

A COMPARATIVE STUDY OF FEMALE SEX OFFENDERS AND FEMALE OFFENDERS:
EXPLORING ISSUES OF PERSONALITY,
TRAUMA, AND COGNITIVE DISTORTIONS

by

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(Under the Direction of Kevin DeWeaver)

ABSTRACT

Although crime rates are declining in recent years, crime rates for women are increasing. Incarceration rates have increased for women by 121% in the last 12 years (compared to an 84% rise for men) (Sacks, 2004). In comparison to the general population, female offenders tend to have higher levels of chemical dependency, personality disorders, childhood trauma histories, including sexual abuse (DOJ, 1992; 1994). In the last 10 years, sexual crime committed by women has been identified and adjudicated at higher frequencies. Few studies have investigated the characteristics of female sex offenders, factors and/or causes of female deviance, and how best to rehabilitate them. Research to date has been descriptive in nature, with few comparison studies. Since women share the similar socialization, sexual development, trauma histories, and gender-specific issues, the pathway to female sexual deviance is unclear.

This study used a correlational design, comparing two independent groups. Three valid and reliable test instruments, the Multiphasic Sex Inventory – II (female version) (MSI-II), the Substance Abuse Subtle Screening Inventory – 3 (SASSI-3), and the Childhood Trauma Questionnaire (CTQ), were used to identify differences between female sex offenders and other

female offenders in the areas of personality disorders, chemical dependency, childhood trauma, sexual trauma, emotional neediness, cognitive distortions, and social competence. A sample of 130 incarcerated females, 60 sex offenders, and 70 non-sexual offenders, was used.

Results indicate few differences exist between female sex offenders and female non-sex offenders. Significant results were found in the areas of total childhood trauma and severity of sexual abuse suffered, as well as in differences in the area of social and sexual competence. No differences were found in use/abuse of substances, personality disorders, emotional neediness or cognitive distortions. Implications for identification, adjudication, and rehabilitation of female sex offenders are discussed.

INDEX WORDS: Sexual abuse, Female sex offenders, Personality disorders, Childhood trauma, Social competence, Social work.

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DEDICATION

I dedicate this dissertation to my mother, Edith McCarthy, who never stops believing in me; to my father, Eugene P. McCarthy, whose memory guides my quest for knowledge and peace; and to my children, Jacob and Annie Mac, my lights into the future.

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CHAPTER 1

INTRODUCTION

Women who break the law are a largely ignored population, both from a societal and cultural perspective, as well as the focus of research. Research into female crime, and female sex crime in particular, has been overshadowed by male criminality. Men commit a huge majority of the crime in American culture, and they commit approximately 95% of the sex crimes in America (Finklehor, Hotaling, Lewis, & Smith, 1990; Russell, 1983; Wyatt, 1985). Detection of and enforcement against female offenders has been varied and inconsistent over the years. However, attitudes have shifted in recent decades regarding crime in general, crime committed by females, and sexual crimes committed by both males and females. In recent years, women have been identified and arrested for committing more violent offenses, including sexual offenses. Politically and socially, policies have gravitated toward a “get tough on crime” position, involving increased rates of incarceration, mandatory sentencing, longer sentences, two and three strikes legislation, and Megan’s Laws, requiring mandatory registration and community notification for convicted sex offenders. This shift is evident in the statistics of both male and female sexual and non-sexual offenders.

Female crime has increased gradually and steadily since the 1970s (Greenfeld & Snell, 1999; Henderson, 1998). Increased drug use among women has contributed to increases in burglary, robbery, forgery, theft and prostitution (Anglin & Hser, 1987; Inciardi & Pottieger, 1986; File, 1976). Allen and Simonsen (1986) studied female crime statistics over a 5-year span (from 1978-1982), finding that the arrest rate for female offenders increased by 16.2%, while

arrest rates for males rose only 12.4%. For violent offenses, Allen and Simonsen reported a 20% increase for women, tripling the decrease shown for male violent offenders. Between 1983 and 1992, total female arrests increased 37.5%; arrests for violent crimes rose nearly 73% (Flowers, 1995; US Department of Justice [DOJ], 1992). During the ten-year span of 1993 to 2002, all crime, and violent crime in particular, had declined (DOJ, 2002). However, during that same ten-year period, arrest rates for adult females rose 14.1%, and arrests rates for females under age 18 rose 6.4%, while arrests rates declined for adult males by approximately 6%, and 16.4% for males under age 18 (DOJ, 2002).

There was a time when incest was considered rare (Weinberg, 1955). Freedman, Kaplan, and Sadock (1975) suggested that the incidence of father-daughter incest was one in a million. Only 6,000 cases of sexual abuse were reported to child protective agencies in 1976, compared to 132,000 identified cases in 1986 (American Association for the Protection of Children, 1988). By 1997, 844,320 new cases of child sexual abuse were accepted by Child Protective Services in the United States (Prevent Child Abuse America, 1998). Sexual victimization and offending has become a constant and provocative problem. Increased awareness and extensive publicity of this issue reveals the horror, trauma, and long-term consequences of these devastating crimes. Some experts believe it is a major public health issue (Abel & Harlow, 2001; Bolen, 2001).

According to some estimates, sexual assault affects 10% of boys and 20% of girls (Finkelhor et. al., 1990) and 10-20% of adult women (Koss, Goodman, Browne, Fitzgerald, Keita, & Russo, 1994). According to the Bureau of Justice Statistics (DOJ, 2000), there were 261,000 victims of rape, attempted rape, or sexual assault in the year 2000. Finkelhor (1994) estimated that approximately 500,000 children are sexually abused in the US each year. Findings from the National Incident-Based Reporting System (NIBRS) found that in the years

from 1991 to 1996, 67% of all victims of sexual assault reported to law enforcement agencies were juveniles (under the age of 18); 34% of all victims were under age 12. One out of every 7 victims of sexual assault was under age 6 (DOJ, 1997).

However, these statistics remain suspect. Since most sexual offenses do not come to the attention of the authorities, these numbers represent only a small fraction of the actual sexual assaults being committed. According to a national survey conducted by the US Department of Justice (DOJ) (2000) on crime victimization, only 28% of respondents who indicated being raped or sexually assaulted had reported the crime to law enforcement. Approximately 62% of the female self-reported rape victims knew their assailant. Similar findings are reported with the sexual abuse of children. In a study of adolescents, of the children aged 10 – 18 who self-reported being sexually abused, 48% of the boys and 29% of the girls had not told anyone about the sexual assault (Davis, 1997). Of the 2,209 forcible rapes reported in 1999 in the State of Georgia, only 671 (30%) resulted in arrests. The number of prosecutions and convictions of sexual offenders was even lower (Georgia Department of Human Resources, 2000). Since most victims do not disclose the sexual abuse to the authorities, the official crime statistics present an inaccurate picture of sexual abuse in the US.

In those cases of sexual abuse reported to the authorities, women perpetrators comprise about 4% of the cases (DeFrancis, 1969; Finkelhor & Russell, 1984; Kercher & McShane, 1985). However, the cases that come to the attention of the authorities may not accurately reflect the percentages of females in the population who are sexually abusing children. Studies of victims have found that a greater percentage of females are committing sex crimes than had been identified through formal channels (Briggs & Hawkins, 1995; Crewdon, 1988; Etherington, 1995; Faller, 1989; Finkelhor, et al, 1990; Ramsey-Klawnsnik, 1990; Weber, Gearling, Davis &

Conlon, 1992; Ziotnick, Begin, Shea, Pearlsein, Simpson & Costello, 1994). In studies of college students, it appears approximately 13%, of both male and female students who had been sexually abused, had been abused by a female perpetrator (Condy, Templer, Brown & Veaco, 1987; Haugaard & Emery, 1989; Hislop, 2001; Schultz & Jones, 1983). This wide discrepancy in rates of female sexual abuse is due to a variety of factors including numerous and varied definitions of sexual abuse, differing research methodologies, reporting bias, fear, disbelief, misinformation, or simply not asking the right questions. As a result, little is known about female sexual offenders, their pathways to crime selection, seriousness of offenses, risk factors for recidivism and effective intervention strategies.

Culturally, we are reluctant to acknowledge that women are capable of committing crimes. We view women as passive and dependent individuals, with little power or ability to hurt others. We use denial as a coping mechanism to avoid acknowledging that women are capable of sexually abusing others. Denial helps us hold onto the belief that women are nurturing, warm, and caring. The socialization process of women differs from that of men, in that it emphasizes attachment, affiliation and caretaking (Miller, 1976; Gilligan, 1982; Goodrich, 1991). Women tend to base decisions and choices on connection and concern for those around them, rather than on individual autonomy and self-preservation (Gilligan & Antanucci, 1988; Goodrich, 1991; Newman & Newman, 1999; Zastow & Kirst-Ashman, 2001). Since males are socialized toward aggression, autonomy, and disconnection (Hyde & DeLamater, 2000; Lips, 1995) and they commit the preponderance of crimes against others, we believe that women, as a result of their socialized gender roles, dependency, and passivity, are not capable, nor prone to commit offenses against others.

Due to the lack of understanding and exploration into their lives and choices, women criminals remain a distorted picture. We tend to view them only when some horrific crime or prison circumstance makes their lives public. They remain hidden behind theories developed to explain male criminal behavior. Women lawbreakers have either been ignored in the most prominent theoretical developments or added on to studies focused on men (Bloom & Covington, 1998). Theoretical explanations proposed to explain sexual deviance include social learning theory, the theory of psychopathic (antisocial) personality disturbance (Hare, 1991; Quinsey, Lalumiere, Rice, & Harris, 1995; Yochelson & Samenow, 1976), behavioral theories, including the conditioning of inappropriate sexual arousal. Evaluation of these frameworks with female sex offenders is needed. The cognitive-emotional-behavioral model (Nichols & Molinder, 1984) may have benefit in explaining female sexual crime, as it does in explaining male sexual offending. Another promising theoretical framework for explaining female sex offending may be the association between childhood maltreatment and Post Traumatic Stress Disorder (PTSD). However, applying theories of male crime and delinquency to female crime has missed the realities and complexities unique to women and their pathway to criminal behavior (Bloom & Covington, 1998). Crimes committed by women cannot be examined separately from the patriarchal culture in which women are socialized and behave (Sommers, 1995; van Wormer, 2001).

Gender plays a significant part in the identification and adjudication of female criminals. Historically, crime committed by women is dismissed or treated lightly by the authorities. Pollack (1950) claimed that arrest differentials exist and are systematically biased favoring women. Female crime is less likely to be reported and less likely to result in arrest (Adler, 1975; Chesney-Lind, 1977; Frazier, Bock, & Henretta, 1983). Paternalistic attitudes of judges, police,

investigators, and child welfare workers have tended to minimize the frequency of crimes committed by women, as well as the damage and trauma caused to victims of female crime. They have displayed a sense of benevolence toward female offenders due to consideration of them as the weaker sex (Chesney-Lind, 1977; Culliver, 1993; Frazier, Bock , & Henretta, 1983; Pollack, 1950; Steffensmeier & Kramer, 1982) When compared to male offenders, Krohn, Curry and Nelson-Kilger, (1983) found that females were less likely to be referred for prosecution for felony and misdemeanor charges. Others have noted that the courts have treated females more harshly when they have a prior criminal history or a more serious crime has been committed (Allen & Simonsen, 1986; Foley & Rasche, 1976).

For women, “deviance” meant stepping out of the stereotypical female role. When females behaved in ways incongruent with the norms and social roles imposed on them by the culture, they were viewed as “deviant.” Female crime typically consisted of shoplifting and prostitution. Women who committed serious or violent offenses were viewed as pathological or mentally ill. However, in the 1970s this began to change, as more women turned to crimes typically committed by men, like larceny, fraud, forgery, embezzlement, assault, and violent crimes (Culliver, 1993; Henderson, 1998; Mannie & Hirschel, 1982; Steffensmeier & Steffensmeier, 1980). After the women’s rights movement of the 1960s and 1970s, several authors noted the decrease in benevolence toward women offenders, with increased arrests and prosecutions (Adler, 1975; Allen & Simonsen, 1986; Haskell & Yablonsky, 1973; Simon, 1975). These authors suggested that the change in women’s roles and lifestyles, quest for equality, and exposure to the economic and social struggles historically reserved for men, might have contributed to this new trend.

If we are so quick to deny the existence of female criminals in general, what response is expected toward women who commit sex crimes? There is much societal denial and taboo surrounding the acknowledgement and understanding of women who sexually abuse children. Although cases of female sexual abuse of children have been documented since the 1930s (Wulffen, 1934; Chideckel, 1935; Bender & Blau, 1937), women sexual offenders have remained well hidden. Either the abuse is not found out for many years or if discovered, it is dismissed or disbelieved.

Only recently has attention been drawn to this population of abusers. Cases have made their way into newspapers, books, and public stories by reporters, therapists and individual victims. It has only been since the mid-1980s that a small sample of female sex offenders have been described in the scientific literature, and only since the 1990s has this group been studied more systematically (Hislop, 2001). For the past decade, female sex offenders have been a growing population of criminals coming to the attention of the judiciary, corrections, police detectives, mental health professionals and social workers. Historically, female sex offenses have predominantly consisted of prostitution and commercialized vice. In 1992, these accounted for nearly 90% of all female sex crime arrests. Almost 11% of arrests of women were for sex offenses other than forcible rape and prostitution. Forcible rape accounted for less than 1% of arrests, yet was the fastest growing sexual offense committed by women (DOJ, 1992). In 2002, although all crime, and violent crime in particular had declined, arrests for forcible rape by adult women was up 4%, and up 73% for females under the age of 18 (DOJ, 2002). As this group of female criminals increases, identification and treatment are necessary to reduce harm to children.

The words 'sexual assault' and 'sexual aggression' typically connote images of male perpetrators and female victims (Denov, 2003; Byers & O'Sullivan, 1998). Sexual offenses

committed by women may be classified under a variety of charges. Since the traditional definition of 'rape' has been the force or coercion of a female by a male perpetrator. Sexual offenses can range from forcible rape and aggravated child molestation, to exposure of genitals and voyeurism. Women who commit sexual crimes may be charged with sexual assault, sex offenses, or simply assault. There is no standard charge for a sexual offenses committed by a female.

Female sexual abuse of children is a difficult picture for many to imagine. Typically, we imagine the father, stepfather, or male acquaintance molesting young or adolescent girls. Boys who reported having sexual contact with adult females were considered lucky. They did not see themselves as victims of sexual abuse, nor did society. Societal norms make acknowledgement of women sex offenders and their crimes difficult to comprehend and to publicly discuss. Historically, these crimes have been underreported and unidentified by victims, and easily dismissed by adults (Hislop, 1999; Allen, 1991). However, female sex offenders cause much harm to their victims, leaving lasting consequences and scars on their emotional, psychological, and sexual development. Both male and female victims report severe negative consequences as a result of female sexual abuse (Krug, 1989; Hislop, 2001; Rosencrans, 1997).

Relevance to Social Work

Social workers have increasingly become involved in forensic settings providing services to at-risk youth, offenders, and crime victims. Often times, social workers provide the treatment programming in jails, prisons, mental health clinics, and hospitals (Roberts & Brownwell, 1999). Social workers develop clinical interventions, conduct therapy, and consult with staff on rehabilitative issues. They provide expert testimony in courts on issues of domestic violence, offender risk assessment, and programming possibilities. Social workers are on the front lines in

the war on sexual abuse. They investigate reports, interview victims and families, and make decision daily on the risk, and subsequent safety of children. They, like many professionals, remain uncomfortable making judgments about the behavior of mothers, and relations between mothers and children (Rosencrans, 1997). Social workers are increasingly involved in the identification, evaluation, and treatment of sexual offending (Maletzky, 1991). Social workers working in child welfare settings increasingly face the possibility of a mother or other female being involved in sexual abuse of the children. Although men make up the largest percentage of sexual abuse perpetrators, Margolin and Craft (1989) found biological mothers and female babysitters posed the greatest threats of female sexual abuse to children. In studying the decision making process of social workers and the police, Hetherington and Beardsall (1998) found both groups considered social service involvement, adjudication, and imprisonment more necessary in cases with male perpetrators, and less warranted in cases with female perpetrators.

Social workers develop interventions. They use the empirical data to inform the development of effective and efficient treatment for a variety of client groups and mental health issues. Further empirical investigation is needed to better prepare social workers for this task, and to inform training and education. Social workers are committed to the reduction of sexual assault, and to the increased awareness necessary to achieve that goal. Social workers have an ethical responsibility to inform their practice by investigating the varied possibilities available.

Rosencrans (1997) insisted that “standards are needed with which we can make judgments about intent and effect” (p. 27). This present study attempts to provide specific information about the differences between female sex offenders and other female offenders to help formulate those standards, guidelines, and skills necessary for social workers and other

mental health professionals. The information and data provided here may be helpful in identifying these offenders, and in developing treatment modalities and interventions.

Statement of the Problem

Since the 1960s, the rate of female crime has risen steadily, and at a higher rate than male crime (Flowers, 1995; Henderson, 1998; Greenfeld & Snell, 1999). Incarceration rates have increased for women by 121% in the last 12 years (compared to an 84% rise for men) (Sacks, 2004). Costs of crime have become a major issue, especially in recent years as state and federal budgets have been stretched to their limits. Everyday, officials are looking for ways to cut budgets. As the rate of crime has increased, the costs associated with incarceration and rehabilitation have also increased. Offenders are imprisoned to keep the community safe; yet, at some point these offenders will be released. Some form of rehabilitation is vital to ensure safety and reduce the chances of recidivism. Intervention programs, especially those conducted in prisons, must be cost effective. They must be designed to meet the needs of the offenders, as well as the larger goal of reducing reoffense. Yet, research into female crime and female sexual assault has been scant, offering little knowledge about the characteristics of female criminals and sex offenders, factors and causes of female deviance, differences in female criminals, and how best to rehabilitate them. Few theoretical frameworks have been postulated to explain female sex crime, adding little to the development of effective interventions to reduce further victimization.

