

An Overview of the Literature about Female Sexual Offending

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Introduction

I am writing this article to share with others what I have discovered over the last few years, to increase others awareness of the subject and hopefully to open up discussion in this area.

I have been working now with sexual offenders for six years, mainly with adolescents 12-18 years, and occasionally with adults. I also work, with survivors of child sexual abuse, and over the years I have encountered many reports from victims who were abused by females. I became curious about the only occasional appearance of female perpetrators by reports from survivors and offenders themselves. So when attending a conference in the United States last year for sexual offender treatment providers, I participated in a 2-day workshop specifically dealing with treatment issues of female offenders and went to three presentations on the latest research. Hopefully what I have written will be of interest and also, encourage those who counsel female offenders of all ages to offer offence - specific treatment, since the profiles in the literature suggest that these women have unique needs that require specialised treatment.

The Effects On The Victims

Child sexual abuse affects the physical, emotional, psychological and spiritual well-being of children regardless of gender, age, race or socio-economic background. The effects on victims are similar whether male or female. In a study by Sgoror and Sargent (1993) the female survivors reported that sexual abuse by a close female relative – mother / sister / aunt - was the most shameful and damaging form of childhood victimisation they had suffered, and the one they found most difficult to disclose.

In spite of the damaging effects of abuse many victims find it hard to relinquish the stereotype of a benevolent and nurturing mother. Even today in the 90's we have vestiges of the cultural stereotype that women are nurturing and caring and society holds onto the belief that children are automatically safer in the care of women. 'Since, historically females have been viewed as non-initiators, limit - setters, and anatomically the receivers of sexuality, it is difficult for some to imagine a female sexually abusing others' (Matthews, Matthews and Speltz, 1989).

How Prevalent Is Female Sexual Offending

The awareness of child sexual abuse by women or adolescent girls is only recently beginning to emerge as a topic that can be discussed. There has been a resistance to acknowledging it with consequent under-reporting (Alien, 1991; Matthews, Matthews, and Speltz, 1991; O'Hagan, 1989). Agencies that provide care are generally not set up and adequately skilled at detecting women's involvement in child sexual abuse and consequently may leave children unprotected with known female offenders.

Relatively little research has been done on female sexual offending. Those studies that have been completed (eg; Brown, Hull and Panesis, 1984; Faller, 1987; Matthews, Matthews and Speltz, 1989; McCarthy, 1981; McCarty 1986; and Wolfe, 1985) have been with very small sample sizes which makes it difficult to make any clear generalisations about who female offenders are and what, if any are the relevant differences between male and female offenders. According to the sources quoted, female sex offenders account for approximately 2 - 5% of all sex offenders (Davis and Leitchberg, 1987; Groth, 1979; McCarty, 1986; O'Connor, 1987; and Song, Leib and Donnelly, 1993). Due to the following socio-cultural factors only the most overt acts of sexual abuse perpetrated by females are likely to come to the attention of the criminal justice system. Ryan (1991) cites the American National Task Force on female offending as saying that "identification and reporting are especially difficult in the case of female perpetrators because of the legitimate authority, easy access, and primary relationships females have to children in our society; as well as the legitimate genital contacts they have with children as a function of child care" (p.327). Kautman (1995) found that 31% of female perpetrators were the teachers or babysitters of their victims, as opposed to only

8% of males. Ryan (1991) also argues under-reporting and inaccurate identification may be due to societal denial and normalisation of female initiated behaviours. Groth (1979) reports that because the sexual offences of females are often more incestuous in nature, the children are more reluctant to report such contact when the offender is a parent and someone they are dependent on. There may also be more shame about the reporting of sexual abuse by a female, and when disclosure does occur it seems to happen later in therapy rather than earlier (Sgorr, 1989). Owing to this to probable under-reporting, and that population samples from which data are drawn vary, are often biased and very small, it is extremely difficult to come to reliable conclusions about the true extent of sexual offending by females.

Finklehor, Williams, Burns and Kalinowsid (1988, cited by Banning, 1989) in a 3 year study of reported sexual abuse in day care settings in the United States, report that women constituted 40% of abusers. This is a much higher incidence of women than in other settings and can probably be explained by the very low presence of men in day care settings (estimated to be 5% in that study).

