to validate outcomes, these results are promising.

Attention to treatment processes, including preferences for the design and configuration of interventions, is also necessary to maximize outcomes. Strategies for *how* to deliver SOTPs to males are well-established. For example, cognitive behavioral therapy, strengths-based interventions, and group-based treatment modalities are common features in SOTPs for males (Prenzler et al., 2023; Yates, 2013). Preferred therapist traits of males participating in SOTPs include: genuineness, impartiality, respect, empathy, warmth, confidence, focus, and clear communication (W. L. Marshall et al., 2003), and support for trauma-informed delivery methods within SOTPs for males is also growing (Levenson et al., 2016; Norcross & Wampold, 2011). Minimizing exposure to adversity in the context of treatment is also necessary, which is a particularly relevant consideration for individuals with sexual convictions given higher levels of stigmatization (Levenson & Willis, 2019; Miller & Najavits, 2012). Several of these delivery methods are also relevant responsivity considerations for female correctional clients. This includes women sentenced for sexual offenses, although studies examining the preferences and utility of these approaches for this particular cohort of women

are sparse (Cortoni & Fontaine, 2024; Van Voorhis, 2022). Given higher reported levels of depression, anxiety, and past victimization experiences documented for women sentenced for CSA, particularly experiences of sexual and/or physical abuse (Augarde & Rydon-Grange, 2022; Van Voorhis, 2022), careful consideration of treatment delivery methods and techniques is necessary to enhance client participation, engagement, and treatment outcomes (Ashfield et al., 2013). Thus, enhancing knowledge of *how* to deliver treatment most effectively to females serving a sentence for CSA in these settings is necessary.

The user-voice, in combination with the perceptions of practitioners tasked with designing and delivering therapeutic interventions, will help to enhance understanding of *how* to deliver interventions that are preferred by women. The insights of justice-involved women have historically been overlooked in research and policy development (Fryer, 2006); utilizing these perspectives will facilitate greater alignment between the services provided and those desired by clients, thereby helping to ensure programs remain relevant and engaging (Larsen et al., 2019; Sæbjørnsen et al., 2021). This also helps to legitimize the intervention from the view of the client, which has been linked with improved treatment outcomes (Larsen et al., 2019; Sæbjørnsen et al., 2021). However, the feedback loop should not end with correctional clients; while their voice holds value, their suggestions are limited to personal experiences and opinions, and not framed by evidence-based understandings of best-practice. Perspectives of those with practice-based experience help to address this gap. Practitioners provide a unique view "from the trenches," offering insight on key responsivity considerations for *how* to deliver interventions based on their direct contact with – and observations of – clients sentenced for sexual offenses (Christensen, 2018; Tewksbury & Mustaine, 2012, p. 427). Collectively, a diverse range of suggestions for strategies to maximize responsivity in the configuration and delivery of SOTPs for women can be attained, including the strengths of current practices, as well as correctional policy and practice gaps.

The present study

The present study aimed to identify preferences for treatment design and configuration from those who are directly involved in correctional treatment, as either women sentenced for CSA (clients) or practitioners. The purpose was to determine key responsivity considerations in "how" treatment is delivered for these clients. The findings of this research will be of particular relevance to those tasked with designing or delivering offense-specific programs for women in the criminal justice system.

Method

Participants

Two sample populations were recruited for this study: (1) adult females currently serving a correctional order for CSA in Australia (justice-involved women), and (2) practitioners with experience providing therapeutic services in non-government affiliated community settings in Westernized jurisdictions (i.e., private practice or within nonprofit organizations) or those who are currently employed in community or custodial correctional settings in Australia (practitioners). Diversity in the sample populations enabled insight to be gained from individuals with a range of personal

and practice-based experiences. This approach also allowed for nuances in participant responses to be identified, examined, and compared (Jennings & Gonzalez, 2019).

Justice-involved women. Adult females sentenced for CSA offer a user-voice. They can provide insights about program design based on their life histories and past and/or current experiences in correctional settings. Justice-involved women were invited to participate in this study if they were over the age of 18, had English-language proficiency, were born – and continue to identify – as female, and currently serving a sentence for CSA perpetration. A total of 18 participants were recruited across three Australian jurisdictions; the majority were serving custodial corrections orders (83.3% $n = 15$), two participants were on community orders following release from custody, and one participant was on a community corrections order. Almost all participants were born in Australia ($n = 16$, 88.8%), although none identified as First Nations Australians. Participants were, on average, 42 years old (range = 26 to 69 years, SD=10.18). Correctional sentences ranged from 18 months to 28 years ($M = 10.12$ years, $SD = 6.54$), although most women were serving custodial sentences of less than 10 years (61.1%, $n = 11$). Almost all ($n = 17$, 94.4%) identified that their conviction for CSA was their first involvement with the criminal justice system.[1]

Practitioners. Given their practice experience, frontline professionals have a unique insight into the frameworks and guidelines relevant to treatment of females who have perpetrated CSA. Practitioners were invited to participate if they were over the age of 18, had English-language proficiency, and were currently working in a capacity to design/deliver/oversee rehabilitation interventions or conduct risk-assessments for adults/adolescents involved with CSA perpetration. A total of 25 practitioners were recruited; over half ($n = 14$, 56%) worked in non-government affiliated therapeutic positions in Australia, Canada, the United Kingdom, New Zealand, and Europe. The remainder ($n = 11$, 44%) were employed by corrective service departments in three Australian jurisdictions. To ensure the anonymity of participants, identification of specific jurisdictional locators was excluded. Most participants were female ($n = 22$, 88%).

A small minority of participants recruited from non-government therapeutic settings ($n = 3$, 21.4%) had exclusive experience working with adolescent girls engaged in harmful sexual behaviors; data from this sample was only used when perceived by participants to be applicable for the treatment of adult women. Suggestions from these participants were also triangulated with the broader sample pool for further validation.

The majority of participants ($n = 22$) had direct experience providing therapeutic interventions for sexual offending to women/girls; a small minority ($n = 3$) worked in a capacity to deliver such services, but opportunities to do so were limited.

Measures and procedure

Ethics approval for this research was granted from the University of the Sunshine Coast Research Ethics Committee (No. S211536/S221688), along with departmental research approvals from three respective Corrective Services departments within Australia.

Interviews with justice-involved women

Recruitment of participants was facilitated by corrections departmental staff from three Australian jurisdictions. An appointed liaison in each jurisdiction explained the project, and provided a written research information sheet, to all women who met the eligibility criteria. Once interest was expressed, an interview with the first author was scheduled.

Interviews with justice-involved women followed a semi-structured format and were approximately 45 minutes each ($M = 41$ min; $SD = 11.5$ min). The majority of interviews occurred via videoconference (44.4%, $n = 8$) or in-person (33.3%, $n = 6$), and some (22.2%, $n = 4$) were completed via telephone. Interviews largely focused on participant suggestions and preferences for program design and delivery (e.g., if you could design a program for women sentenced for crimes similar to you, what would that program look like?), and also involved a discussion of past/current experiences of correctional programs.