Research is limited in the area of female sex offenders. What is available is descriptive in nature and based on single or very small samples. Numerous studies described the characteristics of these women (Evert & Bijkerk, 1987; Welldon, 1988; Mathews, Matthews, & Speltz, 1989; Allen, 1991). Researchers have made attempts to organize the data into categories

or typologies (Faller, 1987; Mathews, Matthews, & Speltz, 1989; McCarty, 1986) to better understand these offenders. Yet, they appear a varied and complex group, coming from all socio-economic, racial, educational and age groups. More data on the specific characteristics of female sex offenders are necessary.

More information regarding the dynamics and characterological issues of sex offending women is crucial to the development of effective treatment and intervention programs. Currently, treatment is haphazard and untested, dependent upon the skill and knowledge of the professionals involved, expertise of those in the geographic area, and the commitment of the local prison staff and administration. Few treatment programs are conducted specifically for female sexual offenders. In prison settings, programming is general and inclusive of women with all types of offenses. Interventions and programming are based on models designed for male sexual offenders. Anecdotal information from experts in the field suggests that this misses the mark for these women. Adjudication and judicial decision-making are also based on haphazard, emotional-based reactions, rather than on empirical data about this special population. With no valid risk assessments instruments available, it is very difficult to assess risk and develop appropriate safety plans for children. Child protection workers and mental health professionals working with children need to begin asking questions pertaining to female sexual abuse. This ignorance and lack of investigation leaves children in harm.

This lack of research provides us with an unclear picture of the patterns of offending, the profiles of female sex offenders, and how they are different from women who commit non-sexual offenses. Societal bias against the recognition of females as potential sexual aggressors has allowed them to remain beyond the scope of inquiry. Policy makers, mental health, and child protection professionals need more information about this population of perpetrators to

better recognize the problem, identify and protect victims. Much of what is assumed about female sex offenders is based on the information gathered from studies on male sex offenders. We know that female sex offenders differ from male offenders in numerous ways (Allen, 1991).

It is the purpose of this study to investigate the differences between females who commit sex crimes and females who commit non-sexual crimes. In comparing the two groups, it is hoped that differences may be identified in childhood trauma histories, including physical and sexual abuse histories, cognitive distortions about previous abuse and trauma, personality disorders, social competence, and feelings of neediness and dependence.

Some important questions to be answered are the following:

- How are female sex offenders different from other female offenders?
- Do female sex offenders require specialized treatment options that differ from the general treatment protocols for female criminals?
- How do these two groups of female offenders differ regarding childhood trauma history?
- How do these two groups differ regarding personality dynamics, emotional neediness, social and sexual competence, and cognitive distortions to support their deviance?
- How do they differ in terms of substance abuse use and abuse?

The answers to these questions have strong implications for identification, assessment, and treatment of this unique and growing population. In an attempt to answer these questions, this study used a correlational design, comparing two independent groups, a sample of female sex offenders and a sample of female non-sex offenders, on the same measures. T-tests and

Pearson's correlations were used to assess the existence and strength of the relationships between the variables.

The following chapters lay the groundwork for a comparison study of female sex offenders incarcerated in the State of Georgia. Chapter 2 provides a comprehensive review of the current literature on female sexual offending, the prevalence, the victims, and the typologies formulated thus far. Chapter 3 presents the conceptual framework for this study, enumerating the theories postulated to explain female sex offending, the variables to be studied, the operationalization of those variables, and the hypotheses put forth for testing. Chapter 4 presents the study methodology, including the sample, procedures, and the validity and reliability of the instruments used to measure differences in the variables under investigation. Chapter 5 presents the results of the hypotheses testing. And finally, Chapter 6 discusses the results of the study in relation to the current literature and implications for practice and treatment of female sex offenders.

CHAPTER 2

REVIEW OF THE LITERATURE

Historically, criminology research has been male-centered, conducted by male researchers on male subjects. Merton (1938, 1957) ignored women in his strain theory. Becker (1963) also avoided consideration of women in his labeling theory. In their theory of differential associations, Sutherland and Cressey (1966) treated women as adjuncts. They compared the differential rates of crimes between males and females, concluding that women commit less crime because there is far more socialization and expectation that girls learn to get along, be nice, and remain in a protective environment. Boys, on the other hand, are given more freedom to associate with unsavory elements, leading to more criminal behavior (Sutherland & Cressey, 1966). Hirschi (1969) focused only on males in his development of control theory.

The results and assumptions of male-centered research have led to generalizations applied to the understanding of women criminals. In developing role theory, Parsons (1949) viewed women as passive, nonviolent, and nurturing; therefore, explaining the lower crime rate for women compared to men. After studying five hundred women in prison, the Gluecks (1934) acknowledged that women must cope with a “complicated network of biologic and socio-economic deficiencies” (p. 322). However, they explained the criminal behavior of women as a result of disturbed personality factors, calling them a “sorry lot” who were burdened with “feeble-mindedness, psychopathic personality, and marked emotional instability” (p. 299).

Several theoretical arguments have been presented to explain female crime. Early theories, influenced by Freud and psychoanalytic thinking, postulated that female crime was

sexually driven (Glueck & Glueck, 1934; Pollak, 1950; Thomas, 1923). Role or opportunity theorists suggested that females engage in crime when legitimate avenues to reaching social goals are closed, and illegitimate ones are open (Cloward & Ohlin, 1960). In their “power-control theory,” Hagan, Simpson, and Gillis (1987) suggested that female crime is induced by economic factors, social class status, and family structure. Postulating a sociopolitical view, Chesney-Lind (1986) suggested that the rise in female arrest rates is due in part to angry police and the erosion of the “chivalry” hypothesis. Chesney-Lind also suggested that girls being victims of physical and sexual abuse in their homes lead them to run away, become truant, engage in petty theft, possibly leading to escalated forms of crime. Other theorists have suggested that female crime is a function of increased access and opportunities to engage in crime due to the liberation of women in the equal rights movement (Simon, 1975). However, critics contended that this argument is weak since most females criminals are poor, uneducated, unemployed, and have not taken part in nor reaped the benefits of the women’s movement (Crites, 1976; Weis, 1979). Still others have suggested a “constructionist” argument; that is, criminal rates and kinds of activities have changed little, but what has been defined as criminal and problematic has changed significantly (Hazelrigg, 1986; Lopata, 1984; Woolgar & Pawluch, 1985). In contrast, the traditional argument says the rates are a reflection of an increase in the amount of female committed crime. More attention is being paid to the problem because it is happening at higher frequencies (Woolgar & Pawluch, 1985). Peugh and Belenko (1999) attributed the rise in the female incarceration rates to the increase in the abuse of illegal drugs, and the enforcement of increasingly punitive anti-drug legislation.

However, the rates of female crime have increased exponentially in the last three decades. In reports adapted from the Uniform Crime Reports from 1960-1969, Durant (1993)

found total arrests for females had risen 56%, compared to only 20.3% increase for men. From 1970-1979, arrest rates for women rose 24.2%, compared to an increase of only 3.4% for men. From 1980-1989, arrest rates for total crimes committed by females rose 47.9%; while total arrests for men rose only 23.9% (Durant, 1993). For women, property and violent crimes lead to higher increases. These crime rates resulted in significant growth in the prison population. In 1976, according to Sullivan and Victor (1988/1989), there were about 11,000 females in state and federal prisons. By 1986, the number was 26,000, a rise of 138%; while the percentage of men imprisoned rose only 94% in the same period (Culliver, 1993). From 1990 to 2002, the number of women in state and federal prisons increased by 121%, compared to 84% increase in men (Sacks, 2004).

Prevalence of Female Crime

Female crime has increased gradually and steadily since the 1970s. Increased drug use among women contributed to increases in burglary, robbery, forgery, theft, and prostitution (Anglin & Hser, 1987; Inciardi & Pottieger, 1986; File, 1976). Allen and Simonsen (1986) studied female crime statistics over a 5-year span (from 1978-1982), finding that the arrest rate for female offenders increased by 16.2%, while the arrest rate for males rose only 12.4%. For violent offenses, Allen and Simonsen reported a 20% increase for women, tripling the decrease shown for male violent offenders. Between 1983 and 1992, total female arrests increased 37.5%; arrests for violent crimes rose nearly 73% (Flowers, 1995; US Federal Bureau of Investigation [FBI], 1992). During the ten-year span of 1993 to 2002, all crime, and violent crime in particular, has declined (FBI, 2002). However during that same ten-year period, arrest rates for adult females rose 14.1%, and arrests rates for females under age 18 rose 6.4%, while arrests rates declined for adult males by approximately 6%, and 16.4% for males under age 18 (FBI,

2002). Women incarcerated for violent offenses rose 28%. Between 1995 and 2001, violent crime accounted for 49% of the increase in the number of women in state prisons (Harrison & Beck, 2003; St. Gerard, 2003), 75% of which were involved in simple assault (Greenfeld & Snell, 1999). Drug offenses accounted for the largest growth in the female population (35%), compared to only a 19% increase for males (DOJ, 2001).

Characteristics of Female Offenders

Female offenders were found to be typically young, poor, nonwhite, unmarried, mothers, and high school dropouts; many used drugs and alcohol, and were victims of physical and sexual abuse (Cole, 1989; Culliver, 1993; Greenfeld & Snell, 1999; Glick & Neto, 1977; McDonough, Inglehart, Sarri, & Williams, 1981). Nationally, the majority of women in prison are Black (Greenfeld & Snell, 1999). National numbers of females in state prisons reveal that 46% are Black; while 39.6% are Caucasian, 14.2% are Hispanic, and 3.6% identify as “other” (DOJ, 1994). The vast majority of female offenders come from single parent homes, where they experienced some form of child abuse (DOJ, 1994). More than 4 in 10 women in jail or prison reported being victims of child abuse (DOJ, 1992; DOJ, 1994). Of incarcerated women, about 33% reported they had been sexually abused before the age of 18 (DOJ, 1992). Eight of every 10 female inmates in state prison have used drugs at some point, with more than one-third being under the influence of drugs during the time of the offense for which they are incarcerated (DOJ, 1994). Approximately 85% of incarcerated women are single mothers of dependent children (Maeve, 2000).

The majority of female criminals are recidivists. Almost 50% of all females inmates in state prisons had been in prison or on probation at least twice; 33% three or more times; and more than one in seven had prior convictions of six times or more before coming to prison (DOJ,

1994). Most of the recidivism of females was for nonviolent crimes, 46.1% compared to 25.7% recidivists for violent offenses. However compared to male offenders, female offenders tend to have shorter criminal records. Just over one-half (51%) of females had committed one or no prior offenses, and 66% had two or fewer prior offenses, compared to 39% of male who had one or no prior offenses, and 55% who had two or fewer (DOJ, 1994). Women tend to serve fewer years in prison. Two in every 10 female inmates have had a juvenile criminal record, while 4 out of every 10 male inmate have had a juvenile record (DOJ, 1994).

Gender-related differences in substance abuse have been noted in the literature. It is estimated that up to 80% of female inmates have substance abuse problems (Blanchard, 1999). Women in state prisons reported higher incidence of drug use at the time of their offense than men (40% versus 32%) (Greenfeld & Snell, 1999). Fifty-six percent of women report participating in drug treatment at some time prior to their incarceration, compared to 41% of men (Greenfeld & Snell, 1999). While male inmates report higher alcohol use, female inmates report higher use of non-alcohol substances, using drugs more frequently, and using harder drugs than men (Langan & Pelissier, 2001). In interviews with more than 10,000 female arrestees, more than 60% tested positive for at least one drug (National Institute of Justice, 2000). Cocaine was detected most frequently, with marijuana ranking second, followed by methamphetamine (National Institute of Justice, 2000).

Men and women in prison have higher rates of co-occurring substance and mental disorders compared to the general population (Rock, 2001). However, women have been found to have higher rates of substance abuse and dependence, and mood disorders, borderline personality, and antisocial personality (Jordan, Schlenger, Fairbank, & Caddell, 1996; Maden, Swinton, & Gunn, 1994), in addition to increased rates of lifetime trauma (Jordan, et al., 1996).

Compared to male inmates, female offenders have suffered greater lifestyle problems related to mental health, childhood family environment, lack of education, adult social environment, and physical health (Langan & Pelissier, 2001), and are more likely to report depression, anxiety, low self-esteem, and use of prescribed medications for psychological problems (Peters, Strozier, Murrin, & Kearns, 1997). A national sample of female arrestees found 7% to have serious mental disorders, with 11% having anxiety disorders, 8% dysthymia, and 45% antisocial personality disorder (National GAINS Center, 1997). Many women in prison are diagnosed with Borderline personality disorder (Maeve, 2000). Of women entering prison, 59% had at least one mental disorder, excluding substance abuse/dependence (Parsons, Walker, & Grubin, 2001).

Women in prison have suffered extensive physical and sexual abuse as children, and as adults (Greenfeld & Snell, 1999; Heney & Kristiansen, 1998; Maeve, 2000). It is estimated that 50 to 60% of women in the criminal justice system have experienced childhood and/or adult physical and sexual abuse (Browne, Miller, & Maguin, 1999; Bureau of Justice Statistics, 2001; Greenfeld & Snell, 1999), compared to approximately 33% found in the general population (Gil-Rivas, Fiorentine, Anglin, & Taylor, 1997). Physical and sexual abuse has been associated with violent crimes (Bureau of Justice Statistics, 1997; Harlow, 1999); drug use (Heney & Kristiansen, 1998; Maeve, 2000), high risk sexual behaviors (Mullings, Marquart, & Hartley, 2003); and, co-occurring substance abuse and mental disorders (Alexander, 1996).

Female Sexual Abuse

Definitions of sexual abuse are socially constructed. Society dictates the norm; what is outside the norm; what behaviors are tolerable, and which are not. The law is a reflection of the cultural norms. Law enforcement and judicial officials, mental health, and child protection professionals are influenced by the norms and myths of the culture. Our culture endows women

with natural maternal instincts to protect and nurture their children. Historically, we have not seen women as pursuing and enjoying sex, but rather as victims of sexual assault and victimization. We have not seen women as sexual aggressors or abusers. It is commonly believed that women cannot commit sexual offenses. In a study of gender differences in the adjudication of sex crimes, Nagel (1981) noted “females whose offense is more consistent with sex role expectations seem to experience less harsh outcomes than females whose offense is less traditional” (p. 114). James and Nasjleti (1983) pointed out that children themselves do not view mothers (nor fathers) as sexual beings. However, we know that women of all ages have abused both male and female children of all ages (Briggs & Hawkins, 1995; Hislop, 2001; Rosencrans, 1997). It has been documented that infants, young children and adolescents have been the victims for female sex offenders (Chasnoff, Burns, Chissum & Kyle-Spore, 1986; Finkelhor, Williams, & Burns 1988; Johnson, 1989; Ogilvie & Daniluk, 1995).

Since much of the research has indicated that the majority of sexual abusers are men (Finkelhor, 1979; Finklehor, Hotaling, Lewis, & Smith, 1990; Knopp & Lackey, 1987; Mrazek, Lynch & Bentovim, 1987; Russell, 1983; Wyatt, 1985) seldom is the question of female perpetration even asked. Countless authors (Butler, 1978; Herman, 1981; Miller, 1985; Sgroi, 1982) exposed child sexual abuse as women survivors disclosed the abuse of their childhoods. The overwhelming majority of victims were girls who had been sexually victimized by their fathers. With these strong statistics, clinicians, social workers, detectives, and the public at large, have failed to ask about sexual abuse perpetrated by women. Once the question began being asked, victims came forward disclosing sexual abuse by females, providing the first information about this population of victims (Elliot, 1994). Michele Elliot (1994) reported that after a British television show, “This Morning,” opened a hotline for callers to talk about sexual abuse by

women, they had over 1000 calls in the course of the day. Ninety percent of these victims had never told anyone of the abuse.

Allen (1990) postulated three compelling reasons why it has taken so long to recognize sexual abuse of children by women. The first barrier to this recognition is the overestimation of the strength of the incest taboo. This belief is rooted in Freudian psychoanalytic theory and its enormous influence on Western thought regarding sex, sexuality, and sexual abuse. Although all 18 of his patients reported sexual abuse as a child by an adult or older sibling, Freud strongly discredited this sexual abuse as mere sexual fantasies, denying the reports as possible incest (Arkin, 1984; Kendrick, 1988; Masson, 1984). Freud made use of sexual fantasy and the incest taboo as cornerstones of his psychoanalytic theory. Freud went on to theorize that males were sexual aggressors, while females were the passive recipients of sexual behavior, perpetuating the idea that women as sexual abusers was not possible. For women to break the incest taboo was viewed as even more deviant and abhorrent than if committed by men (Barry & Johnson, 1958; Lieske, 1981; Messer, 1969; Nagel, 1981; Nakashima & Zakus, 1979; Raphling, Carpenter & Davis, 1967). These attitudes have permeated professional and public attitudes for many years.

The second barrier discussed by Allen (1991) is the overextension of feminist explanations for child sexual abuse. This perspective embraces the idea that child sexual abuse is direct result of the culturally driven belief of male dominance that promotes the sexual exploitation of women and children (Finkelhor & Russell, 1984; Herman, 1981; Russell & Finkelhor, 1984). As Allen (1991) noted:

. . . men are socialized to be sexually aggressive and to seek younger more innocent and powerless sex partners, while women are socialized to be recipients of sexual encounters, at least initially, and to be attracted to older, more powerful companions. These patterns,

condoned and even encouraged by the male culture, foster the sexual abuse of children by men while inhibiting such behavior by women. Women are socialized to be victims; not the perpetrators of child sexual abuse and rape (p. 13).