What Type of Offences Are Committed By Females?

Female offenders, are most likely to know their victims and to have sexualised the relationship with their victim before they actually offend. They will be mothers, aunts, sisters, neighbour, or babysitters; and adolescent females will commit a high percentage of undetected offences while they are in a trusted position of childcare (Knopp and Lackey, 1987).

The molestations involve a variety of sexual acts including fondling, mutual masturbation, anal and a genital activities, pornography and sexual games (Johnson, 1987; Knopp and Lackey, 1987). Justice and Justice (1979) maintain that mothers more frequently engage in types of sexual acts that are less likely to get reported such as fondling, and caressing them in sexual ways.

Wolfe (1985) reports that the vast majority of female sexual offenders used persuasion, manipulation and guile on their victims as opposed to physical force or threats. Atkinson (1995) found that female offenders are less likely than their male counterparts to be predatory, or to use violence, denial, or minimisation. Few used force to coerce an accomplice or victim and those that did used less force than male offenders.

Kaufman, et al (1995) in his study on the victims reports of 53 female and 53 male perpetrators found females to be more exploitative, and seizing a convenient moment or using a weakness to coerce, while males were more likely than females to use force and bribery to obtain compliance.

Fehrenbach and Monasterskys (1988) study, found that nearly 54% of female adolescent sexual offenders who committed rape, either oral, anal or vaginal, penetrated using either an object or a finger. Kaufman et al (1995) found more females used a foreign object for penetration. Perhaps, he postulates, because they saw the male penis as a foreign object when they were being victimised. All of Fehrenbach's and Monastersky's offenders committed their offences independently, in secret, without accomplices or co-offenders. Fehrenbach and Monastersky's study found that unlike male adolescent offenders, there was interestingly little support for the notion that female sexual offending may be just one form of deviant behaviour in an otherwise delinquent adolescent.

However, despite Fehrenbach's and Monastersky's (1988) findings, that females commit their sexual offences secretly and on their own, other studies have shown 45% of adult female perpetrators as having a co-offender (Faller, 1987; McCarty 1986; Matthews, et al. 1991; Kaufman et al, 1995). Matthews (1987) originally distinguished between male-coerced and male-accompanied offenders. The former are usually involved with a paedophile and reluctantly participate in the abuse for fear of punishment. The latter usually participate more actively in the abuse of their daughters to keep a boyfriend. These women are usually of low to average intelligence and often addicted.

It is important to be cautious when assessing whether or not female offenders commit more hands-on or serious offences. Our society tolerates and even encourages nudity in females, and exhibitionism in a female might be labelled promiscuity. And who would feel threatened by peeping or an indecent phone call by a female? Or even consider it peeping or indecent? Some males may even think it a very positive experience.

Are There Differences Between Male And Female Sexual Offenders?

I think that it is important to remember, at this stage, that child molestation is primarily a male deviant behaviour, and that the percentage of females who do offend compared with males is extremely low. The salient features of male sexual offending are sex, power and aggression. The generalised differences between males and females is their attitudes to sexuality and relationships. Males having a drive for sexuality often disregarding a close relationship with the partner involved, whereas females are generally more interested in sensuality closeness, acceptance, and then

sexuality within the context of that relationship. Male physical aggressiveness provide reason to expect rates; of sexual offending by men to be very much higher than those of women. The rate of violent crime is much higher under almost all circumstances among men than among women (Daly and Wilson, 1988; Marvasti, 1986). In comparison to women, men desire more sexual partners, are more aroused by visual cues, and are more likely to use coercion to obtain and protect their sexual partner (Buss, 1988; Buss and Schmitt, 1993; Symons, 1979).

However, when it does happen Allen (1991) reports that when compared to male offenders, females are more likely to come from dysfunctional and abusive backgrounds. Non nurturing homes are the usual reality and verbal, emotional, physical and sexual abuse are an invariable part of their experience. (Faller, 1987; Wolfe, 1985; McCarty, 1986). Matthew (1993) suggests that they tend to be low status members of their peer group, and feel that they do not belong anywhere, often being friendless and willing to do anything for acceptance and approval.