Interviews with practitioners

A purposive recruitment method was followed for non-government affiliated practitioners. This involved a database search of community-based organizations and private practitioners offering relevant therapeutic services within the selected jurisdictions, as well as within existing professional networks. Subsequent recruitment involved a snow-ball approach to expand the participant pool. This approach was followed to match the participant sample to the aims of the research, thereby improving the rigor and credibility of findings (Campbell et al., 2020). Practitioners from correctional settings were recruited via internal communications from an appointed corrections research office. Both practitioner sample groups were recruited via e-mail using text that was developed by the research team. Individuals who elected to participate did so via an anonymous online interview sign-up page, and were subsequently interviewed by the first author. Interviews followed a semi-structured format and were approximately 45 minutes each ($M = 46.9$ min; $SD = 10.5$ min). Most interviews were conducted via online videoconferencing (92%, $n = 23$), and some were completed via telephone (8%, $n = 2$). Questions focused on current program availability and formats of delivery, as well as suggestions for how programs for females sentenced for CSA could be designed to be more gender-responsive (e.g., if you could design a program specifically for women sentenced for CSA, what would it look like?). Interviews with both sample populations concluded following saturation. The authors acknowledge that this is a subjective determination, but the decision was guided by data repetition across both sample populations (Braun & Clarke, 2021).

Analytic strategy

The first author conducted all ($n = 43$) interviews. These were audio recorded, transcribed, and analyzed inductively, via a qualitative reflexive thematic analysis (Braun & Clarke, 2021). An inductive orientation to data analysis permitted prioritization of respondent/data-based meaning, over that of preexisting theories or frameworks, which also enabled a more objective representation of interview content (Braun & Clarke, 2022; Kiger & Varpio, 2020; Nowell et al., 2017). The six-step method was followed: (1) data familiarization; (2) generation of codes; (3) generation of themes; (4) review of themes; (5) defining and labeling themes; (6) and write-up of results, with exemplars (Braun & Clarke, 2022; Kiger & Varpio, 2020; Nowell et al., 2017). The first

author immersed herself in the interview transcripts, reading them multiple times. Codes were recorded, and themes were subsequently developed. A sample of transcripts was then discussed extensively among the team of researchers to reach an agreement of themes, and theme titles. The findings of both participant groups were then combined and viewed holistically to determine similarities and differences among the sample. A sample of quotations that best reflect the themes have been incorporated throughout the findings; practitioner participants are denoted with "PP," and justice-involved participants with "JIP." All quotes have been anonymized to ensure the confidentiality of study participants.

Findings and discussion

Three themes emerged regarding program design and configuration: (1) flexible treatment methods; (2) re-imagined treatment settings; and (3) building positive alliances. All themes have sub-themes. An interim discussion is included for each theme to synthesize the findings, followed by a final conclusion that integrates the results, limitations, and implications of the study.

Theme 1: flexible treatment methods

Both participant samples advocated for flexible treatment methods for women sentenced for CSA. Key suggestions comprised concurrent individual and group-based programming, holistic and alternative therapy formats, and careful consideration of the timing and continuity of program delivery.

Concurrent individual and group treatment

The majority of practitioners identified the benefits of group-based treatment methods when working with women, particularly when addressing topics such as substance abuse, (un) healthy relationships, self-concepts, and reentry planning. Acknowledging that these benefits are also relevant for males convicted of sexual offenses, they explained that group-based treatment is especially important for women due to gendered communication preferences and shared social experiences that may serve to break down barriers of shame and fear. For example, one participant said, "I think the benefit of group-based work is that the women then get to connect with each other because they're all relationally driven, more so than men" (PP3). Another added:

> Although there's an amazing stigma for men who engage in harmful sexual behavior in terms of society, a female that's engaged in harmful sexual behavior is probably even more stigmatized. Providing some sort of connection in terms of that group, and being able to work through that level of shame is important for women. (PP14)

Nevertheless, some practitioners also cautioned that group-based treatment options would not be suitable for all women sentenced for CSA. For example, practitioners identified that cultural views of women as nurturers and caregivers may be reinforced within this group of correctional clients, leading to shame and intimidation of women who have committed

offenses involving their own children, or women who committed offenses involving younger children:

> There would be stigma and they'd be called out . . . they don't want to be seen as horrible mothers that have hurt their children or someone else's children, so it might impact their willingness to engage, because then they're admitting . . . that they've done something bad and others in the group might reinforce this and compare. (PP1)

Several practitioners reported that despite similar charges, some women sentenced for CSA actively try to differentiate themselves and will scrutinize and intimidate other women in an effort to build themselves up. To address these challenges, practitioners endorsed a combination of group and individual treatment components; reinforcing that individual treatment models are preferable for offense-specific conversations for this cohort of women.

This dual method of treatment delivery was also reinforced by justice-involved women in this study, with all expressing concerns related to group-based conversations about their own offenses, and some indicating it would be "hard to be in the same room and talk to certain women" (JIP1) and listen to the specific details of the offenses committed by others. Nonetheless, all justice-involved participants indicated a preference for a combination of group and individual support options. They identified several benefits of completing treatment alongside others with similar charges, including support and advice, learning from each other's mistakes, and not feeling alone seeing that others have also committed this crime. However, for any offense-specific conversations, all of the justice-involved women in this study indicated a strong preference for engaging one-on-one with a counselor or psychologist. For example, one participant said:

> In a group . . . you can share that feeling and you can see other people who have had the same things happen, and you know, feel the same . . . . other people can go, well, come on man, you've given yourself a bit of a bash there. Let up. Like, you know, hearing that from somebody can be the world of difference . . . . But when talking specifically about your crime, I think that should be a one-on-one thing. (JIP9)

Holistic and alternative therapy formats

Practitioners offered several suggestions for how programs could be designed in ways that would help to improve engagement. Some gave suggestions based on what has worked well in community settings for adolescent girls, for instance:

> Using creative therapies, like doing art therapy, is quite useful for girls, because they are much more relational . . . .it helps because they are distracted on something that they are also connected to, whether that's art or some handcrafts thing, like embroidery. It's outside what you would expect, but they like to chat and share things, whereas the boys are much more withdrawn. (PP25)

Several practitioners working with adult women reinforced the value of these approaches, also adding that women and girls are often more expressive than men or boys. When paired with the complex histories of trauma and control experienced by this population, it was suggested that "busy work" during treatment makes the experience less confronting and shameful:

> For women, I think there is a lot of value in doing art, and in a group setting, which can help go around the trauma, or could directly focus on the trauma, and then it can be lifted out of the way and we can get going with the complexity of their needs. (PP24)

Several practitioners were also supportive of mindfulness techniques and yoga, particularly at the conclusion of each therapy session, as this would help to "block out the noise and allow the women to process all of the stuff going on in their minds" (PP2). They reinforced that women who perpetrate CSA have often faced adversity throughout their lives, and that the use of these therapeutic approaches would help these women develop self-esteem and respect, which are often lacking. The majority reinforced that meaningful "treatment" for women does not solely have to focus on "criminogenic" needs; but that working on non-offense specific areas would also be of significant benefit for this population in the short and long term.