These beliefs clearly influenced the denial of female perpetration. They exerted a powerful influence over what assumptions and attributions are assigned to the victim and the abuse.

A third barrier is the common practice of overgeneralizing the lack of reports of child sexual abuse by women to mean that its occurrence is rare (Allen, 1991). It is faulty to believe that the reports in the literature accurately reflect the true rates of abuse. The literature has contained isolated case examples with very small samples. Allen (1991) contended that “strong theoretical, cultural, and idiosyncratic beliefs about the nonoccurrence of female sexual abuse may lead to the perceptual ‘reframing’ processes that could prevent professionals from observing it” (p. 17). Society tends to be more concerned about sexual misbehavior by men than by women. Sexual abuse by women tends to be minimized and justified as an extension of the women’s nurturing role, rather than as harmful or assaultive (Denov, 2001; Kempe & Helfer, 1980; Mendel, 1995; Nelson, 1994). If the abuse can be understood by societal expectations, the system will usually dismiss an account of a mother or female caretaker and treat the abuser leniently. However, if the abuse is unable to be understood within the expected roles and attributes, the female abuser tends to be labeled ‘sick’ or ‘disturbed,’ and treated more harshly by society and the system (Edwards, 1986; Nagel, 1981). Mathews, et al. (1989) found that females who had molested young teens outside the home, and those offending with a male co-offender, were more likely to be criminally charged and incarcerated than were women who sexually abused their own children.

Traditional sexual scripts, depicting women as incapable of committing sexual offences, are responsible for the lack of recognition of the abuse (Denov, 2003; Dunbar, 1999; Mendel, 1995; Plummer, 1981; Sarrel & Masters, 1982). These scripts exclude males as victims of sexual coercion, simultaneously excluding women as aggressors of sexual assault (Broussard, Wagner & Kazelskis, 1991; Denov, 2003; Mendel, 1995). This attitude and sexual bias has influenced laws in the US. While most states have expanded the statutes to include a gender-neutral definition of sexual crimes, at least 5 states have rape laws defined as only perpetrated by a male against a female (Denov, 2003).

Sexual abuse is rarely disclosed, whether perpetrated by men or women. Russell (1983) surveyed 930 women, finding only 2% had reported sexual abuse by family members, and only 6% had reported sexual abuse committed by abusers outside the family. There are a variety of reasons why children do not disclose sexual abuse, including fear of punishment, humiliation, or disbelief, shame, or anticipation of negative consequences (Browne & Finklehor, 1986). Children are dependent upon the adults who care for them; therefore, disclosing the abuse may jeopardize those close relationships and safety (Lawson & Chaffin, 1992). They fear the dissolution of the family that may occur, or the consequences of social service agencies taking over the decision-making. They may love the abuser. They may fear retaliation. They may feel guilty or ashamed of their physical or emotional response to the abuse. Many children may not even see the sexual behavior as abuse. Even when children recognize that the sexual contact by mother is unacceptable, their options of whom they can turn to protect their safety are limited. Sauzier (1989) reported that 39% of 156 children sexually abused by males never disclosed it to anyone; discovery was accidental. Smith, Letourneau, Sanders, Kilpatrick, Resnick and Best (2000) found that 28% of child rape victims never told anyone of the rape prior to the telephone

survey; 47% did not disclose for over 5 years after the rape. Studies have found that victims of sexual abuse have greater difficulty disclosing abuse perpetrated by females, than by males (Denov, 2003; Goodwin & DiVasto, 1979; Kendall-Tackett & Simon, 1987; Rosencrans, 1997; Sgroi & Sargent, 1993).

It is faulty thinking to believe that low relative rates are equivalent to low absolute rates. Finkelhor (1986) estimated that women perpetrated 5% of the sexual abuse of girls, and 20% of the sexual abuse of boys. Using these estimates along with estimates of the prevalence of sexual abuse of boys and girls and total population figures, Allen (1991) estimated that “roughly 1.5 million girls and roughly 1.6 million males may have been sexually abused by women” (p. 20).

Another barrier to identifying and understanding female sexual abuse is imagining *how* women have this capacity since they do not have penises (Elliot, 1994; Hislop, 2001). Society views sexual assault as the assault against a body by a sexual organ. Harm tends to be minimized if it is not done with violence, force, and an assault weapon, namely the penis.

As a result of these barriers and belief systems, professionals remain untrained to recognize female perpetrated sexual abuse. When taking psychological and social histories, questions of female sexual abuse may not be asked or may not be taken seriously (Krug, 1989; Lawson, 1991; Rowen, Rowen, & Langelier, 1990). Victims of females are not likely to become pregnant. Some female perpetrated activities, involving vaginal and anal penetration with objects or simulated sexual intercourse, may be less likely to transmit sexual diseases than when a male rapes with a penis (Hislop, 2001). Disbelief is a common reaction among professionals hearing of female perpetrated sexual abuse (Elliot, 1994; Freel, 1995; Welldon, 1996; Wilkins, 1990). Cases involving female perpetrators were less likely to result in arrest or prosecution (Finkelhor, Williams, & Burns, 1986; Nelson, 1994). Using case examples, both Myers (1992)

and Saradjian and Hanks (1996) commented on victims who were repeatedly disbelieved by mental health professionals, misdiagnosed, and treated for issues other than the sexual abuse by the female perpetrator. Campbell and Carlson (1995) found that even among highly trained professionals in the area of sexual abuse, few were trained on female sexual abusers. Of over 1400 conference attendees, who had an average of 7.7 years of experience working with sexual offenders, fewer than 40% of those working with female offenders had training in this area (Campbell & Carlson, 1995). In exploring the attitudes of psychiatrists and police, Denov (2001) found that denial of women as potential sexual aggressors was pervasive. Gender biases were found in studies evaluating the decisions of social workers and police working in child protection (Hetherington & Beardsall, 1998). Both groups considered social service involvement and adjudication less necessary in cases with female perpetrators.

Characteristics of Female Sex Offenders

It appears from the literature that female sex offenders are a heterogeneous group, with varying etiological pathways. Adolescent female sexual offending is one of the fastest growing areas of crime for females, and one of recent research interest. Recent studies revealed that patterns of sexual aggression may begin in adolescence, and in some cases may emerge before puberty (Mathews, Hunter, & Vuz, 1997). Differences between juvenile female sexual offenders and adults have been noted. Adults may be less likely to use force to commit a sexual offense compared to adolescent counterparts (Mathews et al., 1997; Wolf, 1995). There appear to be more adult females who act out sexually deviant behavior in conjunction with a male co-offender (Faller, 1988; Mathews, Matthews, & Speltz, 1989). Most adolescent females reported acting out alone, and on their own initiative (Fehrenbach & Monastersky, 1988; Mathews et al., 1997).

Numerous psychological symptoms have been found in adult female sexual offenders. Symptoms of emotional dependence, low self-esteem, and social isolation are frequently found in women who act out with a male co-offender (Matthews, 1993). Mathews et al. (1989) reported that those women with teenage male victims appear to be less emotionally maladjusted, but tended to have dependency needs and substance abuse issues. Women who molest prepubescent children appear to have more severe emotional problems. Histories of childhood abuse, and physical aggression, stealing, substance abuse, and depression are common issues found in this population (Mathews et al., 1989), as well as histories of sexual dysfunction (Wolfe, 1995). Contrary to early reports of female sex offenders, few are psychotic (Condy et al., 1987; Wolfe, 1995).

Using self-report data from a sample of 43 female who admitted to sexual activity with children and a control group of incarcerated female offenders, Hislop (1999) found few differences between the groups in severity of the sexual abuse suffered as children, number of male partners, income, or family-of-origin pathology. The results did suggest that the female child molesters may have more dependency issues than the control group (Hislop, 1999).

Typologies of female sex offenders have been attempted to categorize and make some distinctions among the varying offenders. However, these studies have been based on small samples, offering limited power and generalizability. In the first attempt to develop a typology of female sexual offenders, McCarty (1986) studied 26 female sexual offenders in Dallas, Texas. She identified three subgroups: independent, co-offender, and accomplice. Twelve of the subjects were independent offenders, with the following characteristics, sole perpetrator, troubled childhood, marrying as a teenager, average intelligence, may be emotionally disturbed, and may abuse substances. Daughters were the primary victims. Nine of the women were co-

offenders with a male, actively participating in the sexual abuse of the children. Typically, these women came from troubled childhoods, including sexual abuse, did not work outside the home, had borderline intelligence, married as teenagers, were neglectful parents, with her needs overriding those of her children. Victims could be sons, as well as daughters. Five of the women were accomplices; that is, they are aware of the sexual abuse perpetrated by the male in the home, but do nothing about it, or they may assist and/or procure victims for a male co-offender.

Faller's (1987) classification scheme was based on the cases of abuse perpetrated by the women. From studying 40 female sex offenders and their victims, Faller identified the following types: Polyincestuous abuse, Single-parent abuse, Psychotic abusers, Adolescent abusers, and Noncustodial abusers. Twenty-nine of the cases were polyincestuous abuse, involving at least two perpetrators, and usually two or more victims, from both in the home and outside the family. Six of the female offenders were single-parents; victims were of both sexes. Three were labeled psychotic at the time of the abuse. Three were adolescents, and one was a non-custodial abuser, using the victim to gratify emotional needs.

Mathews, Matthews, and Speltz (1989) drew from 16 identified female sex offenders in Minneapolis, Minnesota, participating in a treatment program, forming three subgroups of female sexual offenders: women who co-offend with a male (male-coerced), women who sexually molest teenage boys (teacher/lover), and women who molest prepubescent children of both genders (predisposed or intergenerational). Women who molest with a co-offender appear motivated by fear of the male, and have emotional dependence on him. Although these women may be repulsed by the sexual behavior, some later derive sexual and emotional pleasure, and may initiate the sexual contact (Mathews et al., 1989). Over one half of these women reported

having been sexually abused as a child, either incestuously or extra-familially, and approximately one half reported histories of physical abuse, emotional abuse as a child, and were frequently victims of domestic violence (Mathews et al., 1989). Due to their fragile self-esteem and dependence needs, these women are vulnerable to the domination and manipulation of sexually deviant men.

Women who sexually molest prepubescent children frequently come from dysfunctional and abusive homes, experienced physical and sexual abuse as a child (Allen, 1991; Faller, 1988). It appears they are acting out previous trauma, releasing pent-up anxiety, sexual tensions, and pain. They may have developed deviant arousal patterns, and cognitively distorted the behavior similar to that of male sex offenders (Mathews et al., 1989).

Women who molest teenage boys typically have less psychological impairment, and lower rates of childhood abuse, especially sexual abuse (Mathews et al., 1989). Usually, the sexual acting out is a consequence of dissatisfaction in adult sexual relationship. They see themselves as a “lover” or “teacher” of the young boy (Mathews, et al., 1989). The sexually deviant behavior reflects emotional immaturity, strong dependence needs, boundaries issues and an internal anger over not getting needs met (Hunter & Mathews, 1997).

In an analysis of 50 female sex offenders in Britain, Saradjian (1996) found that 36 of them fit into the previously identified categories: women who initially target young children (n=14); women who initially target adolescent children (n=10); women who were initially coerced by a male co-offender (n=12). Ten women were identified as ‘atypical’ offenders. There included 2 who were equal partners in the abuse with a male; 2 who were in a dissociative state; 3 were psychotic; 3 breached sexual boundaries, and 1 coerced a male to participate. Four other female perpetrators were involved in ritual abuse, involving the idolization of Satan.

In a study of 76 female sex offenders incarcerated in seven states, Davin (1999) looked for differences between those women acting with a Co-Offender and those who acted alone. Using the MMPI-2 and a structured interview, she found several differences. The Independent abusers were more psychologically disturbed, and had more severe sexual abuse histories as children. Over half of the Co-Offender's reported suffering physical and psychological abuse as children, more frequently at the hands of mothers. Over three-quarters of the Co-Offenders reported physically and psychologically abusive relationships with their codefendants. No clear relationship was found between chemical dependency and the sexually abusive behavior (Davin, 1999).

In an attempt at classifying 14 female sex offenders incarcerated in Georgia, Roys (1996) found, in addition to these above-mentioned categories, a fourth grouping, she called "situational/rage." These offenders had acted out rage and anger in an attempt to cause damage to others. These women had extreme anger, hostility, and antisocial feelings, which played a motivating factor in the choice to commit a sexual offense.

Prevalence of Female Sexual Abuse

Stories of female sex offenders began to trickle in the 1980s with single or case studies based on small samples. According the Uniform Crime Reports of arrest rates from 1970-1979, as analyzed by Durant (1993), arrests rates for sex offenses by females declined 32.8%; while those for males rose nearly 11%. However, from 1980-1989, arrest rates for females for sexual offenses increased 69.3%, while rates for men rose 40.2%. In the last 10 years (1993-2002), female arrests for forcible rape were down nearly 18% for adult women; yet, up 45.8% for females under age 18. But from 1998-2002, arrest rates for forcible rape for adult women are up

4%; and up nearly 73.9% for females under age 18 (DOJ, 2002). Table 1 illustrates these statistics.

Table 1

Female Arrest Trends From Uniform Crime Reports (FBI)

| Arrest trends | 1993- 2002 | | 1998-2002 | |
|---|------------|----------|-----------|----------|
| | Adult | Under 18 | Adult | Under 18 |
| Forcible rape | -17.9 | +45.8 | +4.0 | +73.9 |
| Aggravated assault | +24.9 | +7.0 | -3.0 | -8.2 |
| Other assaults | +40.9 | +40.9 | +2.5 | +3.8 |
| Sex offenses (except forcible rape and prostitution) | -17.7 | -10.1 | -4.2 | +12.3 |
| Offenses against family and children | +53.0 | +54.9 | +5.5 | -9.5 |

In a study of 57,762 offenders identified by victims from the National Incident-Based Reporting System from 1991-1996, Snyder (2000) found 4% of the offenders of forcible sex offenses to be female. From arrest data from 9,511 law enforcement agencies across the US, the Department of Justice (2002) found 1.2% of perpetrators of forcible rape to be female; females committed 8% of sex offenses (excluding forcible rape, prostitution and commercialized vice), including statutory rape and offenses against chastity, common decency, morals, and attempts at such.

Actual prevalence of female sexual abuse is unknown. Researchers have had difficulty reporting the percentages of female sex offenders due to the different methods of collecting information among studies. This, coupled with differences in defining ‘child sexual abuse,’ has made comparing studies very difficult. Different states have different coding procedures for

sexual crimes. Offenders could be charged with child molestation in one jurisdiction, indecent liberties with a child in another, or incest, or assault on a child. There are no uniform codes for sexual crimes against children. This is complicated when female offenders are charged and adjudicated. Under the FBI's Uniform Crime Reports, female sex offenders could be coded under various categories: forcible rape, aggravated assault, other assaults, sex offenses (excluding forcible rape and prostitution), offenses against family and children, or other assaults. Forcible rape and aggravated assault is considered a violent crime, while all the other variants of possible sex crimes are not considered violent. At present, estimates are preliminary. However, the evidence thus far indicates that the numbers are large enough to warrant serious attention of these offenders by child protection, law enforcement and judicial systems, and the mental health fields (Dunbar, 1999; Hislop, 2001).

The literature contained studies on sex offender populations identified through several methods and populations. Most researchers use data generated from legal or mental health agencies that are responsible for identifying sexual offenders. Those entities may be limited in their ability and training in recognizing female sex offenders; therefore, underreporting the true prevalence. Reports made to official protective services in one place to retrieve occurrence data. Table 2 enumerates the studies and the percentages of female sex offenders identified through reports to Protective Services. The numbers obtained relied on those cases that have been disclosed or discovered by the authorities, and are being treated accordingly. However, these sources are problematic in identifying the frequency of female sexual abuse. Due to the societal elements of denial and the differential handling of female crime, the law may prosecute some of these offenders, while some may receive treatment options. The same crimes labels or diagnoses given to men may not be routinely given to female sex offenders. For example, the crime of

‘sexual assault,’ ‘child molestation,’ or ‘rape of a child,’ may not be applied to women committing the same crimes as their male counterparts. This issue confounds records reviews and data collection from the official crime reports.

Anonymous surveys of victims are another method of data collection on the occurrence of female sexual assault. This method may yield a greater percentage of female offenders. However, if the groups of sex offenders have been identified by different means, they are unlikely to be directly comparable (Hislop, 2001). The differences in these data collections sources and methods are evident in the following literature review, obtained from Hislop (2001).

Table 2

Percentage of Female Sex Offenders Identified through Child Protection Agencies

| Author(s) | Source | Conclusions |
|---------------------------------|--|---|
| De Francis (1969) | 250 family interviews from New York City Child Protective Services records’ review | 3% of sex offenders against children were females |
| Finkelhor & Russell (1984) | Reexamining data from two previous studies | Women perpetrated the sexual abuse in about 5% of the cases of girls; and in 20% in cases of boys |
| Kercher & McShane (1985) | Reviewed data from 619 cases of a county Child Protective Services and 495 cases from a District Attorney’s office | 3% of the cases were perpetrated by females |
| Rowan, Langelier & Rowan (1988) | Approximately 600 cases of child molestation identified through sex offender evaluations done for New Hampshire judicial system and Vermont social service agencies and courts | Female perpetrator in only 9 of the cases (about 1.5%) |

| | | |
|--------------------------|--|---|
| Margolin & Craft (1989) | Reviewed data from 2372 cases of child sexual abuse from the Iowa Department of Human Services | 12.5% of the cases were perpetrated by females |
| Roane (1992) | 77 male children (av. Age 8) Randomly selected from 125 male cases of sexual abuse from the protective service agency in Florida from 1985-1989. All involved sexual assault by acquaintance, no strangers | 7.8% |
| Motiuk & Belcourt (1996) | Review of records of offenders under federal (Canadian) jurisdiction (those serving two years or longer) | Less than 1% of incarcerated Canadian sex offenders were female |

Although they strongly suggest that female are the minority in perpetrating sexual abuse against children, most authors of these studies (found in Table 2) are quick to point out that these numbers do not accurately reflect the actual percentages of female sex offenders in the population at large. These studies rely on those cases that have come to the attention of the authorities. Since women are viewed as incapable of committing sexual assaults, only those committed by more disturbed females and those so obviously abusive are likely to be taken seriously by the authorities (Travin, Cullen, & Protter, 1990).