A far higher percentage of female than male offenders report having a history of sexual victimisation. Typically, the PHASE programme in Minneapolis (Matthews, 1989) finds 71 % of female offenders have been sexually victimised compared to 39% of male offenders. Ryan (1993) has found that 93% of female perpetrators report sexual victimisation. Matthews and Matthews (1991) suggests that at least 50% of adult female offenders have post traumatic stress and personality disorders arising from previous sexual victimisation. Miller, Trapani, Fejes-Mendoza, Eggleston and Dwiggin, (1995) found that 65% of their adolescent female offenders studied reported sexual abuse experience as opposed to 13% of the male adolescent offenders. He found that once abused, they show more problems than males with self image, sexual attitudes, family relationships, vocational and educational goals, and difficulty in mastering their environment being the main areas of concern. There is a significant body of literature (Faller, 1987; Fehrenbach, 1988; Matthews, 1989; Miller, Trapani, Fejes-Mendoza, Eggleston and Dwiggin (1995) which argues that female abuse is an acting-out to gain mastery over their own victimisation experience, and to degrade as a way to mirror their own degradation. Faller (1987) found that females when compared to males abuse their own sex more, while Allen (1991) reported that a high percentage of adult female offenders were in physically abusive relationships. Against such trends are that of alcoholism and antisocial behaviour which has higher rates among male offenders.

It seems to be extremely rare for women to sexually offend against a stranger, probably because as Matthews (1993) found, women tend to fantasise about a relationship, and a perfect mate within that relationship, rather than act it out as males do. As the male offender tends to objectify the victim and concentrate on his own sexual gratification, the female offender may eroticise the relationship and anticipate the non sexual needs of closeness and acceptance. Thus, from the literature it is clear that females definitely commit sexual offences. Because of the lack of awareness of the problem only the very worst offences come to the notice of NZCYPs and the criminal justice system. However, there are female sexual offenders in our society and, as with male sexual offenders, its important that appropriate treatment be available, or the offending will continue.

Assessment

There are no well formulated theories of female sexual offending. The literature reflects attempts either to compare these offenders to their male counterparts or to develop typologies (Matthews, Matthews and Speltz, 1989). As I have noted earlier there is a lack of scientific literature in this area. However, there does seem to be an emerging consensus that male models of sex offending do not apply to female sex offenders, though some understanding of the male offending cycle is relevant. There also seems to be a lack of attention in the literature to matching typologies to level of risk and therefore development of treatment strategies, or removal of children from the home for safety needs (Atkinson, 1995).

Ruth and Jane Matthews from the Transition Place and PHASE have developed a typology that is useful when making assessments for long or short term treatment goals. It is important to remember the percentages quoted are theirs, and once again are from small sample numbers (51 adolescents; and 16 adults females).

This is the typology developed by Matthews, Matthews and Speltz (1987).

Explorer/Exploiter

1. Female abuser tends to be 16 or younger.
2. Acting out behaviour is uncharacteristic.
3. Victim is usually a young child (Birth -6) who is viewed as safe.
4. Sexual abuse is exploratory, isolated (usually 1 time), non-violent, impulsive (not preplanned) and often occurs in a babysitting situation.

5. Treatment: Outpatient short-term, psycho-educational, family based, female sex offender programme.

Teacher/Lover

1. Adult female, who views herself as an emotional equal to young adolescent males (females if lesbian) at the time of offence (regressed).
2. Recent history of abusive, conflictual, unfulfilled or failed peer relationships which has negatively impacted the women's self-esteem.
3. Victim is often a troubled or needy adolescent seeking attention/love/sex.
4. Sexual abuse is described as a consensual 'love affair' where the woman initially has difficulty seeing the behaviour as inappropriate.
5. Treatment Outpatient female sex offender programme (4- 12 months).