A holistic treatment approach, comprising informal and formal support systems, was also identified by the majority practitioners as impactful for women sentenced for CSA. Practitioners noted that, when compared with males, there is a greater likelihood that these women have children; yet reported that children are too often ignored in treatment and require more support. Several practitioners also raised the challenge of a higher prevalence of co-morbidity of trauma, substance use, and mental illness in women sentenced for CSA, and a need for stronger wrap-around support services for these women in custody, and upon release. The importance of family consultation in release planning was also identified, and several practitioners reinforced the benefits of family involvement in therapeutic intervention, where appropriate:

> . . . if there's people in their lives, I think it's really important. Someone whose there for them . . . that might be a best friend, brother, someone who actually participates in their therapy to support them . . . I feel like loneliness and lack of connection is probably a significant risk factor. (PP22)

For justice-involved women in this study, the need to build and maintain strong family bonds and social connections was identified. The majority expressed a desire for regular contact with mental health providers, substance-abuse support groups, child support/protection agencies, and "someone to talk to" (JIP1) and "get answers to questions" (JIP11) about challenges related to their release; these suggestions are consistent with those put forth by practitioners in this study. The majority of the justice-involved women reported their intentions to live with their parents, or other family members, after release from custody. These women also said they had regular contact with family members, and that these family members were committed to assisting with their rehabilitation and reentry into the community, where possible. A desire for greater family involvement in goal setting and planning for the future was reported by most, yet participants noted that support networks felt unsure about how they could assist, and what they were permitted to do.

Timing and continuity of program delivery

Some practitioners offered some suggestions for how to accommodate programs for women on short sentences, including more staggered open-enrollment programs, more flexibility in the order of delivery of core program modules, or the option for shortened programs more closely tailored to the needs of each individual woman participating, rather than compulsory completion of all program modules or components:

> A person could be able to start at any point in the program, and go wherever they like . . . you could then tailor your program, as some low-risk offenders may not really need a large amount

> of input . . . .so the length of time, and the topics, will depend upon the level of need that the offender presents with. (PP21)

Practitioners noted several benefits of these approaches in terms of allowing opportunities for group-based treatment when this might not otherwise be available to women sentenced for CSA due to low numbers, as well as facilitating treatment availability for those on shorter sentences.

The justice-involved women in this study offered simple, yet meaningful suggestions related to program delivery. The majority hoped for someone to talk to, as well as a preference for consistency in the way the program was offered. The majority of justice-involved women expressed that the timing of support was important, with several noting a desire for programs to be provided earlier in their sentence. They explained that they often felt alienated and "broken" when they entered prison, and beginning treatment at this stage, even in terms of counseling, would be beneficial to their personal development. One participant reflected,

> I struggled a lot when I first came in here and didn't know how to reach out. Nobody sought me out to reach out or see if I wanted the support. I felt isolated in the beginning. This doesn't help us grow. We all want to leave this place a better person . . . I feel like we could benefit a hell of a lot more if we could do something at least in the middle of our sentence, instead of last minute. (JIP15)

Both practitioners and justice-involved women were consistent in their views on the timing of interventions, with many identifying that beginning treatment earlier in a woman's sentence would help to maximize potential treatment outcomes, largely as a result of the women investing their mental energy into self-development rather than directing energy at anxiety related to *if/when* they would receive help.

Interim discussion

When viewed collectively, many of the preferences for treatment design, such as concurrent group and individual programming, holistic interventions, and continuity in programming, align with current methods used for correctional intervention for those with sexual convictions, irrespective of the gender of participants (e.g., Howard et al., 2019; Prenzler et al., 2023; Schmucker & Lösel, 2015; Tyler et al., 2021). More collaborative models of care, that are inclusive of aftercare supports, also reflect practices currently used in SOTPs developed specifically for women involved in sexual offending in Canada and the United Kingdom (Blanchette & Taylor, 2010; Wanamaker et al., 2018). Similarly, support for the use of alternative interventions for those who have committed sexual offenses is mounting. In particular, art-based therapeutic interventions for forensic populations in correctional settings have been found to improve mood, reduce psychiatric symptoms, and enhance problem-solving skills (Gussak, 2019; Hartz & Thick, 2005; Horneman-Wren, 2021). This approach has also seen impacts in terms of program participation and engagement (Hart et al., 2023); largely as a result of breaking down barriers that may impede openness and honesty in treatment (Malhotra & Gussak, 2021).

A preference for all offense-specific conversations to be individual, and a group-based intervention for other program components, was indicated by both participant groups. Participant endorsements of hybrid group-individual models of program delivery align with current practice in SOTPs provided to males and females (Lucy Faithfull Foundation, 2014;

Wanamaker et al., 2018), with the benefits of each format well-supported. For example, individual-level program delivery provides the opportunity for practitioners to enhance responsivity factors through tailored interventions that suit the needs and history of each client (Bowden et al., 2017; Looman et al., 2014; Rayment-McHugh et al., 2022). However, it is also possible that a reliance on individual treatment can be resource-intensive for organizations and onerous on practitioners and clients (Looman et al., 2014; Ware et al., 2009). Moreover, individual treatment may undermine the therapist-client relationship as power imbalances may stifle client openness and potentially undermine treatment gains, or emphasize a "them and us" view of treatment, thus reinforcing the need for a hybrid group-individual model (Bowden et al., 2017, p. 285; Looman et al., 2014).

The importance of the timing of interventions to help facilitate greater continuity in programs was also identified, with a significant number of practitioners recommending the use of an open-ended (or rolling group) format. This mode of delivery is supported by others primarily exploring the impact for males involved in SOTPs (e.g., Olver et al., 2020; Rayment-McHugh et al., 2022) with the benefits found to extend across multiple levels related to resource distribution, client satisfaction and retention, and practitioner well-being. Open-ended programming may be particularly beneficial for females, making group programming viable for smaller participant numbers. This format of delivery may also help to facilitate program completion for women on shorter correctional orders, or may permit continuity across custodial and/or community-based program offerings, which was recognized as a significant need by a number of practitioners in this study.

Theme 2: re-imagined treatment settings

Participants identified that treatment spaces need re-imagining to better meet the needs and preferences of women. This included endorsement of therapeutic community models of practice within correctional settings and use of informal treatment settings to enhance treatment engagement and program completion.