Although juvenile rates of crimes do not predict adult rates, it is interesting to note the rates of juvenile females committing sexual crimes. A 1985 study conducted by the Centers for Disease Control (CDC) found that 8% of the sexual crimes known to the Vermont Department of Social Rehabilitation Services and Corrections committed by those 19 years old and younger, were females (CDC, 1985). Pierce and Pierce (1987) found approximately 19% of 37 cases involved a female perpetrator. Smith and Israel (1987) found 20% of the perpetrators were

female in 25 families in which there was reported sibling incest. In a sample of 650 sexually aggressive children on Washington State public agency caseloads, 11% were female (Ray & English, 1995). Of the 1000 youths in 30 states tracked by the Uniform Data Collection System of the National Adolescent Perpetrator Network, 2.6 % of the offenders of sexual abuse were female (Ryan, Miyoshi, Krugmand & Fryer, 1996).

Table 3

Percentage Identified through Mental Health Services

| Author(s) | Source | Conclusions |
|--|--|---|
| McCarty (1986) | 29 offenders referred to the Dallas Incest Treatment Program | Mothers constituted about 4% of the offenders. |
| Faller (1987) | 40 child molesters referred to the University of Michigan Interdisciplinary Project on Child Abuse and Neglect | 14% were female |
| Rowan, Langelier & Rowan (1988) | Approximately 600 cases of child molestation identified through sex offender evaluations done for New Hampshire judicial system and Vermont social service agencies and courts | Female perpetrator in only 9 of the cases (about 1.5%) |
| Travin, Cullen & Protter (1990) | Five females convicted of sexual assault and referred to treatment | The five females constituted 1% of the offenders in treatment |
| Gomes-Schwartz, Horowitz & Cardarelli (1990) | Perpetrators in family treatment setting for sexual abuse in clinic of the New England Medical Center Hospital | About 4% were female |

In several studies, numbers of female sexual abusers have been gathered from samples of clients identified through receiving mental health treatment for their offending behavior. The range goes from 1 to 14%. None of these studies are recent. All are at least 13 years old.

Female sexual offenders have been overwhelmingly identified in child-care settings. In a study of 48 children who were sexually abused in day care settings, Faller (1988) found a female abused 2% of the children; while, 50% were abused by both a male and a female. Of 270 day care centers nationwide with substantiated sexual abuse cases, 36% of the centers studied had female perpetrators, and 40% of the abusers in were female. Of the 293 boys available in the study, 59% were abused by females, as were 59% of the 471 girls (Finkelhor, 1988). In a review of 325 cases of sexual abuse on the Iowa Child Abuse Registry for non-related child care providers, Margolin (1991) found 42 (about 16%) were female perpetrators.

Victims receiving treatment for sexual abuse have been a source of identifying female sex offenders. Victims receiving treatment who have identified female perpetrators range from 2 percent to as much as 39 percent. In Faller's study, female perpetrators molested 8% of the boy victims, while 29% were molested by both female and male offenders. Of the female victims, only 1% was molested by a female only, with 18% being molested by both male and female perpetrators.

Table 4

Percentages Identified through Victims Receiving Treatment

| Author(s) | Source | Conclusions |
|---|---|---|
| Farber, Showers Johnson, Joseph & Oshins (1984) | 81 boys and 81 girls (matched for age) assessed for sexual abuse at teaching hospital | 2% of the children were abused by a female; 6% were abused by both male and female |

| | | |
|--|---|---|
| Reinhart (1987) | 189 sexually abused males, matched control group of 189 female victims referred to University of California, Davis Medical Center | 8 cases (4%) of the males were molested by females; 4 cases of the females were molested by women |
| Mrazek, Lynch & Bentovim (1987) | Physicians in UK surveyed regarding frequency of sexual abuse cases | 2% of cases involved a female perpetrators |
| Kendall-Tackett & Simon (1987) | 365 individuals entering treatment program for adults molested as children in San Jose, CA | 3% reported being molested by females |
| Cupoli & Sewell, (1988) | 1059 children aged three months to 16 years receiving a Medical Examiner Sexual Abuse Exam | 2% of all cases were perpetrated by females |
| Faller (1989) | 87 male and 226 female victims of sexual abuse referred to specialized programs in Michigan, Ohio and Ontario | Of the boys, about 8% molested by a females; about 29% molested by both male and female. Of the girls, about 1% molested by female, about 18% molested by both male and female |
| Ramsey-Klawnsnik (1990) | 83 confirmed cases of sexual abuse victims under age 12 referred to Massachusetts Department of Social Services | Roughly 23% of the children were abused by a female only; about 29% were abused by both males and females |
| Kasl (1990) | Informally surveyed therapists in the Minneapolis area who work with survivors of childhood sexual abuse | Estimates ranged from 10% to 39% in response to question concerning number of clients molested by women |
| Ziotnick, Begin, Shea, Pearlstein, Simpson & Costello (1994) | 56 women admitted to a women's psychiatric treatment unit with histories of severe sexual and physical abuse | Eight (14%) had been sexually abused by their mothers |

| | | |
|---------------------|---|--|
| Mendel (1995) | 124 males (av. Age 36) Self-identified survivors of childhood sexual abuse, in treatment, responded to mailed questionnaire. | 14% female only 46% both male and female |
| Roys & Timms (1995) | 400 men seeking mental health treatment specializing in treatment of adult male survivors | Almost 3% were sexually abused by primary female caretaker |

Table 5

Percentages Identified through other Sources of Victim

| Authors | Source of information | Conclusion |
|--|---|---|
| Etherington (1997) | 25 males, responded to advertisement recruiting male survivors of sexual abuse | 52% molested by females |
| Weber, Gearling, Davis & Conlon, (1992) | 334 sexually delinquent males admitted to juvenile detention center | 42% had first sexual experience with an individual (a female in 95% of cases) who was two or more years older |
| Finklehor, Hotaling, Lewis, Smith (1990) | Nationwide telephone interviews of 1,145 men and 1,481 women | 17% of males molested by females; 1% of females molested by females. |
| Crewdson (1988) | Over 100 men responding to advertisement asking about sexual experiences in childhood | 75% reported childhood sexual experiences with women. |

Another methodology used to collect prevalence data on female sexual abuse has been retrospective studies from college students. Reports of female offenders of sexual abuse ranged from 1 to 15 percent of college students surveyed had sexual contact with women in childhood (Condy, Templer, Brown, & Veaco, 1987; Finklehor, 1979; Fritz, Stoll & Wagner, 1981; Haugaard & Emery, 1989; Schultz & Jones, 1983). Females appear to account for even higher

percentages of childhood sexual contact reported by male college students (43-60%) (Burgess, Groth, Holmstrom, & Sgroi, 1987; Fritz, Stoll, & Wagner, 1981; Risin & Koss, 1987)

Two studies surveying female college students found that between 1 and 4% acknowledged molesting a younger child (Condy et al., 1987; Fromuth & Conn, 1997). Hunter, et al. (1993) found that sexual victimization by a female was evident in the sexual histories of up to 15 % of the juvenile female sexual offenders.

Sexual abuse by a female is common in the histories of male sex offenders. In a sample of 172 female inmates, Condy et al. (1987) found that 8% reported having had sexual contact with a male child; about 62% had had more than one contact; and, about 46% had had more than one partner or victim.

Table 6

Percentage Identified through Histories of Sex Offenders

| Author | Source of Information | Conclusions |
|--|--|---|
| Ryan, Miyoshi, Metzner, Krugman & Fryer, (1996) | 1,600 juvenile sex offenders from 30 states | 22% had been sexually abused by a female |
| Roys & Timms (1995) | 500 male sex offenders in outpatient treatment | Almost 2% had history of molestation by a female caretaker before age 14 |
| Allen (1991) | 75 males sex abusers, identified by Iowa state social services; 65 female child molesters | 45% of the male abusers were sexually abused by females 7% of female molesters had female perpetrators |
| Burgess, Hazelwood, Rokous, Hartman & Burgess (1987) | Interviewed 41 incarcerated serial rapists in twelve different states (each had committed at least 10 rapes) | Of the 31 most serious sexual aggressors against these men, approximately 32% were female only; 13% were female and male perpetrators |

| | | |
|---------------------------------------|---|---|
| Freeman-Longo (1987) (in Allen, 1991) | Rapists | Over 40% had been sexually abused by females in childhood |
| Petrovich & Templer (1984) | 83 rapists | 59% had been molested in childhood by females |
| Groth (1979a) | 348 convicted rapists and child molesters | 38% of the rapists reported sexual abuse by a female; 18% of the child molesters reported female perpetrators |

Despite these indications of the prevalence of female sexual assault, some authors and clinicians claim it to be a rare phenomenon (American Psychiatric Association [APA], 1994; O'Hagan, 1989; Robinson, 2001). In its section on *paraphilias*, the DSM-IV stated that “except for sexual masochism . . . paraphilias are almost never diagnosed in females” (APA, 1994, p. 524).

Types of Abuse

Females engage in a variety of sexually abusive behaviors, varying little from those engaged in by male perpetrators (Hislop, 1999, Rosencrans, 1997). Investigating mothers abuse of their children, Rosencrans (1997) reported sexually abusive behaviors including physically fondling of genitals (69%), anus (40%), breasts (39%); oral stimulation of genitals (25%), mouth (15%), 11 percent reported oral stimulation in “other places,” like “kissing me all over my body,” or “biting my genitals” (p. 89); digital penetration of vaginas (46%), vulvas (34%), rectum (34%); insertion of objects in rectums (51%), vaginas (38%), mouth (7%); watching bathing (58%), dressing/undressing (52%), defecating (38%), urinating (34%), and, masturbating (18%); forced to watch mothers expose (48%); dress/undress (47%), go to the bathroom (45%), bathe (38%), masturbate (16%), or have sex (15%).

In a survey of 127 survivors of female sexual abuse, (Elliot, 1993) found abuse included fondling, oral sex, penetration with objects, sucking, forced mutual masturbation, intercourse, and a combination of physical and sexual abuse. Younger children are at greater risk for sexual abuse by females. Forty-one female victims reported the abuse starting in the bath, compared to only 3 of the male victims. The majority of the female victims (53 of 95) reported the abuse began under the age of 5; 10 reported over the age of 5; and only 1 reported the abuse beginning under age 15. For the male victims, 17 reported the abuse began prior to age 5; 11 said it began after age 5; and, only 3 reported the abuse beginning under age 15 (Elliot, 1993). An overwhelming majority, 42 of the 95 female respondents, reported mother as the sole sexual abuser; 10 reported both mother and father; and, 9 reported female babysitter. Of the male victims, 22 of the 32 respondents reported mother as the sole perpetrator of the sexual abuse; 2 reported both mother and father (Elliot, 1993).

Consequences of Female Sexual Abuse

The trauma caused to the victims of female sex offenders has been greatly overlooked in the literature. In the few studies that exist, data were collected retrospectively and are subjective in nature, asking for the perceptions of the victims. There are contradictory findings in the existing literature regarding the effects of sexual abuse perpetrated by women. Browne and Finklehor (1986) suggested that sexual molestation by a female is less disturbing than when perpetrated by a male. Males may interpret sexual contact with older females as helpful, pleasurable, and not abusive (Finklehor, 1984). Males abused by females reported feeling less threatened, less at risk, neutral, or even positive about their sexual experiences with adult women (Landis, 1956; Fritz et al., 1981; Finklehor, 1979). In a study of incarcerated male sex offenders and male college students, Condy et al (1987) found that 51% of the prisoners and 66% of the

college boys reported sexual contact with an older female before the age of 16 was “good.” The contact was reported as “bad” by 25% of the imprisoned sample and 6% of the college sample, and “mixed” in 12% of the imprisoned sample and 25% of the college sample. In further analysis, among the incarcerated men, 68% of the rapists and 50% of the child molesters reported the sexual contact was “good.” This study, based on subjective and retrospective reports, may illustrate that even though the sample denied harmful effects of the contact, they are incarcerated for sexual offenses, supporting the notion that some negative consequences may have resulted (Hislop, 2001). Forty-six percent of the rapists and only 18% of the child molesters felt the experience had a positive effect on their sex lives (Condy, et al, 1987). Men were likely to experience the contact as “bad” in cases where the offender used force, or where the offender was a mother, sister, or an aunt.

Several studies suggested that even though males may not perceive the inappropriate sexual contact with older females to be abusive, behavior problems may result. In a study of male delinquents reporting early sexual initiation by a female, behavioral manifestations similar to those of sexually abused children were noted (Weber, Gearing, Davis, & Conlon, 1992). Briggs and Hawkins (1995) reported that obsession with sexual activity, leading to vulnerability to more violent abuse by males, was a consequence of the early sexual contact in a small sample of males abused by their grandmothers.

Much of the data were from victims who are receiving mental health services. This biased group may not be representative of all victims of female sexual abuse since therapists treating survivors only see those experiencing problems as a result of the abuse. Yet, these cases serve to direct our attention to the effects of this type of abuse. Using MMPI profiles, Roys and Timms (1995) compared 5 groups of men: men in treatment due to female sexual abuse; men in

treatment for sexual abuse by males; sexual offenders abused by females; sex offenders abused by males; and non-abused sex offenders. They found that those who were sexually abused by females and not sex offenders were to the most disturbed and upset, noting these individuals had stronger depression, suicidal ideation, problems with sexual identity, and social isolation and passivity. Case studies in the literature of mother-son incest illustrated histories of violence and murder (Bass, 1991; Burgess, Hazelwood, Rokous, Harman, & Burgess, 1988; Groth, 1979; Margolis, 1984; Masters, 1963; Norris, 1991), delinquency, sexual acting out, sexual offending, nightmares, psychotic symptoms, suicidal behavior (Bachman, Moggi, & Stiremann-Lewis, 1994; Kempe & Kempe, 1984; Peluso & Putnam, 1996; Quintano, 1992; Raphling, Carpenter & Davis, 1967; Wahl, 1960), depression and anxiety (Kempe & Kempe, 1984; Raphling et al, 1967), dissociative symptoms (Schoenewolf, 1991; Silber, 1979) sexual identity issues (Etherington, 1997; Krug, 1989; Quintano, 1992; Renvoize, 1982), and shame and guilt (Kasl, 1990). In seven boys molested by their mothers, Harper (1993) found aggressive acting out (two cases), sexual acting out (three cases), depressed affect (three cases), cross-dressing (two cases), developmental delay (two cases), emotional disturbance (five cases), and being sexually provocative with the therapist (two cases). Chasnoff, Burns, Schnoll, Burns, Chissum, and Kyle-Spore (1986) noted that two of three infants sexually abused by their mothers exhibited excessive sexual acting out with other children.

Several authors reported dysfunctions in the areas of relationships, intimacy, and sexual functioning, have been found in males molested by females (Forward & Buck, 1978; Justice & Justice, 1979; Maltz & Holman, 1987; Sarrel & Masters, 1982). Kasl (1990) noted a large percentage of men with sexual addictions have been molested by females in childhood. Lawson (1991) concluded that the inability to maintain long-term monogamous relationships with

women is one of the most common symptoms of males who have been sexually abused by their mothers. Anecdotal information from law enforcement officials has found a history of sexual abuse by mothers to be a part of the backgrounds of serial rapists and murderers (Rosencrans, 1997). Serial killers, Arthur Shawcross and Henry Lee Lucas, reported sexual abuse at the hands of their mothers (Bass, 1991; Norris, 1991). Groth (1979) and Burgess et al. (1988) have found high rates of sexual molestation by females in the histories of serial rapists. However, much more study is necessary before conclusions can be drawn.

At present, there appears to be more data on females molested by women perpetrators than on males molested by females perpetrators. Research has identified emotional, behavioral, relational, and sexual problems among women molested by women. Case studies of women molested by primary caregivers revealed depression (Goodwin & DiVasto 1979; Ogilvie & Daniluk, 1995; Swink, 1989), sexual identity issues (Goodwin & DiVasto, 1979), and self-mutilating behavior (Goodwin & DiVasto, 1979; Holubinskyj & Foley, 1986).

Rosencrans (1997) studied 93 women who were sexually abused by their mothers. On a Likert scale ranging from 1 (no damage) to 3 (damaging, but hopeful of a full recovery) to 5 (the most damaging experience in their lives, and fear of no recovery), she found that 44% rated the experience as a five, 29% rated the experience as a four, and 27% rated the experience as a three. None reported no damage.

Rosencrans (1997) also surveyed 9 men molested by their mothers in childhood. In comparing the results to those of the women, significant differences were found. Eighty-nine percent of the sons reported having a normal childhood, compared to 2% of the daughters. Only 33% of the sons reported mother-child role confusion, compared to 83% of the daughters. All the sons saw themselves in a lover-like relationship with their mothers. The daughters seemed

more frightened and anxious, while the sons were more clearly aroused, sexually active, and felt special because of the incest. The sons were more likely to sexually abuse others, 33% in childhood, 44% in adulthood, compared to 15% for the daughters in childhood and 3% as adults. Significantly lower percentage of sons reported feelings of depression (56% sons, 69% daughters), anger (22% sons, 50% daughters), rage (22% sons, 52% daughters), and hostility (22% sons, 33% daughters).