Predisposed - History of Abuse

1. Female who was abused sexually and often physically and emotionally as well as neglected as a child by at least one person, often a caregiver.
2. Resulting in anger, avoidant, dissociative, acting-out, intimacy, boundary and/or esteem issues.
3. Victim is usually a close relative, neighbour or offspring. More frequently a child close to the age at which the perpetrator herself was victimized.
4. More extensive and ritualized abuse, that is linked to the females own abuse/re-enactment, resolution/thinking error.
5. Treatment: Moderate to long-term Out-patient Day or Residential female sexual offender treatment or correctional institution if in denial.

Psychologically Disturbed

(Organic, Affective or Severely Personality Disordered)

1. Female acting alone or accompanied by another in offending.
2. Adolescent history of either severe psychological problems (i.e. suicide, psychosis, paranoia, depression, bipolar, schizophrenia) or conduct disorder (theft, assault, prostitution, drug addiction).
3. Crime tends to be more violent
4. Female is psychologically unstable at times of offence.
5. Treatment: Psychiatric or correctional institution, and possibly medication management

Male Coerced/Accompanied

1. Adult female who is initially coerced into abusing by a significant male.
2. Often reports a history of childhood abuse and frequently sexual and physical abuse as an adult. Hurt, non-assertive, isolated, dependent, low self-esteem, passive aggressive.
3. Victims are generally chosen by the male and include the women's children, relatives, and adult women.
4. The male begins the offending and due to the personality characteristics above, (often with threats or force) gains the female's compliance.
5. Treatment: Long-term outpatient, Day or Residential female sex offender treatment or correctional institution if in denial. Eventual separation from coercive male if he does not complete sex offender treatment.

So, as you can see, female sexual offenders vary widely in their motivations, choice of victims, and offending situations. Therefore accurate assessment is important to enable them to receive offence specific treatment.

Treatment

Most clinical programmes suggest treatment should include the two components of addressing the negative sequelae of the victimisation experience and skills training to prevent a relapse of their offending behaviour. Most of the programmes that I am aware of use supportive insight orientated group therapy to address the former and skills training to address the latter, and it is along these lines that we are developing our programme at SAFE.

I will mention various approaches used in treatment centres in America developed specifically for female offenders, but unfortunately there is no data to determine which of these approaches or their combination is the most effective.

Clark, at the Missouri Dept of Corrections does not consider problems associated with childhood sexual abuse to be a primary treatment need and she focuses on the offenders perpetration, and reducing denial and minimisation.

However most other treatment providers combine elements of the above programme with the development of a strong understanding of the relationship between the female sex offenders own experiences of sexual and physical violence, her abusive behaviour, and an emphasis on self control techniques and the monitoring of behaviour.

The Genesis II female sex offender treatment programme in Minnesota - one of the programmes that I attended a workshop on in America, has group therapy goals that are relapse prevention orientated and are much the same as those used with male sex offenders (i.e., Taking responsibility for sexually abusive behaviour; increasing victim understanding and empathy; increasing awareness of one's offence cycle; and generating alternative strategies to meet ones needs without victimising others). They also emphasise the importance of the perpetrators own abuse history and have specific treatment groups for increasing self esteem, defining and understanding their own sexuality; reducing their dependence on male partners; and reducing their shame and self hate. Matthews, (1987) says it is important to remember that in spite of between 50 -80% claiming to be victims, they are not all victims, and more issues need to be addressed than their own victimisation.

Saundra Johnson, from Colorado, works mainly with adolescent black Americans, and heavily emphasises ego and self esteem issues as well as taking responsibility for their abusive behaviour and developing plans to live non abusive lives. She works with groups in a very creative artistic way using drawing, masks and games, since the girls she is counselling often have little ability to concentrate for long periods. She has found 9 - 11% of her adolescent female offenders had Attention Deficit Disorder compared to a general population figure of 3%.

Conclusion

The aim of this article was to challenge views about the possibility of 'nurturing caring' females sexually offending against others. It seems likely that there is a greater degree of this type of offending in our society than we like to think.

I hope the article has widened your knowledge base about female sexual offenders, opened up discussion, and also possibly encouraged those counselling female sexual offenders to reflect on your own clinical practice.

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