Therapeutic community settings

The majority of practitioners identified that the prison environment can hinder the goal of rehabilitation. Most identified that the stale and oppressive nature of current correctional environments is not conducive to therapeutic gains, and explained that this was particularly the case for protection prisoners, such as many women sentenced for CSA, due to limited access to programs, services, and restrictions on movement around the center. Moreover, it was noted that the status of protection prisoners places them at a higher risk than other prisoners, so the experience of prison is often more psychologically burdensome for this population. The emotional weight and impact of prison was echoed by the justice-involved women in this study who frequently identified it as traumatizing, rigid, and punitive. Following release from custody, one justice-involved participant said,

> Was I rehabilitated? No. I was unbelievably traumatized by being in there. When I came out, I just wanted to stay in bed with the blankets over my head. (JIP6)

Justice-involved participants offered very few suggestions for how to improve the design of treatment settings to help make them more therapeutic; those that did, were simply hopeful for privacy, and a safe space.

Several practitioners suggested that treatment engagement could be maximized for this population if it was delivered outside of a typical correctional setting and instead experienced within a therapeutic community that is separate from the main prison building and general population of prisoners. For example, one practitioner said, "Programs work better in prison in a therapeutic community environment . . . not just a normal program room or unit of a prison" (PP2). Practitioners explained that this would help to facilitate better treatment outcomes as it would allow women sentenced for CSA to focus on personal development and treatment modules in a safe and supportive space, without the everyday pressures and strains of a standard prison setting:

> I feel like to create the safety needed . . . you need it to be separate . . . where they can go and process and do their work without being impacted by the dynamics of a normal prison. You need to think about the aesthetics of it, like a garden, and having them involved in different activities, whether it's group cooking, maintenance, cleaning, taking on responsibility and taking part of the ownership of their environment. . . . having . . . everyone's sort of working together. (PP4)

Informal communal treatment spaces

In addition to the benefits of separating females sentenced for CSA from the typical dynamics of prison during treatment, the majority of practitioners also suggested that informal treatment settings for group and/or individual treatment were advantageous for this population, as they appeal to the relational and supportive nature of many women. They explained that treatment settings which help to foster positive and supportive communication are essential to help "build these women up . . . to build that respect and stuff back for themselves" (PP9); it was suggested by many that this could be achieved through softer furnishings, visual messaging, and more relaxed communal spaces in order to allow opportunities for informal conversations to occur:

> I've found that with women, they like to share food with each other, which is so vastly different from the men. These women that I was working with had all really bonded and connected, like they were all bringing food to group and they'd just, they wouldn't even sit on their chairs. They'd just be sitting on the floor in a circle and they'd just be like sharing their food, like their buys and things, which, you know, it's essentially like, the breaking of bread, right? It's those kinds of behaviors that, you know, that really show that these women really just want to feel safe and comfortable and they can learn to do this with each other. (PP3)

Several practitioners also offered suggestions for, what they believed were, relatively simple ways to improve existing treatment spaces. One participant said, "Women like to feel safe and they like to express themselves. Women like music, art, color, pictures, they like talking to each other" (PP1). Practitioners also emphasized the usefulness of integrating recreational and leisure activities within more traditional treatment formats, noting that this would help to cultivate self-esteem and trust; which they identified as key treatment needs, and necessary strategies for engagement, with this cohort.

> There are some key therapeutic components that can be dealt with in the outdoors, and this could also potentially be introducing some life skills . . . .it could help with issues around trust, connection, communication and problem-solving. (PP25)

Interim discussion

Practitioners offered several suggestions for how to maximize the impact of SOTPs for women, whereas the suggestions of justice-involved participants were less aspirational, with most simply requesting safety and privacy. Some recommendations from practitioners for ways to enhance treatment settings are seemingly straightforward and likely relatively easy to implement. For example, permitting access to outdoor treatment areas, and use of colorful and communal treatment spaces, seem achievable, particularly if the outputs from prisoners participating in artistic therapies are utilized within these spaces. Other suggestions are more complex, however, requiring system-level support to facilitate a change in program delivery.

The therapeutic community model of treatment recommended by practitioners in this study has a growing evidence-base to support its use for men and women, and a range of offense-types, including those requiring treatment for sexual offenses (Blagden et al., 2016; Ware et al., 2010). Therapeutic communities involve treatment within closed-environments, typically within a separate residential or "day-unit" setting, where prisoners are "residents" in a self-regulating environment for a short- or longer-term (Akerman, 2021; Ware et al., 2010, p. 724). This model of treatment incorporates group-therapy components, yet extends beyond this method of delivery by providing thoughtfully designed treatment spaces where all social interactions have the potential to be "therapeutic" (Kennard & Lees, 2012; Ware et al., 2010). Reported benefits of such treatment models are significant: therapeutic communities have been found to assist with self-awareness, confidence and growth; they also provide an opportunity to learn and show respect for others through peer mentorship and problem-solving (Blagden et al., 2016; Duncan et al., 2022; Perrin et al., 2018; Ware et al., 2010). The key suggestions put forth by both participant groups in this study regarding preferred treatment processes for women sentenced for CSA align with these principles. For example, practitioners identified that women tend to be more relational, prefer communal settings, and respond well to peer learning. A higher prevalence of past trauma experiences and associated challenges with low self-esteem, were also identified, a finding reinforced by a significant body of research related to this population (Augarde & Rydon-Grange, 2022; Mcleod, 2015; Ten Bensel et al., 2019). Moreover, both participant groups identified that the burden of prison is compounded for those with sexual convictions as a result of a higher level of stigmatization. When these challenges are viewed collectively, the usefulness of therapeutic community settings for this population becomes more apparent.

While there is likely value in the use of such settings for women sentenced for CSA, the dynamics *within* the therapeutic community will need to be carefully managed. The need for safety is paramount, and given that both participant groups in this study noted the potential for stigmatization amongst the cohort of women sentenced for CSA, careful consideration of personality styles and association risks is needed for such settings to produce the desired results (Duncan et al., 2022).

Theme 3: building positive alliances

The importance of building positive alliances was clearly denoted by all participants in this study. Suggestions for how to build and maintain this alliance primarily related to the characteristics of those providing the treatment, and suggestions extended to include formal (therapeutic) and informal (mentorship) components to program delivery.

Characteristics of program facilitator/s

All practitioners and justice-involved women in this study indicated that the nature of the practitioner providing therapeutic programs/services was essential to the therapeutic process. One practitioner stated:

> The largest influence on the positive therapeutic process is the relationship between the therapist and the participant. It's not necessarily always about the content or the manual or what, you know, they're taught from a manual. It's building that therapeutic relationship and having that be healthy and strong. (PP6)

The majority of practitioners indicated that a mixed-gender co-facilitation model is best when providing therapeutic programs to people sentenced for sexual offenses. They explained that this was beneficial for both males and females sentenced for this crime, but that this is particularly helpful for women as it would allow role-modeling of healthy relationships and provide a positive male model to which many women sentenced for this crime have had limited exposure.