Rosencrans (1997) concluded that although the sons felt less initial negative effects from the abuse, clearly the abuse was damaging to long-term development. The sons reported less positive feelings and “a sense of being overwhelmed” by the abuse in adulthood (Rosencrans, 1997, p. 251). All of the sons reported sexual problems in childhood and as adults. As adults, the sons reported parenting problems (100%), denial (89%), dependency (89%), self-destructive behaviors (67%), suicide attempts (44%), and anxiety attacks (44%).

In a sample of 10 women who had been sexually abused as children by women, Sgroi and Sargent (1993) noted the difficulty in separating the effects of the sexual abuse by the females from the effects of the emotional, physical and sexual abuse by males perpetrators. In their sample, all but 2 of the victims were also sexually abused by at least one male; seven were physically abused by their fathers; five had also been physically and emotionally abused by their mothers. Due to the cultural stereotypes of closeness between mother and child, victims reported greater difficulties accepting the reality of the sexually abusive behavior by their female caregivers. It was easier to accept the sexually abuse perpetrated by their fathers, but much more difficult to acknowledge that their mothers had violated them sexually (Sgroi & Sargent, 1993). Other consequences found were trouble separating and differentiating self from parents (mother), difficulty establishing a personal identity, difficulty with committed relationships, marriage,

sexual functioning, and fear of arousal toward children, resulting in avoidance of children and parenting. Hunter (1993) found that adolescent female sex offenders molested by women reported more intense arousal to the victimizations by female perpetrators and a greater degree of subjective distress, compared to those molested by male perpetrators.

Differences Between Male and Female Child Molesters

In an exploratory study, comparing the profiles of 75 male and 65 female abusers of children, Allen (1991) found that educational levels were similar. Yet, income and occupational levels were lower for the women. The males reported more stable living arrangements than the females. Marital status was similar for both the groups. Victims for both male and female offenders were predominately from their immediate families, being either natural, adopted, step or foster children. As adolescents, females had a higher frequency of running away from home, lower levels of traffic tickets, and run-ins with the law. The males reported higher alcohol abuse, while the females reported higher drug abuse. Female offenders appeared to have had higher levels of physical abuse and parental violence directed at them in their families of origin, than did the male offenders.

Females reported more intrusive levels of sexual behavior on their victims. Higher rates of anal and vaginal intercourse, exhibitionism and voyeurism were noted for females; while touching, fondling, and oral sex were reported more frequently by male offenders. Interestingly, female offenders were more likely to report perpetrating sexual abuse with strangers than male offenders. Females were more likely to go to jail, while male offenders received probation at a higher rate. Children were removed from the home more frequently in cases involving a female offender, and women were more likely to be placed on medication. Female perpetrators (27%) were significantly less likely to acknowledge their guilt, compared to 49 percent of the male

perpetrators ($t = 2.64, p < .01$). Fewer female offenders felt sorrow for their actions, guilt, relief, or gratitude than male offenders (Allen, 1991).

In a comparison study using the Multiphasic Sex Inventory-II, Nichols and Molinder (2003) found differences between female and male sex offenders. The females were significantly more defensive and guarded than the male sample. The female sample scored significantly higher on the Lie scale than the males ($F=2.06, p<.001$). The females scored higher on the following subscales: suicide ($F=1.38, p<.001$); sexual masochism ($F=3.33, p<.001$); social/sexual inadequacies ($F=1.30, p<.001$); cognitive distortions/immaturity ($F=1.34, p<.001$); substance abuse ($F=1.57, p<.001$). The female sample appears less interested in treatment, scoring significantly lower than the male sample ($F= 3.14, p<.001$). Although the results are not significant, it is worth noting that the female sample scored higher than the males on the denial and justifications subscales. There were no significant differences found on the Emotional Neediness subscale, suggesting both groups are striving for affection (Nichols & Molinder, 2003).

Male sexual deviance appears to be driven in part by deviant sexual fantasies, evident in sexual arousal and masturbatory fantasies. Laws and Marshall (1990) contend that the use of deviant fantasy material during masturbation is the most influential learning process contributing the formation of deviant sexual arousal. This is an unexplored area in the studies of female sex offenders. Saradjian and Hanks (1996) did explore this issue with their British sample, finding that sexual fantasy was less extensive and universal than that of male sexual abusers. The women who abused children did not report engaging in masturbation to deviant sexual fantasies. However, many of them described having “sexual thoughts” and “preoccupations about children

(p140-141). These cognitive distortions served to normalize the women's interest in sexual behaviors with children, and to project that interest onto the victims.

Summary

It is apparent from the above literature review that the occurrence of female crime, and female sexual crime in particular, is more frequently identified, requiring the mobilization of the police, child welfare professionals, the courts, prisons, and treatment programs. Not only are the official crime indicators illustrating this trend, so are the stories of children, adult survivors, and both male and female sexual offenders. These victims reported devastating consequences of this abuse on their self-esteem, sexual and psychological functioning, their relationships, and their parenting. Due to the cultural sexual scripts and gender biases toward sexual assault, disclosure is difficult, making a safe place hard to find. Mothers are not supposed to be sexual with their children. They are to protect them from men, fathers, and male strangers, who are out there threatening their children's safety.

We have limited studies, of small isolated samples, relying on mostly qualitative and descriptive data gathered through surveys and self-reports. Few studies have used a control group or even a comparison group upon which to compare the dynamics of female sex offenders. The pathway to crime for female sex offenders may differ from that of male sex offenders in arousal to children and in the development of deviant sexual interest. But little is known about how they differ from other women offenders. These women share the same socialization, sexual development, and gender-specific issues. What makes these women choose to commit sexual offenses against children?

Further empirical research is needed to help identify these women, and to begin quantitatively analyzing the differences in these women who choose to commit sexual offenses

from those women who do not. What differences exist in these two groups of female criminals? Does a history of sexual abuse precede the choice to commit sexual crimes? Are their differences in their perceptions of personal power and helplessness that may contribute to becoming sexual abusers? Are their personality differences? Are their differences in alcohol and drug abuse? This information would help distinguish the similarities and differences in female sex offenders and have implications for adjudication, risk assessment, evaluation, treatment planning, and prison programming.

CHAPTER 3

CONCEPTUAL FRAMEWORK

This chapter provides the conceptual framework and assumptions underlying the research conducted for this study. Group membership, female sex offender or non-sexual female offender, will serve as the independent variable for this study. From a thorough review of the literature, definitions and assumptions for the dependent variable selection and points of comparison for the two groups will be articulated.

Numerous theories have been postulated to explain sexual offending behavior. However, these theories have been formulated considering male sex offenders. These theories have been applied to female sexual abuse, revealing many weaknesses in explaining this behavior. The formulation of a theoretical framework explaining female sexual abuse is far from complete. Currently, no research has been devoted to grasping this phenomenon and developing theoretical explanations. Why and how females become sexual abusers remains unclear and untouched.

Theoretical Frameworks

Social learning theory is one of the most prominent and significant theories used in the explanation of criminal behavior and sexual offending. According to social learning theory, modeling by others in the environment becomes a powerful reinforcer of behavior. Sex offenders may imitate sexually inappropriate behavior of role models, including those who have perpetrated against them (Becker, Hunter, Stein, & Kaplan, 1989; Freeman-Longo, 1986). However, children are more likely to be reinforced by same-sex imitation. Consequently, they pick up same-sex behaviors (Mischel, 1973; Oliver & Hyde, 1993;). In addition, it is difficult to

separate sexuality from sex role development since identification with one gender is often associated with specific behaviors (Oliver & Hyde, 1993). There are weaknesses in the theory when evaluating female sex offenders. Although most female sex offenders are victims of childhood sexual abuse, most female victims of childhood sexual abuse do not go on to commit sexual offenses against children. Since a large percentage of sexual abuse against females is heterosexual, the theory does little to explain lesbian sexual assaults.

Regarding male sex offending and crime, personality theories focus on the psychopathic personality disorders (Antisocial Personality Disorder in the DSM-IV). The research supports that males with psychopathic tendencies, including attachment disorders, lack of empathy and truthfulness, are the most dangerous sex offenders (Hare, 1991; Quinsey, Lalumiere, Rice, & Harris, 1995; Yochelson & Samenow, 1976). However, little is known about this phenomenon in female sex offenders. In fact, evidence points to issues related to dependent personality disorder (Hislop, 1999; Mathews, et al., 1989). However, no empirical support has yet been obtained on personality disorders in this population.

Behavioral theories focus on the development of deviant sexual arousal patterns through operant or classical conditioning. There are mixed results in the literature on support of this theory with male sex offenders (Marshall, 1974; Rachman & Hodges, 1968;). There is no evidence that women develop paraphilic arousal to children and violence through masturbatory conditioning. It has been noted that younger female sex offenders show signs of eroticization and sexual preoccupation, and becoming aroused by physical closeness or emotional intimacy (Gil & Johnson, 1992; Johnson, 1993). From a sample of 10 juvenile female sex offenders, Hunter (1993) reported that the majority engaged in deviant sexual fantasizing before acting out sexually

deviant behaviors. However, the extent to which females condition inappropriate sexual arousal is unknown.

There has been an association made between childhood maltreatment and Post Traumatic Stress Disorder (PTSD). Victims of childhood physical and sexual abuse frequently report PTSD symptomology (Briere, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993). Sexual abuse victims guard against the painful effects through dissociation, numbing and detachment, intrusive thoughts, hyperarousal and/or vigilance, and avoidance behaviors (Briere, 1992). Expanding on this and adding a psychobiological perspective, van der Kolk (1987) theorized that there is a biphasic response, in which victims vacillate between numbing and constriction, and one of hyperarousal and intrusion. The hyperarousal and intrusion response involves repeated exposure to the trauma in an attempt to gain mastery over the events, and as a means to dispose excess affect (emotion) from the trauma. This process leads to an inhibited ability to cope with intense affect and impulses, thereby, altering neurobiological processes. In studying sexually aggressive adolescent females, Gil and Johnson (1992), and Johnson (1993) found a repetition-compulsion pattern, as the girls acted out sexually and aggressively as a means to reduce the painful affects and sensations of the childhood sexual trauma they had experienced.

Nichols and Molinder (1984) proposed a sex deviance theory based on a cognitive-emotional-behavioral model. They applied the work of behaviorist Edward C. Tolman (1951) to sexually deviant behaviors. Through animal studies, Tolman (1951) recognized that behavior was not simply stimulus-response driven, but that organisms learn and develop mental processes that precede behavior, thereby the behavior becomes intentional and goal-directed. These observations contributed to the development of cognitive-behavioral theory. In developing their theory of sexual deviance, Nichols and Molinder (1996) believed that:

. . . behavior is not merely mechanically learned, but that reflection, purpose, and choices guide the direction of behavior. Therefore, the logical extension of this thesis with respect to sex offenders is to posit that the acquisition of sex deviance is not an accidentally learned or “mirrored” process of learning, but rather a purposeful and willful decision (*mens rea*) to do the behavior (p. 5).

If thoughts precede behavior, then the sex offender must think deviant or inappropriate thoughts prior to the commission of a sex crime. This theory has promise for separating female sex offenders from female non-sexual offenders. Sex offenders must think about sex, arousal, and pleasure prior to committing a sexually deviant act, whereas, non-sex offenders would not link their criminal behavior to thoughts and consequences associated with sex.

Research Model

This study compared scores on various outcome measures of women incarcerated in the state prison system of Georgia. The independent variable (group membership) consisted of two groups of female criminals: sex offenders and non-sexual offenders. The dependent variables include the presence and type of personality disorders, substance abuse, trauma history, social competence, emotional neediness, and cognitive distortions. These variables were measured using the Multiphasic Sex Inventory – II Female version (MSI – II), the Substance Abuse Subtle Screening Inventory-3 (SASSI-3), and the Childhood Trauma Questionnaire (CTQ). The study attempted to identify correlations between the variables to provide a better understanding of female criminals who sexually offend, and how they differ from female criminals who choose not to commit sexually deviant acts.

Conceptual Definitions

For purposes of this study, sexual offending was defined as any sexual contact involving touching of genitals, oral sodomy, vaginal or anal penetration, either against an adult, or against a person at least 5 years younger. These behaviors may include the use of force or coercion, or involve a difference in power, status, position, or influence. Further operationalization of this variable is contained in Chapter 4.

Personality disorders are commonly found in mental health populations. These are viewed as characterological deficiencies and patterns influencing behavioral choices. The DSM-IV (1994) defined a personality disorder as an “enduring pattern of inner experience and behavior that differs markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment” (APA, 1994, p. 629). These patterns are not accounted for by other mental or physical disorders, or substance use/abuse. Drug dependent women with abuse histories have an increased risk of developing borderline, masochistic, and avoidant personality disturbances (Haller & Miles, 2004). Female survivors of sexual abuse are at risk of developing personality disorders (Johnson, Cohen, & Brown, Smailes, & Bernstein, 1999; Johnson, Sheahan, & Chard, 2003). Researchers have noted dependent personality features in female sex offenders (Hislop, 1999; Mathews, et al., 1989). Yet to date, no study has explored the prevalence and types of personality disorders in women who commit sexual crimes, nor explored whether the diagnosis and types of personality disorders differ from other female criminals.

Childhood trauma includes physical abuse and neglect, emotional abuse and neglect, and sexual abuse. Childhood trauma has been linked to numerous adult dysfunctions, including post-traumatic stress disorder (Widom, 1999), depression (Brown, Cohen, Johnson & Smailes, 1999),

psychopathy and aggression (Weiler & Widom, 1996), substance abuse (McClellan, Farabee & Crouch, 1997; Widom & White, 1997), the development of personality disorders (Widom, 1999), and intellectual and academic deficits (Perez & Widom, 1994). Previous studies have found childhood deprivation and abuse in samples of female sex offenders (Allen, 1991; Faller, 1988; Green & Kaplan, 1994; Mathews et al., 1989; McCarty, 1986). There is evidence that women who are victims of sexual abuse as children experience a variety of significant problems as adults (for reviews see Beitchman, Zucker, Hood, DaCosta., Akman, & Cassavia, 1991; Browne & Finkelhor, 1986; Finkelhor & Russell, 1984). Studies indicated that these women experience increased rates of sexual dysfunction, homosexual experiences, anxiety and fears, depression, suicidal thoughts, and behavior, and an increased risk of revictimization. Numerous studies have revealed that the severity of child sexual abuse is associated with increased negative effects of later functioning (Browne & Finkelhor, 1986; Friedrich, Urquiza, & Beilke, 1986; Haugaard & Emery, 1989). Negative outcomes and increased trauma related to sexual abuse in childhood can be attributed to various factors related to the abuse: longer duration of the abuse (Beitchman, et al., 1991; Finkelhor, 1986; Kendall-Tackett et al., 1993; Russell, 1986; Tsai, Feldman-Summers, & Edgar, 1979), greater number of perpetrators (Hunter & Baird, 1990; Browne & Finkelhor, 1996), the use of force, and penetration, whether anal, oral, or vaginal (Beitchman, et al., 1991; Kendall-Tackett et al., 1993).

Crimes associated with substance abuse are a main reason for women going to prison. A higher percentage of women are incarcerated for drug related crimes than other categories of crimes. In Georgia, 20% of female inmates have drug offenses or drug trafficking; compared to the next highest category, 15% for homicide (GDC, 2003). Drug abuse is a common coping tactic for women who have experienced childhood trauma, aiding in denial and survival of the

pain. Although no causal relationship has been determined, substance abuse has been found in female sexual offending samples (Faller, 1987; Hislop, 1999; Rowen, et al., 1990; Swink, 1989; Travin et al., 1990; Wolfe, 1985). Preliminary data suggested that 33 to 50 percent of the females who sexually molest children may have a significant drug or alcohol abuse problems (Hislop, 2001). However, Davin (1999) did not find substance abuse to be a significant problem in the majority of female sex offenders in her study. Substance abuse of female sex offenders has been found to differ from their male counterparts. Females scored significantly higher on the substance abuse subscale of the MSI-II compared to male sex offenders, ($F = 1.57, p < .001$) (Nichols & Molinder, 2003).

It has been postulated that women who sexually abuse others have difficulty maintaining relationships with appropriate partners (Davin, 1999; Hislop, 1999; Mathews, et al., 1989). Due to abusive and tumultuous pasts, bonding and appropriate emotional relating may be inhibited, or unlearned. Sexual and emotional scripts, bonding and empathy for and with others may have been altered. Individuals need role models and teaching to engage with and interact successfully with significant others. Many sex offenders tend to equate their need for affection and love with sex, and sexual impulses and desires (Nichols & Molinder, 1996). These distorted beliefs and attitudes may lead to social incompetence and emotional neediness, which are then mastered through sexual abusive behaviors.

Cognitive distortions are the justifications used to support deviant or criminal behavior. They include excuses and rationalizations that defer blame and avoid responsibility for one's actions. Patterns of distorted thinking include feeling like a victim, having decreased control over one's life, and denial of responsibility for one's actions. Cognitive distortions help the offender maintain a positive view of self, bolstering a sense of power, confidence and optimism

about the future and negative consequences (Yochelson & Samenow, 1976). These thinking patterns are based in self-preservation, illustrating a lack of remorse and empathy, and reducing the cognitive dissonance between what is illegal and irresponsible and what is wanted (Nichols & Molinder, 1996). They enable an offender to continue offending behavior, even though she knows what she is doing is wrong.