The justice-involved women in this study indicated that, if given the option, female practitioners would be a better fit, largely as a result of the extensive experiences of abuse in the histories of many females involved with CSA, often at the hands of men. Indeed, the majority of women self-reported that their male partners had a direct influence on their involvement with CSA. As a result, they explained that they find it easier to relate to other women, are more inclined to trust other women, and are more likely to have a sense of unease around men:

> I would only talk to a lady, not a man. I got a man lawyer but I don't trust him from a bar, cause he just doesn't understand my language. I can't speak with him properly (JIP8); and

> When you've been through domestic violence, it's hard to listen to a male and it's not the same. Yes, men go through domestic violence, but their domestic violence is not the same as our domestic violence. Men think and see things differently to women. (JIP14)

To facilitate a positive therapeutic alliance, both participant groups expressed a need for practitioners to possess positive and engaging qualities, including active listening, open-minded communication, empathy, and approachableness. All of the justice-involved women expressed a desire to be heard and understood. Of note, many wanted advice that was direct and practical. They were open to learning from therapeutic staff and sought specific guidance on ways to move forward, improve their lives, and reduce their likelihood of reoffending:

> We need someone that's not going to be too overpowering with their opinion, but we also need guidance, someone to give advice, not just sit there and listen to what we've got to say. We need someone that can say "look, maybe you should do it this way, or maybe you need to starting thinking a little different this way." (JIP15)

Several of the justice-involved participants stated they would be more comfortable with a program that was developed and facilitated by non-corrections staff, and would be more supportive of independent non-government affiliated psychologists and/or counselors running a program. While they believed that the majority of corrections employees are professional and respectful, they also reported negative experiences with some

staff, including therapeutic staff, and have a general distrust toward the system, for example:

> I couldn't do it with someone that works in this jail. The jail misconstrues what you say, and they put it against you, and I've been told by others not to trust officers in here cause they go back to the Super and tell 'em what you've told them in confidence. (JIP8)

Mentorship roles

Of significance, both practitioners and justice-involved women in this study indicated value in mentorship roles from those with lived experience being sentenced for this crime (in combination with trained professionals, including psychologists and counselors). Several participants from both sample groups reinforced the benefits of mentors offering guidance and advice, and several of the justice-involved participants noted that first-hand accounts were more likely to be well-received and meaningful. The justice-involved women explained that involvement of those who have previously been sentenced for CSA would boost their self-confidence and hope for the future, as they would be able to see that others have been able to successfully transition from prison into the community, and not return to the same life circumstances as before. This view was also reinforced by practitioners:

> They'd be learning from people who have had similar experiences or similar knowledge and the same ideas on what life is . . . they tend to listen more to these strategies and resources and ideas . . . because it's coming from trusted sources for them rather than us. I mean obviously we're there to facilitate, but sometimes we get picked on and they say "You don't know anything about this. Who are you to say what's right and what's wrong?." (PP1)

Interim discussion

The value of a strong therapist-client relationship cannot be overstated (L. E. Marshall, 2019; W. Marshall & Marshall, 2015; Serran et al., 2003). Therapist traits and characteristics often have a direct impact on this relationship, and are linked with greater levels of satisfaction and treatment completion (Blasko & Jeglic, 2016; McKillop et al., 2016). Therapist traits, such as empathy, warmth, directness, and encouragement were found to be particularly impactful in generating change (W. Marshall & Marshall, 2015). This reflects the therapist qualities mentioned by both participant groups in this study, suggesting that the preferred traits of therapists are also consistent across male and female correctional clients. However, a clear preference for female clinicians is a relevant consideration for women, and efforts to accommodate this in program delivery may assist with greater levels of engagement and therapist-client bonding. This finding differs from research examining the preferences of males sentenced for sexual offenses, who have reported some difficulties with bond formation and collaboration with female therapists; a challenge that is less commonly reported with male therapists (Blasko & Jeglic, 2016).

Given the complex and often traumatic histories of women sentenced for CSA (Augarde & Rydon-Grange, 2022; Mcleod, 2015; Ten Bensel et al., 2019), a strong therapist-client bond is particularly important, and likely requires active consideration and flexibility with treatment style on behalf of the therapist (Cortoni & Fontaine, 2024). Addressing issues such as cognitive distortions and a lack of recognition of the need for change is challenging and may test the therapist-client relationship. Some women

sentenced for CSA minimize their offending and dismiss it as an outcome of male influence (Tsopelas et al., 2011). While a consistent and clear stance of condemnation related to the offense is necessary (W. L. Marshall et al., 2003; McKillop et al., 2016; Serran et al., 2003), this may need to be approached sensitively for women to facilitate therapist-client bonding. Both participant groups in this study identified a need to approach offense-specific conversations with care, alongside a need for continuity, in both program design and in assigned therapists, given the sensitive nature of the offense and client's background (Biringer et al., 2017). This reinforces the need for trained and qualified therapists to oversee treatment, perhaps in combination with mentorship roles in treatment delivery.

Peer mentorship has a growing evidence base supporting its benefits (for example, see: Buck, 2018; Kirkwood, 2023). Of particular value, this approach permits those with similar life experiences to have a powerful influence on the self-concepts of mentees by inspiring them through a demonstration that change is possible (Bowden et al., 2017; Buck, 2018; Kirkwood, 2023; Perrin et al., 2018). Greater connection is undoubtedly positive in generating long-term change; however, this does not remove the need for trained professionals. In fact, the bond between therapists and clients is equal – and even potentially more impactful – to treatment outcomes when compared with treatment content or type of therapy utilized (Horvath & Bedi, 2002; Norcross & Wampold, 2011).

Conclusions, limitations, and future directions

The present findings reveal three important considerations for *how* to deliver treatment for females sentenced for CSA. Firstly, it appears that preferences for women are largely similar to best-practice frameworks and programs currently delivered to males sentenced for sexual offenses, perhaps reflecting the "humanness" component of correctional programming. In particular, key findings reinforced the importance of flexible treatment approaches that encompass group and individual formats, informal and formal support systems, and holistic therapies. Re-imagined treatment settings, particularly therapeutic community models, were also perceived by practitioners to be important to increase treatment engagement and impact for clients. Finally, building strong alliances, both with therapists and peers, were perceived as central to improved treatment outcomes for this client cohort, with a preference for therapist co-facilitation and peer-mentoring indicated by both participant samples. While the findings indicate several overlaps in the preferences of males and females, some gender-specific preferences require consideration. In particular, a preference for female therapists was indicated by justice-involved participants in this study. The more relational nature of women was also raised as a gender-specific aspect of treatment, whereby opportunities for informal conversations may enhance engagement and participation in correctional programming for this population. Finally, flexibility in the timing of programming, such as the use of open-ended formats, was found to be particularly relevant for women to accommodate sentencing differences and lower client numbers. Consideration of these treatment methods may serve to boost client motivation and engagement in offense-specific programming; greater flexibly in program design may also serve to broaden program access for these women.

Secondly, many suggestions from participants for how to operationalize treatment for this client cohort were seemingly simple to implement, while others were more complex

and resource intensive. Given the fiscal constraints and infrastructure challenges facing corrections systems around the world (Mauer, 2011), resources are understandably allocated based on an equation of supply and demand. However, the proportionately lower number of women sentenced for CSA may present a unique opportunity to trial some of the suggested program design components. This would enable an evaluation of their utility and impact, prior to implementing such programs on a larger (and more fiscally demanding) scale.