Operationalization of Variables

For purposes of this study, the female sex offenders in this study have been convicted in a court of law of a sex offense as defined by Georgia state law. The criminal code of Georgia (O.C.G.A 16-6-1-24) defines sexual offenses as involving any of the following behaviors: rape, sodomy, aggravated sodomy; child molestation, aggravated child molestation; enticing a child for indecent purposes; pandering; incest, sexual battery and aggravated sexual battery. Pursuant to the official code of Georgia, the following definitions are used: rape, having carnal knowledge of a women by a man (16-6-1); sodomy, any sexual act involving the sex organs of one person and the mouth or anus of another, and aggravated sodomy, use of force during the acts of sodomy (16-6-2); statutory rape, engaging in sexual intercourse with any person under the age of 16 years and not his or her spouse (16-6-3); child molestation, when he or she does any immoral or indecent act to or in the presence of or with any child under the age of 16 years with the intent to arouse or satisfy the sexual desires of either the child or the person, and aggravated child molestation, when such person commits an offense of child molestation which act physically injures the child or involves an act of sodomy (16-6-4); enticing a child for indecent purposes, when he or she solicits, entices, or takes any child under the age of 16 years to any place whatsoever for the purpose of child molestation or indecent acts (16-6-5); pandering, when he or she solicits a person to perform an act of prostitution in his or her own behalf or in behalf of a

third person or when he or she knowingly assembles persons at a fixed place for the purpose of being solicited by others to perform an act of prostitution (16-6-12); pandering by compulsion (16-6-14); solicitation of sodomy (16-6-15); Code Section 16-6-22, relating to incest, when he or she engages in sexual intercourse with a person to whom he knows he is related either by blood or by marriage as follows: (1) Father and daughter or stepdaughter; (2) Mother and son or stepson; (3) Brother and sister of the whole blood or of the half blood; (4) Grandparent and grandchild; (5) Aunt and nephew; or (6) Uncle and niece (16-6-22); sexual battery, when he intentionally makes physical contact with the intimate parts of the body of another person without the consent of that person (16-6-22.1), and, aggravated sexual battery, when he intentionally penetrates with a foreign object the sexual organ or anus of another person without the consent of that person.

The comparison group of non-sex offenders was made up of incarcerated women in prison for any other offenses not deemed a sex offense according to the above enumerated crimes.

Differences between the two groups on the test variables were based on the scores on measures designed to measure the constructs, including the subscales on the Multiphasic Sexual Inventory – II – Female Version (MSI-II), the Substance Abuse Subtle Screening Inventory-3 (SASSI-3), and the Childhood Trauma Questionnaire (CTQ). The psychometric properties of these instruments are discussed in Chapter 4.

Developed in 1996, the MSI-II was a refinement of the MSI, first developed in 1984. It is a nationally standardized self-report questionnaire designed to measure a wide range of psychosexual characteristics of sex offenders. The MSI-II is the most prominent and widely used self-report measure of sexual deviance (Nichols & Molinder, 1996). It is used worldwide in

the field of sex offender assessment, treatment planning, and research. The instrument has been normed using samples proportionally parallel to the 1990 U. S. census by age, education occupation, and marital status. It has a battery of forty scales and indices. The female version has been normed on a sample of “normal” women from numerous regions of the US and Canada. To establish high levels of psychometric fitness, both the MSI and the MSI-II have undergone considerable testing and standardization (Kalichman, Henderson, Shealey & Dwyer, 1992; Nichols & Molinder, 1984; Simkins, Ward, Bowman & Rinch, 1989; Nichols & Molinder, 1996).

This instrument has numerous scales assessing test taking behaviors and attitudes, as well as behavioral, emotional, and cognitive characteristics. The MSI-II provides six validity scales, sexual deviance scales, such as the Child Molest, Rape, Exhibitionism, and Voyeurism subscales; numerous DSM IV paraphilias, including Pornography, Fetishes, Bondage/Discipline, Sexual Sadism, Sexual Masochism; physiologic indices, such as, Sexual Functioning and Body Image; clinical/emotional scales, such as Sexual Inadequacies, Emotional Neediness, Cognitive Distortions and Immaturity, Suicide; behavioral scales, which may be related to deviant sexual behaviors; accountability measures that assess the offender’s use of justifications and excuses, a Sex Knowledge scale, Gender Identity and Orientation indices, treatment information measures, and, Sexual and Social History indices.

For the purposes of this study, the following subscales will be used: Social/sexual inadequacies, Emotional Neediness, and the Cognitive Distortions/Immaturity subscales.

The Substance Abuse Subtle Screening Inventory – 3 (SASSI-3) is designed to identify individuals who have a high probability of having a substance use disorder. Being comprised of both obvious and subtle items, it is particularly useful in identifying those individuals who are

experiencing difficulties with substance abuse but are unwilling or unable to acknowledge them. It is highly reliable in distinguishing between dependent drinkers, drug users, and the control group. It has been nationally standardized and cross validated, using “normal,” criminal justice (probation), detox, and intensive outpatient treatment (IOP) populations. This instrument is effective for use with both males and females, across ethnic groups, and only requires a reading age of 10 or 11. The SASSI-3 is designed to measure general defensiveness, corrections involvement, and characteristics of family of origin, in addition to symptoms of alcohol and drug abuse.

Validation of this instrument has been extensive. Cross validation has been done using the Psychological Screening Inventory (PSI), the MMPI (Hathaway & McKinley, 1951), the Risk Prediction Scales (RPS) (Indiana Division Of Addiction Services, 1978), and the Profile of Adaptation to Life-Holistic Form (PAL-H) (Ellsworth, 1978), and the DSM-IV (APA, 1994). For this study, the total score was obtained, assessing drug and alcohol use and abuse.

Reliable data from retrospective investigations of childhood abuse and neglect are often difficult to obtain. They are often confounded by the unstable nature of clinical and criminal populations. Research findings have found that retrospectively obtained histories of childhood experiences are generally stable over time, show good agreement with reports of other informants, (e.g. siblings), and are often verified when archival data are available (Brewin, Andres & Gotlib, 1993; Dill, Chu, Gorb & Eisen, 1991). To assess childhood trauma, the Childhood Trauma Questionnaire (CTQ) was used (Bernstein, Stein, Newcomb, Walker, Pogge, Ahluvalia, Stokes, Handelsman, Medrano, Desmond, and Zule, 2003). The CTQ is a 28-item self-report instrument developed to retrospectively assess experiences of abuse and neglect in childhood, as well as related aspects of the child-rearing environment. Since it is less time

consuming than structured interviews, this measure is suitable for large-scale correlational studies of the adult sequelae of childhood trauma (Bernstein, et al, 1994). Items are rated using a 5-point Likert-type scale measuring frequency at which experiences occurred. It requires about 5-10 minutes to complete and is validated for use with both adult and adolescent populations, clinical and non-clinical populations (Bernstein, et al, 1994; Bernstein, et al, 2003; Bernstein, Ahluvalia, Pogge, & Handelsman, 1997).

Initial validity and reliability of the CTQ was based on the 70-item version, which produced four factors with an adult sample, and five factors with an adolescent sample. Research findings of the 70-item CTQ support strong test-retest and internal reliability, as well as strong face, convergent, and discriminate validity (Bernstein et al, 1994). Further factor analysis and validation produced the current brief version, with a relatively simple factor structure and little variation across diverse populations. The 28-item version has 25 clinical items and 3 validity items. It has been tested across 4 samples: adult substance abuse patients in New York, adolescent psychiatric inpatients, substance abusers in southwest Texas, and a normative community sample (combined N=1978) (Bernstein, et al, 2003).

Research Hypotheses

Hypothesis 1: Female sex offenders will have less dependency on drugs and alcohol than women who commit non-sexual offenses.

Hypothesis 2a: Female sex offenders will have suffered more overall childhood trauma than non-sexual offenders.

Hypothesis 2b: Female sex offenders will have suffered more severe sexual abuse than non-sexual offenders.

Hypothesis 3a: Female sex offenders will have higher levels of Dependent Personality Disorder than non-sexual female offenders.

Hypothesis 3b: Female sex offenders will have lower levels of Antisocial Personality Disorder than non-sexual female offenders.

Hypothesis 4: Female sex offenders will have lower levels of social competence than non-sexual offenders.

Hypothesis 5: Female sex offenders will have more emotional neediness than non-sexual female offenders.

Hypothesis 6: Female sex offenders will have higher levels of cognitive distortions than non-sexual female offenders.

CHAPTER 4

METHODOLOGY

Research Design

This research study used a correlational design, comparing two independent groups on the same measures.

Several objective measures were administered to each group.

- The Multiphasic Sex Inventory – II – female version (MSI-II), a measure of sexual and general deviance;
- The Substance Abuse Subtle Screening Inventory – 3 (SASSI-3), an instrument used to assess alcohol and drug use and abuse, as well as general defensiveness;
- The Childhood Trauma Questionnaire (CTQ), a measure of past experiences of childhood trauma.

Sample

The sample for this study was obtained from the incarcerated female population in the State of Georgia. A purposive sample of both female non-sexual offenders and female sex offenders was identified. Demographic data was matched for the two groups. The sample consisted of 130 participants, 60 sexual offenders and 70 non-sexual offenders. This sample size sufficiently met the criteria for statistical power of .86, with a medium effect size, and a .05 significance level (Cohen, 1988). At the time of this study, there were 100 female sex offenders in the prison system in the State of Georgia. After excluding those with below 80 IQ scores, and Level IV mental health status, 70 sex offenders were offered the opportunity to participate. Ten

declined to participate, leaving a sample size of 60. The non-sex offender group was chosen by the officials at each of the three state female prisons. The inmates who met the inclusion criteria and were available during the testing period were sent to the study area. After reading the consent form, they were allowed to leave if they chose not to participate. More non-sex offenders were then read the consent form until the number consenting to participate matched the number in the sex offender group.

Criteria for inclusion in the study sample included the following requirements:

1. The subjects must be at least 18 years of age.
2. The subjects must be able to read and speak English.
3. The subjects must have an IQ score above 80, and mental health status of level I, II, or III (all inmates with mental health status of Level IV will be excluded).
4. The subjects must have privileges within the institution to allow time to complete the test battery.
5. Each participant must sign the informed consent form.

The female sex offender group had committed a forcible sexual assault against a non-consenting partner, or a sexual offense against a child under the age of 18. The sexual offense could range from fondling to forcible rape. Only those females who have committed “hands-on” crimes were considered. Offenders who committed exposure, prostitution and commercialized vice, voyeurism, or other hands-off crimes were not included in this study. Victims were either male or female. The comparison group of female offenders had committed any serious crime against another person, not involving sexual contact.

Participation in this study was strictly voluntary. Participants' identities and any identifying information were kept confidential. Since prison inmates have limited power, rights and free consent, the following assurances and provisions were given:

1. The participants may withdraw from the study at any time without affecting their status or legal rights.
2. Participation or nonparticipation will not reflect in any way in the institutional records of the inmates.
3. No information obtained from the interview or the test battery will not become part of the inmates' institutional record.
4. No information obtained from the interview or the test battery will be shared with any person associated with the correctional facility or the Georgia Department of Corrections.
5. Participation in this study will not in any way affect the inmate's release, institutional treatment, housing or other benefits.
6. All tests and materials will be maintained and held under lock and key by the researcher outside of the institution

Procedure

Full support and permission from the Georgia Department of Corrections (GDC) was granted for this study. Full Institutional Review Board (IRB) approval was granted, and subsequently approved by the GDC. Each institution was contacted to discuss the logistics of the study, dates, and procedures for data collection. A contact person at each institution was identified. A master schedule and calendar was developed, and logistics of the testing procedure agreed upon.

Data was collected at the three women's state prisons in Georgia: Metro State Prison in Atlanta, Pulaski State Prison in Hawkinsville, Georgia, and Washington State Prison in Davisboro, Georgia. In groups of 25, the inmates were read the consent forms. This researcher was present at all times to give verbal instructions, answer any questions, and administer and collect all test materials. Each inmate who consented to participation in the study was assigned a number. This number was kept on a master list, correlating the names with the numbers. This list was in the possession of the researcher at all times, and destroyed prior to leaving each prison. The numbers were the only identifying information placed on each piece of the test battery. The women were given 3 hours to complete all the test materials. They were able to leave the testing area after they completed the material and handed all test materials to the researcher. The researcher mailed the MSI-II to be scored by Nichols and Molinder Assessments, Inc. This researcher hand scored the CTQ and the SASSI-3.

Bivariate analysis, using independent samples t-tests, were used to test for significant relationships among the variables. Pearson's r was used to assess the strength of the correlations. The data was analyzed using SPSS.

Instrumentation

Multiphasic Sexual Inventory - II

The Multiphasic Sexual Inventory – II – female version (MSI-II) consists of 560 items of true/false statements. It takes approximately 90 minutes to complete. It requires a 7th grade reading level. It has been normed on a sample of “normal” females, female sex offenders, and non-admitting (but guilty) female sex offenders throughout most regions of the United States.

To establish content validity, information was obtained from standard knowledge and texts in the field, i.e. sex knowledge and beliefs from McCary (1971) and Zilbergeld (1980),

thinking errors from Yochelson and Samenow (1978), and personality characteristics from the Diagnostic and Statistical Manuals (APA, 1980, 1987). The large number of items and the diversity of the item content tend to indirectly increase its validity (Nichols & Molinder, 1996). To counter a respondent's tendency to present in favorable light or respond to items based on extraneous factors other than the specific content of the statement, the MSI-II contains social desirability and lie subscales. The validity scales, including the Lie and the Dissimulation scales, have been found to correlate with the validity scales on the MMPI (Hathaway & McKinley, 1951), namely the Lie and Defensiveness subscales (Nichols & Molinder, 1996).

Campbell and Fiske (1959) have discussed the need for measures of a construct to not correlate too highly with measures of a different construct, but be related to measures of the same construct. To establish discriminate validity, scales on the MSI-II were correlated with demographic variables, i. e., age, education, ethnicity, marital status, occupation, and IQ, using a census matched Pre-Treatment Sex Offender sample (n=1551). Findings indicate no significant correlation between the subscales and these variables, illustrating the scales are independent of the effects of demographic variables and relatively free of unwanted variance, thereby increasing discriminate validity (Nichols & Molinder, 1996). In correlations with the MMPI validity and clinical scales (Hathaway & McKinley, 1951), the MSI-II scales were relatively independent of the MMPI personality scales and independent from each other. On the other hand, numerous scales on the MSI-II and the MMPI (Hathaway & McKinley, 1951) were correlated, suggesting a common construct and convergent validity. Nichols and Molinder (1996) refer to this common construct as "psychosexual disturbance" (p. 57). Criterion-related validity was established by analyzing the mean differences between 8 distinct samples. Highly significant differences were

found for all the groups. Results further support the ability of the MSI-II to differentiate between samples and in the direction predicted (Nichols & Molinder, 1996).

For purposes of this study, the following variables were measured using the stated subscales to compare the two study groups:

1. Personality Disorders
 - a. Personality subscale, which produced a profile of personality disorder indicators using the diagnostic criteria from the DSM-IV.
2. Emotional neediness
 - a. Emotional neediness subscale: This subscale is designed to tap into an individual's inner need for love and affection and the need to quell feelings of insecurity, inferiority, loneliness and separation (Nichols & Molinder, 1996). It has a reliability coefficient of .88.
3. Social competence
 - a. Social/sexual inadequacies subscale: This subscale is designed to tap into an individual's pervasive feelings of ineptness and powerlessness about how to relate and be sexual with others. This scale was used to assess the individual's beliefs and adequacies in social/sexual functioning, desire for and emotional bonding with age appropriate partners and consensual sexual engagement. It has an internal reliability coefficient of .80.
4. Cognitive distortions
 - a. Cognitive distortions/Immaturity subscale: This subscale was designed to measure the level of thinking error patterns ascribed to by the individual. These are of a more general nature than just pertaining to sexual offending.

They include attitudes of feeling like a victim, displacing blame, and justifying actions. This subscale has an alpha coefficient of .85.

Substance Abuse Subtle Screening Inventory – 3

The SASSI-3 is a well-known and widely used assessment of chemical dependency, defensiveness, obvious and subtle attributes of substance abuse. The SASSI-3 takes less than 15 minutes to complete and is comprised of 67 true/false items, in addition to a 26 item self-report section on substance abuse. It is hand scored, using a template with decision rules outlined. A total score is obtained.

Validation of this instrument has been extensive. It has been normed and validated using DSM-IV criteria for substance abuse. To increase the convergent and discriminate validity of the measure, the SASSI-3 composite decision rules and the subscales have been highly correlated with other major instruments in the field. The SASSI-3 psychological subscales (Defensiveness, Subtle Attribute and Obvious Attribute) have been cross-validated with the Psychological Screening Inventory (PSI) (Lanyon, 1973), and the MMPI (Hathaway & McKinley, 1951). In attempts to validate the instrument's ability to discriminate abusers from non-abusers, discriminate analysis was done using the Risk Prediction Scales (RPS) (Indiana Division Of Addiction Services, 1978), the Profile of Adaptation to Life-Holistic Form (PAL-H) (Ellsworth, 1978), and the Drug Alcohol subscale (PAL-5) from the Profile of Adaptation to Life-Holistic Form (PAL-H). This validation process increased the predictive ability of the SASSI-3 in identifying early stage abusers and highly defensive subjects. Like the MSI-II, the SASSI-3 includes a social desirability measure to rate the tendency of the respondent to describe themselves in a socially desirable light, or fake/good the results. The SASSI-3 has an overall

reliability of .93, correctly identifying individuals suffering from Alcohol and Drug Dependency Disorder (Miller, 1985).

From the SASSI-3, the total score will be used to compare the two groups.

Childhood Trauma Questionnaire – brief version

The Childhood Trauma Questionnaire - brief version (CTQ) (Bernstein et al., 2003) was used to assess amount of trauma suffered in childhood. This 28-item self-report instrument, developed to retrospectively assess experiences of abuse and neglect in childhood, as well as related aspects of the child-rearing environment, requires only 5-10 minutes to complete. Items are rated using a 5-point Likert-type scale measuring frequency at which experiences occurred. Factor analysis has produced 5 clinical scales – physical, sexual, and emotional abuse, and physical and emotional neglect. Overall trauma included the 5 factors: *physical neglect*, the deprivation of the child's basic needs, including food, shelter, safety, and health; *emotional neglect*, the failure of caregivers to provide basic psychological and emotional needs, including love, encouragement, belonging, and support; *physical abuse*, bodily assaults on the child by an older person; *emotional abuse*, verbal assaults by an older person on the child's sense of self-worth, including humiliating, demeaning, or threatening; and *sexual abuse*, sexual contact or assault on a child by an older person (Bernstein & Fink, 1998).

It has been validated for use with both adult and adolescent populations, as well as clinical and non-clinical populations. The 28-item version has 25 clinical items and a three-item Minimization/Denial validity scale, developed to detect underreporting of maltreatment (Bernstein & Fink, 1998).

The CTQ was designed to elicit *scripted or generic* memories (Neisser, 1982; Bernstein & Fink, 1998). These memories are of a more general nature, asking respondents to recall the

frequency of past events, not to remember detailed or specific episodes of abusive behavior. Central themes of how and when the abuse took place are generally remembered with reasonable accuracy (Olio, 1994; Williams, 1994). The CTQ was designed to overcome the problems in previous measures of childhood traumatic experiences. To date it is the only trauma measure to have undergone the extensive validation research necessary to place an instrument on solid psychometric footing (Bernstein & Fink, 1998).

Initial validity and reliability of the CTQ was based on the 70-item version, which produced four factors with an adult sample, and five factors with an adolescent sample. Research findings of the 70-item CTQ support strong test-retest and internal reliability, as well as strong face, convergent, and discriminate validity (Bernstein et al, 1994; Scher, Stein, Asmundson, McCreary, & Forde, 2001; Wright, Asmundson, McCreary, Scher, Hami, & Stein, 2001). Further factor analysis and validation produced the current brief version, with a relatively simple factor structure and little variation across diverse populations. The CTQ has demonstrated measurement invariance (whether the items on a scale have the same meaning for diverse groups of respondents) across 4 clinical and community samples (combined N=1,978) (Bernstein et al., 2003). The 5-factor structure of the 28-item version of the scale has been extensively validated with data from over 4,000 individual respondents, males and females from 7 different clinical and community samples, representing a broad range of ages, socioeconomic status, and different racial/ethnic groups (Bernstein et al., 2003; Scher et al., 2001). Studies have demonstrated that self-reports on the CTQ scales are highly stable over time, and have shown good convergent and divergent validity with trauma histories that have been ascertained by other measures, namely the Childhood Trauma Interview (Fink et al., 1995).

Principal-components analysis yielded four factors accounting for 47.6% of the total variance between items. These factors include: physical and emotional abuse, emotional neglect (lack of emotional support), sexual abuse, and physical neglect (food, shelter). The instrument yields scores for each factor, as well as a total score, the average of the four factor scores. The four factors displayed high levels of internal consistency (Cronbach's $\alpha = 0.79-0.94$), and an α of 0.95 on the entire scale. The test-retest reliability of the CTQ was high, ranging from 0.80-0.83 for the four factors, and 0.88 for the entire scale (Bernstein et al., 1994). The CTQ demonstrated strong convergent validity with the Childhood Trauma Interview, a brief, structured interview (Fink, Bernstein, Foote, Lovejoy, Ruggiero, Handelsman, 1993). Convergent and discriminate validity was good, correlating well with the Shipley Institute for Living Scale (Zachary, 1986), the Evaluation of Lifetime Stressor (ELS; Krinsley et al., 1997), the Child Maltreatment Interview (Briere, 1992), the Childhood Trauma Interview (Fink, et al., 1995), comparing scores of clinical groups, a sample of female HMO members, and a sample of chronic pain patients. To establish concurrent validity, CTQ scales were compared with the measures of four common traumatic consequences: depression, posttraumatic stress disorder, dissociation, and alexithymia. All types of maltreatment measured by the CTQ were significantly associated with psychological disturbance found on all four symptom measures (Bernstein & Fink, 1998). To control for socially desirable responding, the CTQ contains the Minimization/Denial Scale. This scale exhibited a strong association with the well-validated measure, the Balanced Inventory of Desirable Responding (BIDR; Paulhus, 1991).

The total scores was used in the analysis to evaluate severity of childhood trauma. The factor II (sexual abuse) score was used to assess the severity and frequency of sexual abuse experienced as a child.

Power Analysis

Lipsey (1990) defined statistical power as “the probability that a statistical test of the null hypothesis will yield statistical significance when the null hypothesis is, in fact, false, for the population from which the sample is drawn” (p. 28). Statistical power is the probability of avoiding a Type II error; that is, incorrectly accepting the null hypothesis when it is really false. The power analysis consisted of a priori choosing the levels for four factors: the tests to be run, alpha level, sample size, and effect size.

Statistical tests. Independent sample t-tests were used to determine the relationship between the two groups on the outcome measures.

Alpha level. An alpha level of .05 was used to analyze the significance of all of the relationships.

Sample size. Sample size is a major determinant of the amount of sampling error affecting the results of the analysis. The smaller the sample, the greater is the sampling error. To reduce errors and add power to the analysis, a sample size of 130 was used. This number is sufficient to significantly reduce sampling error.

Power: Power is the probability of avoiding Type II errors. To detect meaningful differences, Cohen (1988) recommended .80 as a minimal standard. For a medium effect size, at the .05 significance level, Cohen’s statistical power tables recommend 100 participants for power of .86. This study had 130 participants. Therefore, the probability of committing a Type II error would be less than .14.

CHAPTER 5

RESULTS

The sample size of this study contained 130 females incarcerated in three women's prisons in the State of Georgia. The female sex offender sample contained 60 women, while the comparison group of non-sex offending women contained 70 women. However, not all of the women completed all of the information asked, accounting for variability in the sample sizes for each variable measured. Demographic data show that the two groups are equal and evenly matched, enhancing comparison of the groups on the variables measured.

This study surveyed 70 non-sex offenders and 60 women convicted of committing sex crimes against children. As part of the MSI-II pretest questionnaire, participants were asked about any involvement in sexually deviant behavior. Of the women in prison for non-sexual offenses, 2 of them admitted to committing child molestation, 8 of them admitted to committing rape against a helpless individual, 7 admitted to working as a prostitute, 1 admitted to making and selling child pornography, 1 admitted to peeping, and 1 admitted to attempting rape. One woman invalidated the MSI-II test battery with inconsistent and random responding.

Of the 60 women in the sex offender group, 27 admitted to molesting sexually a child, 4 minimally admitted to committing a sex offense against a child, and 24 admitted to being accused of a sexual offense against a child but did not admit committing the crime, and 10 admitted to working as a prostitute in addition to the sex crimes committed against others. Four of the sex offenders invalidated the MSI-II test results by "faking good," the endorsement of items to present one in a more favorable light than is even expected of individuals not in trouble

with the law for sexually deviant behavior, and presenting an asexual response set by denying normal sexual behaviors and interests common to most individuals.

Demographics

Age of the sample followed a normal distribution, ranging from 20 to 68 years old. Twenty-seven percent of the sample was between 36 and 40 years old, and 18% between 31-35 years old (see Table 1). The mean age for both groups was 36 years old. The sex offender group tended to be slightly older than the non-sex offender group. No significant differences existed between the two groups.

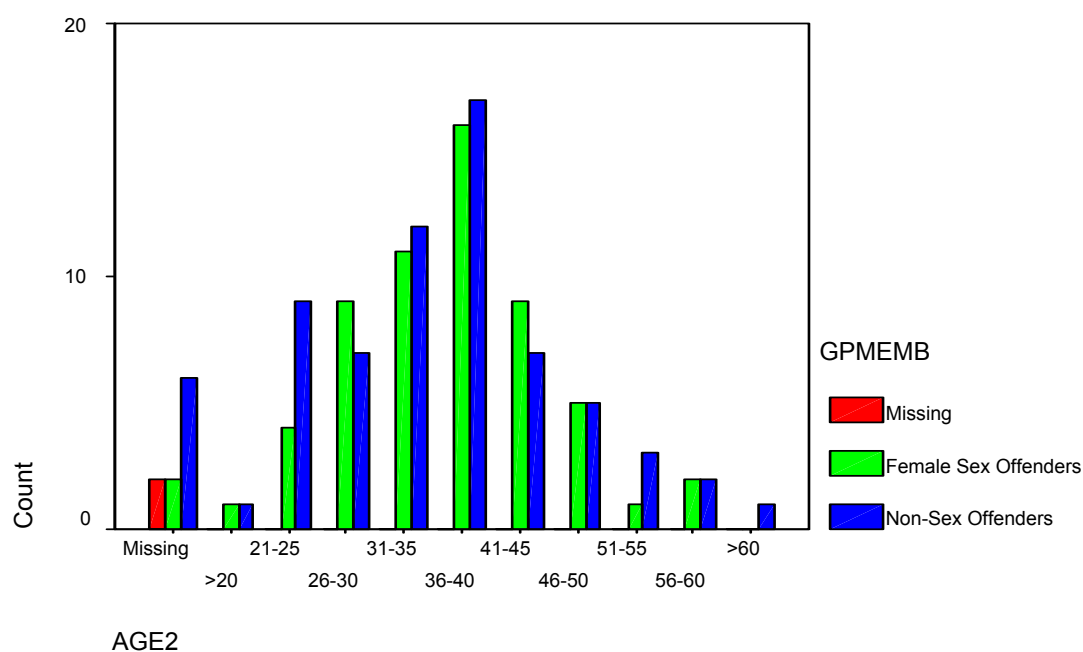


Figure 1. Age distribution.

Only 67 of the total sample (N=130) disclosed their race. Of the responding women, 45 women (69.2%) said they are White, 17 women (26.2%) said they are African American, and only 3 women (4.6%) endorsed “Other”. Both groups were evenly matched on the race factor. Of the sex-offending group (n=28), 22 were White (78.6%), while only 6 were African American (21.4%), none endorsed “Other” in this group. In the non-sex offending group (n=37), 23

(62.2%) were White, while 11 (29.7%) were African-American, and 3 (8.1%) said they were “Other.” Chi-square analysis revealed no significant differences between the two groups ($2, N = 65) = 3.31, ns$).

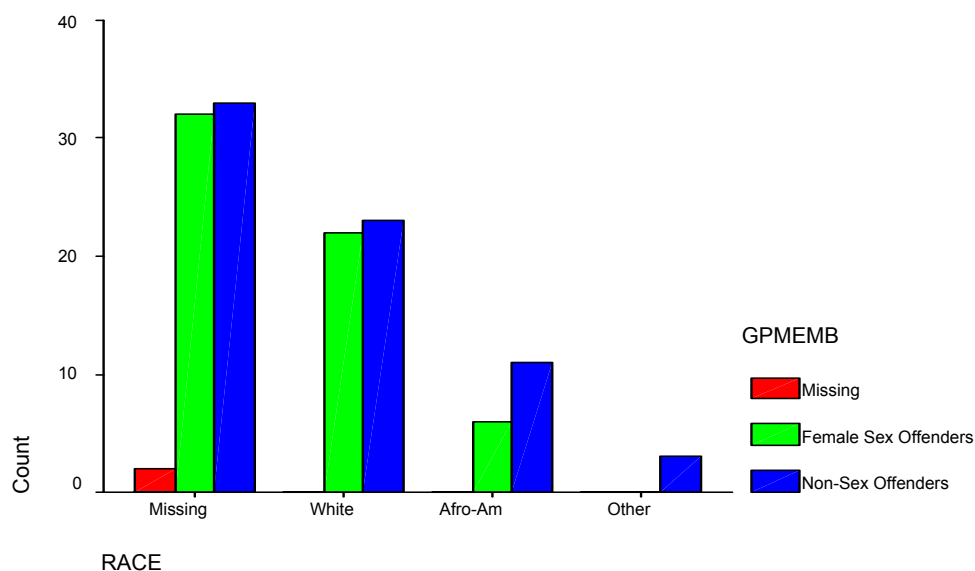


Figure 2. Race distribution.

Educational level was also measured. Of the total sample ($n=119$), 41.2% had not graduated from high school, while 30.3% had graduated from high school or had a Graduate Equivalency Diploma (GED), and only 14.3% had some college, trade, or vocational schooling. None of the sample had a college education. The female sex offenders had less education than the non-sex offenders. They had higher frequencies of leaving school prior to completing the 9th grade, and were less likely to complete high school. However, the sex offending group had higher rates of attending some college, 20.7% compared to 8.2% for the non-sex offenders, (see Table 7). Chi-square analysis revealed no significant differences between the two groups ($3, N = 119) = 5.34, ns$).

A Chi-Square analysis was conducted to determine if significant differences existed between the two comparison groups. No significant differences were found between the two

Table 7

Educational Level by Groups, Reported in Percentages

| Educational level | Sex offenders (n=58) | Non-sex offenders (n=61) | Total (n=119) |
|---|-------------------------|-----------------------------|------------------|
| < 9 th grade | 16.1 % | 10.0 % | 14.3 % |
| < 12 th grade | 36.2 | 45.9 | 41.2 |
| High school graduate | 25.9 | 34.4 | 30.3 |
| Some college, trade or vocational schooling | 20.7 | 8.2 | 14.3 |
| College degree | 0 | 0 | 0 |

groups on the demographics variables of age, race, and education. This finding confirms the equality of the two groups for comparison purposes.

Sexual orientation and gender identity were explored to assess the differences between the two groups on these dimensions. Sexual orientation was measured on the MSI-II (female version) by endorsement of 1 of 4 statements: fear of being gay, states being homosexual, has had sex with both men and women, or states being heterosexual. Twice as many women in the non-sex offender group (n=63) claimed to be homosexual than in the sex-offending group (n=54); yet, twice as many women in the sex-offending group feared being gay (11.1% compared to 4.8% of the non-sex offender group). More women in the non-sex offender group claimed to be heterosexual than in the sex offender group (36.5% compared to 27.8%). In the highest category endorsed, an equal number of women (26) from both groups said they have had sex with both men and women. However, a chi-square analysis revealed these frequencies were not statistically significant.

Gender identity was measured by endorsements to any of the following 7 statements: as a child felt like a male, as a teen felt like a male, think/feel like a male, always felt like male, feel

male in female body, wishes had male genitals, and often wishes to be male. The majority of both groups endorsed none of the above statements, illustrating few women in the sample have gender identity issues. Although a Chi-square analysis revealed the results were not significant, slightly more of the non-sex offender group endorsed 1 or more of the statements (see Table 8).

Table 8

Frequency Distribution of Endorsements on Gender Identity Subscale

| Number of endorsements | Sex offenders (n=54) | Non-sex offenders (n=63) |
|------------------------|----------------------|--------------------------|
| 0 | 31 | 34 |
| 1 | 12 | 16 |
| 2 | 4 | 4 |
| 3 | 2 | 2 |
| 4 | 3 | 3 |
| 5 | 1 | 2 |
| 6 | 0 | 0 |
| 7 | 1 | 2 |

There were no differences found between the two groups in sexual knowledge and beliefs, as measured on the MSI-II. However with a cut off score of 17, neither the sex offender group ($M = 17.15$) nor the non-sex offender group ($M = 17.08$) have adequate knowledge about sexual anatomy, physiology, and sexual functioning. Both groups were found to be in need of accurate sexual knowledge.

Results of Hypotheses Testing

Substance Use and Abuse

In Hypothesis 1, it was hypothesized that female sex offenders would have less dependency on drugs and alcohol than women who commit non-sexual offenses. The SASSI-3 was used to assess use and abuse of alcohol and drugs. Separate scores were given for each

dimension. An independent samples t-test was performed finding no significant differences between the 2 groups in alcohol and drug use and abuse; thus, the null hypothesis was upheld. However, interestingly, the sex offending group ($n=56$) had a higher mean score on the alcohol dimension than the comparison group, $M = 11.21$ compared to $M = 9.26$; while the non-sex offending group ($n=70$) had a higher mean score on the drug use dimension than the sex offending group, $M = 15.17$ to $M = 11.36$.

Childhood Trauma

In Hypothesis 2a, it was hypothesized that female sex offenders would have experienced more severe childhood trauma than the non-sex offender control group. Childhood trauma was measured using the Child Trauma Questionnaire (CTQ). The five subscales on the CTQ measure emotional neglect, physical neglect, emotional abuse, physical abuse, and sexual abuse. Using an independent samples t-test, statistically significant results were found. The sex-offending women suffered significantly higher rates of total childhood trauma ($t = 2.894$, $p < .004$) (see Table 9). A total score was a summation of scores on all the 5 subscales. Table 9 summarized the results of the CTQ.

Statistically significant differences were found between the sexual offenders and the non-sex offenders in the areas of emotional abuse ($t = 2.417$, $p < .017$), physical abuse ($t = 2.515$, $p < .013$), and physical neglect ($t = 2.047$, $p < .043$). Although the sexual offenders suffered more emotional neglect ($M = 12.58$ vs. $M = 11.09$), no statistically significant differences were found between the two groups in the area of emotional neglect (see Table 9).

Sexual Abuse

In Hypothesis 2b, it was hypothesized that the female sexual offenders would have experienced a higher frequency of sexual abuse than women who commit non-sexual offenses.