Finally, the user-voice is valuable in enhancing understanding of client needs and treatment preferences. Indeed, there is a growing body of literature validating co-design models with correctional populations, with co-design found to maximize engagement and relevance of programs by expanding practitioner knowledge and insight, leading to more innovative practice (Aakjær, 2018). Ultimately, incorporation of the user-voice, in combination with the suggestions of practitioners with experience and knowledge of evidence-based frameworks and access to emerging research is needed. This will assist in bringing Australia closer to international benchmarks of best-practice in correctional treatment through continual program evaluation and refinement.

This research was not without limitations. Efforts were made to include a diverse sample of justice-involved women and professionals with a range of practice-based experiences. However, the research is grounded on the perceptions of participants, based on their experiences, and the findings are yet to be empirically tested or verified on the target population. Of note, none of the participants in this study identified they were First Nations Australians, so further research on responsivity considerations relevant to the treatment of this cohort, and other culturally and linguistically diverse groups, is needed. Incorporating the user-voice of First Nations women is crucial to shape the design of culturally safe and responsive programs, acknowledging the importance of First Nations knowledges and perspectives in this process (Sæbjørnsen et al., 2021; Tamwoy et al., 2022). Moreover, the feasibility of correctional interventions within custodial settings in Australia requires further research to help determine key barriers and facilitators for program implementation for minority cohorts.

In spite of the above limitations, this research aids in furthering understanding of *how* to deliver treatment in a way that is preferred by female clients, and practitioners working with them. Importantly, this research gives a voice to those who are often silenced in correctional research and excluded from management decisions (Charles et al., 2016; Fryer, 2006). Presumptions about treatment preference and suitability, without consideration of the user-voice, are undeniably problematic; an ethos of "knowing before doing" (Wikstrom, 2007) should be standard.

Note

1. Formal criminal history unavailable.

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ORCID

Bricklyn Priebe http://orcid.org/0009-0007-3557-1603
Susan Rayment-McHugh http://orcid.org/0000-0002-3341-7801
Nadine McKillop http://orcid.org/0000-0003-3548-5661
Larissa S. Christensen http://orcid.org/0000-0003-3852-3686

References

Aakjær, M. (2018). Co-design in the prison service: A learning perspective on employee-driven innovation. *International Journal of Entrepreneurship and Innovation Management*, *22*(4–5), 381–396. https://doi.org/10.1504/IJEIM.2018.092991

Akerman, G. (2021). Providing treatment in a prison-based therapeutic community for those who have committed sexual offences. *International Journal of Offender Therapy and Comparative Criminology*, *65*(12), 1267–1281. https://doi.org/10.1177/0306624X17752275

Andrews, D. A., Bonta, J., & Wormith, J. S. (2011). The Risk-Need-Responsivity (RNR) model. *Criminal Justice and Behavior*, *38*(7), 735–755. https://doi.org/10.1177/0093854811406356

Ashfield, S., Brotherston, S., Eldridge, H., & Elliott, I. (2013). Female sexual offenders: The need for a gender-responsive approach. In *The Wiley-Blackwell handbook of legal and ethical aspects of sex offender treatment and management* (pp. 321–337). John Wiley & Sons. https://doi.org/10.1002/9781118314876.ch19

Augarde, S., & Rydon-Grange, M. (2022). Female perpetrators of child sexual abuse: A review of the clinical and empirical literature – a 20-year update. *Aggression and Violent Behavior*, *62*, 101687. https://doi.org/10.1016/j.avb.2021.101687

Bevan, M. (2022). Responding to trauma, or "responsibilising" women for it? Gender responsivity, trauma, and women's offending in Aotearoa New Zealand. *Women & Criminal Justice*, *ahead-of-print*(ahead–of–print), 1–19. https://doi.org/10.1080/08974454.2022.2071379

Biringer, E., Hartveit, M., Sundfør, B., Ruud, T., & Borg, M. (2017). Continuity of care as experienced by mental health service users - a qualitative study. *BMC Health Services Research*, *17*(1), 763–763. https://doi.org/10.1186/s12913-017-2719-9

Blagden, N., Winder, B., & Hames, C. (2016). "They treat us like human beings"—experiencing a therapeutic sex offenders prison: Impact on prisoners and staff and implications for treatment. *International Journal of Offender Therapy and Comparative Criminology*, *60*(4), 371–396. https://doi.org/10.1177/0306624X14553227

Blanchette, K., & Taylor, K. (2010). A review of treatment initiatives for female sexual offenders. In T. Gannon & F. Cortoni (Eds.), *Female sexual offenders: Theory, assessment and treatment* (pp. 119–141). John Wiley & Sons.

Blasko, B. L., & Jeglic, E. L. (2016). Sexual offenders' perceptions of the client–therapist relationship: The role of risk. *Sexual Abuse*, *28*(4), 271–290. https://doi.org/10.1177/1079063214529802

Bowden, L., Glorney, E., & Daniels, M. (2017). Individuals' experiences of sexual offending therapy in a forensic psychiatric setting. *The Journal of Sexual Aggression*, *23*(3), 278–290. https://doi.org/10.1080/13552600.2017.1343398

Braun, V., & Clarke, V. (2021). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise and Health*, *13*(2), 201–216. https://doi.org/10.1080/2159676X.2019.1704846

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage.

Buck, G. (2018). The core conditions of peer mentoring. *Criminology & Criminal Justice*, *18*(2), 190–206. https://doi.org/10.1177/1748895817699659

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: Complex or simple? Research case examples. *Journal of Research in Nursing*, *25*(8), 652–661. https://doi.org/10.1177/1744987120927206

Charles, A., Rid, A., Davies, H., & Draper, H. (2016). Prisoners as research participants: Current practice and attitudes in the UK. *Journal of Medical Ethics*, *42*(4), 246–252. https://doi.org/10.1136/medethics-2012-101059

Christensen, L. S. (2018). Professionals' perceptions of female child sexual offenders. *Journal of Interpersonal Violence*, 1–24. https://doi.org/10.1177/0886260518785377

Correctional Service Canada. (2014, April, 24). *Women's sex offender program*. https://www.csc-scc.gc.ca/correctional-process/002001-2017-eng.shtml

Cortoni, F., & Fontaine, N. M. G. (2024). Interventions with justice-involved girls and women. *CrimRxiv*. https://www.crimrxiv.com/pub/vfkr7o8x

Cortoni, F., & Stefanov, G. (2020). Female sexual offenders. In J. Proulx., F. Cortoni., L. Craig., & E. Letourneau (Eds.), *The Wiley handbook of what works with sexual offenders* (pp. 279–293). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781119439325.ch16

Day, A. (2020). At a crossroads? Offender rehabilitation in Australian prisons. *Psychiatry, Psychology, and Law*, *27*(6), 939–949. https://doi.org/10.1080/13218719.2020.1751335

DeHart, D. D. (2018). Women's pathways to crime: A heuristic typology of offenders. *Criminal Justice and Behavior*, *45*(10), 1461–1482. https://doi.org/10.1177/0093854818782568

Duncan, K., Winder, B., Blagden, N., & Norman, C. (2022). "I've got the energy to change, but I haven't got the energy for this kinda therapy": A qualitative analysis of the motivations behind democratic therapeutic community drop-out for men with sexual convictions. *International Journal of Offender Therapy and Comparative Criminology*, *66*(12), 1213–1236. https://doi.org/10.1177/0306624X20956957

Fryer, J. (2006). Silenced voices: Stories of incarcerated women. *Women's Studies*, *35*(6), 545–565. https://doi.org/10.1080/00497870600809756

Gannon, T. A., & Rose, M. R. (2008). Female child sexual offenders: Towards integrating theory and practice. *Aggress. Violent Behaviour*, *13*(6), 442–461. https://doi.org/10.1016/j.avb.2008.07.002

Gorga, A. (2024). "They're meant for men": The gendered meaning of "evidence-based practices" in prison. *Women & Criminal Justice*, 1–18. https://doi.org/10.1080/08974454.2024.2305349

Gussak, D. (2019). *Art and art therapy with the imprisoned: Re-creating identity*. Routledge.

Harrison, J. L., O'Toole, S. K., Ammen, S., Ahlmeyer, S., Harrell, S. N., & Hernandez, J. L. (2020). Sexual offender treatment effectiveness within cognitive-behavioral programs: A meta-analytic investigation of general, sexual, and violent recidivism. *Psychiatry, Psychology, and Law*, *27*(1), 1–25. https://doi.org/10.1080/13218719.2018.1485526

Hart, M., Soape, E., Barlow, C., Torrech-Perez, M., Gussak, D. E., & Schubarth, A. (2023). Expanding the IDEA: Ongoing- and evolving-evaluation of an art therapy in prisons program. *International Journal of Offender Therapy and Comparative Criminology*. https://doi.org/10.1177/0306624X231213313

Hartz, L., & Thick, L. (2005). Art therapy strategies to raise self-esteem in female juvenile offenders: A comparison of art psychotherapy and art as therapy approaches. *Art Therapy*, *22*(2), 70–80. https://doi.org/10.1080/07421656.2005.10129440

Horneman-Wren, B. (2021). Prison art programs: Art, culture and human rights for indigenous prisoners. *Alternative Law Journal*, *46*(3), 219–224. https://doi.org/10.1177/1037969X211008977

Horvath, A. O., & Bedi, R. P. (2002). The alliance. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patient needs* (pp. 37–69). Oxford University Press.

Howard, M. V. A., de Almeida Neto, A. C., & Galouzis, J. J. (2019). Relationships between treatment delivery, program attrition, and reoffending outcomes in an intensive custodial sex offender program. *Sexual Abuse*, *31*(4), 477–499. https://doi.org/10.1177/1079063218764886

Jennings, W. G., & Gonzalez, J. M. R. (2019). *Criminological and criminal justice research methods* (2nd ed.). Wolters Kluwer.

Kennard, D., & Lees, J. (2012). A checklist of standards for democratic therapeutic communities. *Therapeutic Communities: The International Journal of Therapeutic Communities*, *33*(2/3), 117–123. https://doi.org/10.1108/09641861211291603

Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE guide no. 131. *Medical Teacher*, *42*(8), 846–854. https://doi.org/10.1080/0142159X.2020.1755030

Kirkwood, S. (2023). 'A wee kick up the arse': Mentoring, motivation and desistance from crime. *Criminology & Criminal Justice*, *23*(2), 183–199. https://doi.org/10.1177/17488958211043691

Larsen, B. K., Hean, S., & Ødegård, A. (2019). A conceptual model on reintegration after prison in Norway. *International Journal of Prisoner Health*, *15*(3), 282–292. https://doi.org/10.1108/IJPH-06-2018-0032

Levenson, J. S., & Willis, G. M. (2019). Implementing trauma-informed care in correctional treatment and supervision. *Journal of Aggression, Maltreatment, & Trauma*, *28*(4), 481–501. https://doi.org/10.1080/10926771.2018.1531959

Levenson, J. S., Willis, G. M., & Prescott, D. S. (2016). Adverse Childhood Experiences in the Lives of Male Sex Offenders: Implications for Trauma-Informed Care. *Sexual Abuse*, *28*(4), 340–359. https://doi.org/10.1177/1079063214535819

Looman, J., Abracen, J., & DiFazio, R. (2014). Efficacy of group versus individual treatment of sex offenders. *Sexual Abuse in Australia and New Zealand*, *6*(1), 48–56.

Lucy Faithfull Foundation. (2014). *Assessment and treatment programme for women who have sexually abused a child/children*. https://ecsa.lucyfaithfull.org/assessment-and-treatment-programme-women-who-have-sexually-abused-childchildren

Malhotra, B., & Gussak, D. E. (2021). Journey: A strength-based art therapy approach with those who have sexually offended. *Art Therapy*, *38*(4), 173–180. https://doi.org/10.1080/07421656.2020.1823198

Marshall, L. E. (2019). Effective sex offender treatment in correctional settings: A strengths based approach. In D. L. L. Polaschek, A. Day, & C. R. Hollin (Eds.), *The Wiley international handbook of correctional psychology* (pp. 515–528). Wiley Blackwell.

Marshall, W. L., Fernandez, Y. M., Serran, G. A., Mulloy, R., Thornton, D., Mann, R. E., & Anderson, D. (2003). Process variables in the treatment of sexual offenders: A review of the relevant literature. *Aggression and Violent Behavior*, *8*(2), 205–234. https://doi.org/10.1016/S1359-1789(01)00065-9

Marshall, W., & Marshall, L. (2015). Psychological treatment of the paraphilias: A review and an appraisal of effectiveness. *Current Psychiatry Reports*, *17*(6), 1–6. https://doi.org/10.1007/s11920-015-0580-2

Mauer, M. (2011). The challenges of implementing research-based policies. *Criminology & Public Policy*, *10*(1), 69–76. https://doi.org/10.1111/j.1745-9133.2010.00683.x

McKillop, N., Brown, S. J., Smallbone, S., & Wortley, R. (2016). Sexual offenders' parental and adult attachments and preferences for therapists' interpersonal qualities. *The Journal of Sexual Aggression*, *22*(2), 177–191. https://doi.org/10.1080/13552600.2015.1057243

Mcleod, D. (2015). Female offenders in child sexual abuse cases: A national picture. *Journal of Child Sexual Abuse*, *24*(1), 97–114. https://doi.org/10.1080/10538712.2015.978925

Miller, N. A., & Najavits, L. M. (2012). Creating trauma-informed correctional care: A balance of goals and environment. *European Journal of Psychotraumatology*, *3*(1), 1–8. https://doi.org/10.3402/ejpt.v3i0.17246

Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy (Chicago, Ill.)*, *48*(1), 98–102. https://doi.org/10.1037/a0022161

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, *16*(1), 160940691773384. https://doi.org/10.1177/1609406917733847

Olver, M., Marshall, L., Marshall, W., & Nicholaichuk, T. (2020). A long-term outcome assessment of the effects on subsequent re-offense rates of a prison-based CBT/RNR sex offender treatment program with strength-based elements. *Sexual Abuse*, *32*(2), 127–153. https://doi.org/10.1177/1079063218807486

Perrin, C., Frost, A., & Ware, J. B. (2018). The utility of peer-support in enhancing the treatment of incarcerated sexual offenders. *Therapeutic Communities: The International Journal of Therapeutic Communities*, *39*(1), 35–49. https://doi.org/10.1108/TC-06-2017-0018

Prenzler, T., McKillop, N., Rayment McHugh, S., & Christensen, L. (2023). Best practice in sexual offender rehabilitation and reintegration programs. *Journal of Criminological Research, Policy and Practice (Online)*, *9*(3–4), 207–221. https://doi.org/10.1108/JCRPP-07-2023-0036

Priebe, B., Christensen, L., McKillop, N., & Rayment McHugh, S. (in press). 'We need help too': Establishing client and practitioner demand for responsive programs for women sentenced for child sexual abuse in Australia. *Journal of Offender Rehabilitation*.

Ranzetti, C., Miller, S., & Gover, A. (2013). Understanding the relationship between gender and crime: An introduction to the Routledge International Handbook of Crime and gender Studies. In C. M. Renzetti, A. R. Gover, & S. L. Miller (Eds.), *Routledge international handbook of crime and gender studies* (pp. 1–5). Routledge.

Rayment McHugh, S., Belton, E., McKillop, N., Christensen, L. S., Prenzler, T., & Hine, L. (2022). Beyond "what works": Implementing sex offender treatment programs in the "real world. *Journal of Offender Rehabilitation*, *61*(3), 148–167. https://doi.org/10.1080/10509674.2022.2045529

Sæbjørnsen, S. E. N., Hean, S., Røvik, K., Larsen, B. K., & Ødegård, A. (2021). Do we need the users' voice? An empirical research example comparing views of service providers and ex-prisoners: Implications for practice. In S. Hean, B. Johnsen, A. Kajamaa, & L. Kloetzer (Eds.), *Improving interagency collaboration, innovation and learning in criminal justice systems*. Palgrave Macmillan. https://doi.org/10.1007/978-3-030-70661-6_15

Schmucker, M., & Lösel, F. (2015). The effects of sexual offender treatment on recidivism: An international meta-analysis of sound quality evaluations. *Journal of Experimental Criminology*, *11*(4), 597–630. https://doi.org/10.1007/s11292-015-9241-z

Schmucker, M., & Lösel, F. (2017). Sexual offender treatment for reducing recidivism among convicted sex offenders: A systematic review and meta-analysis. *Campbell Systematic Review*, *13*(1), 1–75. https://doi.org/10.4073/csr.2017.8

Serran, G., Fernandez, Y., Marshall, W. L., & Mann, R. E. (2003). Process issues in treatment: Application to sexual offender programs. *Professional Psychology, Research and Practice*, *34*(4), 368–374. https://doi.org/10.1037/0735-7028.34.4.368

Tamwoy, N., Rosas, S., Davis, S., Farthing, A., Houghton, C., Johnston, H., Maloney, C., Samulkiewicz, N., Seaton, J., Tuxworth, G., & Bat, M. (2022). Co-design with Aboriginal and Torres Strait Islander communities: A journey. *The Australian Journal of Rural Health*, *30*(6), 816–822. https://doi.org/10.1111/ajr.12918

Ten Bensel, T., Gibbs, B. R., & Raptopoulos, K. (2019). The role of childhood victimization on the severity of adult offending among female sex offenders. *Victims & Offenders*, *14*(6), 758–775. https://doi.org/10.1080/15564886.2019.1630044

Tewksbury, R., & Mustaine, E. E. (2012). Parole board members' views of sex offender registration and community notification. *American Journal of Criminal Justice*, *37*(3), 413–431. https://doi.org/10.1007/s12103-011-9119-1

Tsopelas, C., Spyridoula, T., & Athanasios, D. (2011). Review on female sexual offenders: Findings about profile and personality. *International Journal of Law and Psychiatry*, *34*(2), 122–126. https://doi.org/10.1016/j.ijlp.2011.02.006

Tyler, N., Gannon, T. A., & Olver, M. E. (2021). Does treatment for sexual offending work? *Current Psychiatry Reports*, *23*(8), 51–51. https://doi.org/10.1007/s11920-021-01259-3

United Nations Office on Drugs and Crime. (2020). *Toolkit on gender responsive non-custodial measures*. United Nations. https://www.unodc.org/documents/justice-and-prison-reform/20-01528_Gender_Toolkit_complete.pdf

Van Voorhis, P. (2022). Defining and evaluating gender-responsive treatment. In S. L. Brown & L. Gelsthorpe (Eds.), *The Wiley handbook on what works with girls and women in conflict with the law: A critical review of theory, practice, and policy* (pp. 137–156). Wiley Blackwell. https://doi.org/10.1002/9781119874898.ch10

Wanamaker, K. A., Derkzen, D., De Moor, C., & Wardrop, K. (2018). *Women who sexually offend: A profile and program outcome study*. Correctional Service of Canada. https://publications.gc.ca/site/eng/9.861844/publication.html

Ware, J., Frost, A., & Hoy, A. (2010). A review of the use of therapeutic communities with sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, *54*(5), 721–742. https://doi.org/10.1177/0306624X09343169

Ware, J., Mann, R. E., & Wakeling, H. C. (2009). Group versus individual treatment: What is the best modality for treating sexual offenders? *Sexual Abuse in Australia and New Zealand*, *2*(1), 2–13. https://www.researchgate.net/publication/236619603_Group_Versus_Individual_Treatment_What_is_the_Best_Modality_for_Treating_Sexual_Offenders

Wikstrom, P. (2007). Doing without knowing: Common pitfalls in crime prevention. In G. Farrell, K. Bowers, S. Johnson, & M. Townsley (Eds.), *Imagination for crime prevention: Essays in honour of Ken Pease. Crime prevention studies* (Vol. 21, pp. 59–80). Criminal Justice Press.

Wright, E. M., Van Voorhis, P., Salisbury, E. J., & Bauman, A. (2012). Gender-responsive lessons learned and policy implications for women in prison: A review. *Criminal Justice and Behavior*, *39*(12), 1612–1632. https://doi.org/10.1177/0093854812451088

Yates, P. M. (2013). Treatment of sexual offenders: Research, best practices, and emerging models. *International Journal of Behavioral and Consultation Therapy*, *8*(3–4), 89–95. https://doi.org/10.1037/h0100989