The sexual abuse subscale on the Child Trauma Questionnaire (CTQ) was used to measure this variable. Using an independent samples *t* –test, statistically significant results were found (see Table 9). The sex-offending group scored significantly higher on the subscale measuring childhood sexual abuse ($t = 2.884$, $p < .005$). The CTQ contains a validity scale to assess denial and minimization. Although not statistically significant, the sex offender group scored lower on this subscale than the non-sex offenders ($M = .47$ compared to $M = .61$), indicating the non-sex offenders may have presented in a more favorable light, being less honest about abuse suffered.

Table 9

Total Trauma and Specific Abuse Suffered

| Scale | | Mean | Significance | r |
|------------------------|--------------------------|-------|--------------|--------|
| Total childhood trauma | Sex offenders (n=60) | 62.18 | .004 | - .248 |
| | Non-sex offenders (n=70) | 50.57 | | |
| Emotional Neglect | Sex offenders (n = 60) | 12.58 | .112 | ns |
| | Non-sex offenders (n=70) | 11.09 | | |
| Emotional Abuse | Sex offenders (n=60) | 14.02 | .017 | - .209 |
| | Non-sex offenders (n=70) | 11.54 | | |
| Physical Neglect | Sex offenders (n=60) | 9.15 | .043 | - .178 |
| | Non-sex offenders (n=70) | 7.79 | | |
| Physical Abuse | Sex offenders (n=60) | 11.88 | .013 | - .217 |
| | Non-sex offenders (n=70) | 9.44 | | |
| Sexual abuse | Sex offenders (n=60) | 14.55 | .005 | - .247 |
| | Non-sex offenders (n=70) | 10.74 | | |

Personality Disorder Indicators

In Hypotheses 3a and 3b, it was hypothesized that the female sex offenders would have higher levels of Dependent Personality Disorder and lower levels of Antisocial Personality Disorder than the non-sex offender group. Characteristics of personality disorders were measured using the personality disorder indicator subscale on the MSI-II (female version). This scale was developed to assess the similarities of the responses to the DSM-IV-R personality disorders diagnostic criteria. The results are not a diagnosis of a personality disorder, but rather, an indicator of personality traits in the respondent similar to the identified disorders. It was hypothesized that differences would exist between the two groups, with sex offending women having more dependent and borderline personality characteristics, while non-sex offending women would have more antisocial personality traits. Results indicated that 21 (38.9%, n=54) of the sex-offending women had no personality disorder indicators compared to 16 (25.4%, n=63) of the non-sex offending women. Table 10 illustrates the frequencies of the personality disorders.

The findings upheld the null hypotheses; no differences exist between the two groups in terms of frequency of Dependent and Antisocial personality disorder indicators. Both groups have similar personality disorder indicators. One personality disorder was found in only 18 of the 54 female sex offenders, while over one-half (33) of the 63 non-sex offenders showed only one personality disorder. Multiple personality disorder features were found in 15 of the sex offenders, and 14 of the non-sex offenders. It appeared that the distribution of personality disorder indicators is equally dispersed between the groups, with only slight differences. Sex offending women appeared to have slightly more Schizoid, Borderline and Dependent indicators, while the non-sex offending women had slightly more Antisocial and significantly more

Histrionic personality disorder indicators among the sample. Incidence of paranoid features was equal for both groups. Interestingly, only 1 female sex offender had dependent personality disorder features, but 11 of the 15 with multiple features had dependent as one of the features. Yet, 9 of the non-sex offenders had dependent features, illustrating little difference. Dependent personality disorder was not unique to female sex offenders. Similar results were found for borderline and avoidant personality disorders. Little difference existed between the two groups, indicating female sex offenders do not have more of these features than other women in prison.

Table 10

Frequencies of Personality Disorder Indicators: Totals

| Personality Disorder Indicators | Sex Offenders (n = 54) | | Non-sex offenders (n = 63) | |
|---------------------------------|---------------------------|-------------------------|-------------------------------|-----------------------|
| None | 21 | | 16 | |
| | One indicator (n=18) | More than 1 (n = 15) | One indicator (n=33) | More than 1 (n=14) |
| Paranoid | 2 | 10 | 7 | 5 |
| Schizoid | 0 | 4 | 1 | 0 |
| Antisocial | 6 | 1 | 5 | 5 |
| Borderline | 5 | 13 | 4 | 8 |
| Histrionic | 3 | 1 | 10 | 7 |
| Avoidant | 1 | 4 | 1 | 3 |
| Dependent | 1 | 11 | 5 | 4 |

Social/Sexual Inadequacies, Emotional Neediness, Cognitive Distortions

In Hypotheses 4, 5, and 6, it was hypothesized that the female sex offenders would have higher levels of social-sexual inadequacies, emotional neediness, and cognitive distortions. Subscales on the MSI-II (female version) were used to measure differences between the two group in areas of social/sexual inadequacies, emotional neediness, and cognitive distortions.

An independent t-test was performed to evaluate any differences. Results are summarized in Table 11. Statistically significant differences were found in the area of social/sexual inadequacies ($t = 2.373$, $p < .019$). The null hypothesis is rejected; differences do exist between the two groups in terms of social/sexual functioning. No significant differences were found for emotional neediness. However, mean scores for both groups were found to be in the “loneliness and neediness evident” category. The sex-offending women scored slightly higher ($M = 8.9$ compared to $M = 8.2$).

Although no significant differences were found on the cognitive distortions and immaturity subscale, both groups scored in the highest category, “marked lack of accountability and a blaming outlook.” This subscale is measured using the following categories: evidence of self-accountability, tends to lack self-accountability, feels like a victim of life, to marked lack of accountability and a blaming outlook. Scores above 7 fall in the highest category, “marked lack of accountability and blaming.” The mean scores for both groups (female sex offenders, $M =$

Table 11

Social/Sexual Inadequacies, Emotional Neediness, and Cognitive Distortions

| Scale | | Mean | Significance | r |
|----------------------------|---------------------------|------|--------------|--------|
| Social/sexual Inadequacies | Sex Offenders (n=54) | 6.33 | .019 | - .216 |
| | Non-sex offenders (n= 63) | 4.78 | | |
| Emotional Neediness | Sex offenders (n = 54) | 8.89 | .438 | ns |
| | Non-sex offenders (n= 63) | 8.22 | | |
| Cognitive Distortions | Sex offenders (n=54) | 7.72 | .893 | ns |
| | Non-sex offenders (n=63) | 7.62 | | |

7.72; non-sex offenders, $M = 7.62$) fell into this highest category of the scale. Elevations of this subscale reveal emotional immaturity and feelings of being victimized and mistreated throughout life. This finding revealed that both groups in this sample of incarcerated women engage in a victim stance response style, including a pattern of blaming others for their circumstances.

Summary

The hypotheses testing revealed mixed results. The groups differed in terms of the amounts of total childhood trauma, including physical abuse and neglect, and emotional abuse, with the female sex offenders experiencing more total trauma in their childhoods. Differences in the rates of sexual abuse also differed significantly for the two groups, with the sex offenders again experiencing significantly more sexual abuse than the non-sex offending group. The two groups differed significantly in terms of social/sexual inadequacies, suggesting less social competence in the female sex offenders. The groups did not differ significantly in frequency of alcohol and drug use and abuse, nor in terms of emotional neediness and cognitive distortions. Results suggest both groups are emotionally needy, and both have problems being accountable for their behavior, frequently blaming others for their problems. No differences were found in terms of number of personality disorder indicators, nor in the kind of personality disturbances found in the women.

CHAPTER 6

DISCUSSION

The purpose of this study was to explore the differences and similarities between women who commit sexual crimes and women who commit non-sexual crimes. The variables explored in this study include the following: (a) drug and alcohol use/abuse; (b) childhood trauma; (c) sexual abuse; (d) personality disorders; (e) social competence; (f) emotional neediness; and, (g) cognitive distortions. In this chapter, the findings of this study are discussed in relation to the research literature, and implications for practice and treatment of female sex offenders.

The results of this study are important because they represent the first study comparing female sexual offenders with other female offenders using standardized, valid, and reliable instruments to collect data on the variables examined. The instruments used are the most commonly used in the field of trauma and sex offender evaluation throughout the United States as well as internationally. This study sought to improve upon the current scant research in the field of female sexual abusers. Becker, Hall, and Stinson (2001) enumerated the following limitations characterized by the current research literature: (a) small samples and chart reviews; (b) failure to utilize standard assessment instruments; (c) over reliance on self-report and interviews; and (d) absence of studies comparing abused women who have and have not gone on to sexually abuse others. This study used three test measures with strong psychometric properties to test the variable differences in the two groups. Using a comparison group adds valuable data and understanding about the factors, descriptors, and needs unique (or not so unique) to female sexual abusers.

As a result of research and understanding of male sexual offending, male sex offenders have been viewed as different from other male criminals. Due to the addition of deviant sexual arousal as a potent factor in sexual offending, male sex offenders have increased risk to act out in a sexually deviant manner. Therefore, specific assessment and treatment techniques are required to reduce the power of deviant sexual arousal, thereby reducing risk of recidivism. In applying what is thought about males, it is speculated that female sex offenders vary from non-sexual offenders, perhaps in the same ways as men vary. Meanwhile, others speculated that female criminals, despite the crime committed, are similar in characteristics and motivations. In addition, specific laws (civil commitment, sexual predator, registration and community notification laws) have been implemented to control and reduce sexual crime. Since the information on female sex offenders is limited, these laws, requirements, and treatment modalities designed to deal with male sex offender risk have been applied to female sex offenders. This study attempted to increase the knowledge and understanding specific to females who commit sexual crimes to inform risk assessment and treatment planning, and began to acquire data specific to the needs, factors, and risks of female sex offenders.

Demographics

Female sexual offenders share much in common with other incarcerated female criminals. On pretest questions, two of the non-sexual offenders admitted that they had molested a child, while eight admitted to committing rape against a helpless individual, one admitted to making and selling child pornography, and one admitted to attempting rape. Although these women had not been arrested or adjudicated for these sexual crimes, this information indicated some overlap in sexual crimes between the two groups. It is unknown the types and frequencies

of non-sex crimes committed by the female sexual offender sample. Hence, this overlap may have accounted for some lack of differences found between the two groups.

Demographic data showed little differences between the two groups in this current study, increasing the validity of the comparisons on the test variables. These similarities in demographic data may be due to the use of incarcerated samples. Incarcerated women tend to have few financial resources, poor educational backgrounds, and tend to function in the lower limits of societal expectations. Therefore, despite the reason for current incarceration, the profile of female prisoners may be similar. In the only studies to date comparing female sex offenders and non-sex offenders, Laque (2003) found no significant demographic differences between the incarcerated female sex offenders and female non-sex offenders. Hislop (1999) found few demographic differences.

Age

The ages of this sample ranged from 20 to 68, with a mean age of 36. Nationally, the mean age for female prison inmates was 31.1 years old (DOJ, 1994). In Georgia, the mean age of the female prison population was 35.75 (GDC, 2003). Studies of female sex offenders have found the mean age of offender samples to be in the 30s (Allen, 1990; Davin, 1999; Finklehor, Williams & Burns, 1988; Hislop, 1999; Mathews, Matthews & Speltz, 1989; Vandiver & Walker, 2002).

In this study, the female sex offenders ranged in age from 20 to 56, with an average age of 36. Thirty-four of the sex offenders chose not to give their age. The non-sex offender sample had an age range of 20 to 68, with an average age of 36.8. Both groups tended to be slightly older than the national and Georgia prison averages.

Race

Nationally, the majority of women in prison are Black. National numbers of females in state prisons revealed that 46% are Black; while 39.6% are Caucasian, 14.2% are Hispanic, and 3.6% identify as “other” (DOJ, 1994). In Georgia, the overall female prison population is 53% Black, and 47% is white (GDC, 2003). In the entire study sample, 69.2% of the participants identified themselves as White; 26.2% identified as Black; and 4.6% identified as “Other.” Only 50% of the sample answered the race question, possibly skewing the results. Of the 28 sex offenders who disclosed their race, 22 identified as Caucasian (78.6%), while only 6 identified as Afro-American (21.4%). This sample is similar to the Georgia Department of Corrections racial statistics for incarcerated female sex offenders as of January, 2003; of the 92 incarcerated female sex offenders, 78% identified as White, 21.9% as Afro-American (GDC, 2003). Other studies have found the majority of female sex offenders to be white (Allen, 1990; Davin, 1999; Faller, 1987; Hislop, 1999; Mathews et al., 1989; Vandiver & Walker, 2002; Wolfe, 1985). Of the non-sex offenders, only 37 of the 70 participants chose to disclose their race; of those, 23 identified as Caucasian (62.2%), 11 as Afro-American (29.7%), and 3 as “other” (8.1%).

Education

Nationally, 16% of female inmates have less than an 8th grade education; 45.8% have some high school; 22.7% are high school graduates; while, 15.5% have some college or more (DOJ, 1994). In the Georgia state prison system, 13% have less than a ninth grade education; 45% have less than a 12th grade education; 17% have completed high school; while 25% have more than a high school education (GDC, 2003).

This sample was similar to the national and state averages, with 14.3% having less than a 9th grade education; 41.2% having some high school; 30.3% reported being high school

graduates; while, 14.3% reported having some college or more. The education levels of the two groups were comparable. The sex offenders made it through the 9th grade more often than the non-sex offenders. Yet, more non-sex offenders graduated from high school. However, more sex offenders had had some college or technical schooling.

Factors Under Investigation

Substance abuse

This study found that female sex offenders tended to use and abuse drugs and alcohol at the same rates as the non-sex offender group, upholding the findings of other studies (Condy, 1985; Green & Kaplan, 1994). Although no statistically significant differences were noted in the two groups on measures of alcohol and drug use/abuse, it is of interest to note that the sexual offenders had higher rates of alcohol use/abuse, while the non-sex offenders had indicated higher rates of drug use/abuse. The sex offenders may tend to be more conventional and practical, using alcohol at higher frequencies because it is cheaper and more accessible than illegal drugs.

However, since many women are incarcerated due to involvement in drug use, the comparison sample may be skewed in that direction. In 1991, 32% of female in prison nationally were there due to drug offenses, compared to only 12% in 1986 (DOJ, 1994). In Georgia, approximately 20% of the female prison population were incarcerated due to drug sales or possession (GDC, 2003). Of total female inmates in Georgia state prisons, approximately 12% reported they are alcoholic or abuse alcohol, compared to nearly 30% who reported drug abuse and addiction (GDC, 2003). This may elevate the number of women in the comparison group in prison because of a drug conviction, or who have histories of drug abuse and addiction that have played a part in their recent incarceration.

Although no causal relationship has been determined, substance abuse has been found in female sexual offending samples (Faller, 1987; Hislop, 1999; Rowen, et al., 1990; Swink, 1989; Travin et al., 1990; Wolfe, 1985). Of 65 participants, Allen (1990) found 17% of were alcoholics, and 26% used other drugs. Faller (1987) found that 55% of her 40 participants reported using substances. In a meta-analysis of six core studies of female sex offenders, Dunbar (1999) concluded that alcohol abuse was a common factor in over one third of the molestation cases. Alcohol abuse in women is associated with issues dependency, passivity, insecurity, and narcissism (Mathews et al., 1989; Zimberg, 1983), and may be a linked to childhood physical abuse (Widom & White, 1997). These issues appeared to be evident in female sexual offenders.

Childhood trauma

Findings indicated the women who became sexual abusers suffered greater overall trauma as children, as well as more physical abuse, emotional and sexual abuse, and more physical neglect than female offenders of non-sexual crimes. Previous studies have found childhood deprivation and abuse in samples of female sex offenders (Allen, 1991; Faller, 1988; Mathews et al., 1989; McCarty, 1986). The current study's findings contradict those of the Hislop (1999) study, comparing incarcerated female sex offenders and non-sex offenders, which found that no differences existed between the two groups regarding childhood abuse. Hislop (1999) relied on a self-report questionnaire developed for the study. No differences were found in the severity of sexual abuse suffered as a child, the number of male partners, income, or family-of-origin pathology. Due to the unreliability of self-report data, the current study used the Child Trauma Questionnaire to overcome the limitations of the Hislop (1999) study in evaluating the differences in overall childhood trauma and sexual abuse. Overall childhood trauma included 5 factors: *physical neglect*, the deprivation of the child's basic needs, including food, shelter,

safety, and health; *emotional neglect*, the failure of caregivers to provide basic psychological and emotional needs, including love, encouragement, belonging, and support; *physical abuse*, bodily assaults on the child by an older person; *emotional abuse*, verbal assaults by an older person on the child's sense of self-worth, including humiliating, demeaning, or threatening; and *sexual abuse*, sexual contact or assault on a child by an older person (Bernstein & Fink, 1998).

The results of this study suggested that the female sex offenders have come from more deprived backgrounds than the other female offenders. They were subject to poor living conditions, not having enough to eat, and receiving little medical attention. They suffered extreme emotional, physical, and sexual abuse. Early childhood trauma can dramatically impact the lives and choices of individuals (Crouch & Milner, 1993; Kaplan, Pelcovitz & Labruna, 1999; Kendall-Tackett, et al., 1993; McMillan, et al., 2001). Childhood trauma has been linked to numerous adult dysfunctions, including post-traumatic stress disorder (Widom, 1999), depression (Brown, Cohen, Johnson & Smailes, 1999), psychopathy and aggression (Weiler & Widom, 1996), substance abuse (McClellan, Farabee & Crouch, 1997; Widom & White, 1997), the development of personality disorders (Widom, 1999), and intellectual and academic deficits (Perez & Widom, 1994). Trauma disrupts the normal developmental pathways needed to build appropriate coping skills, healthy personality organization, communication skills, social relationships, and feelings of self-worth.

The female sexual abusers in this study experienced greater physical abuse as children than did the non-sexual offenders. They experienced being physically hurt and physically neglected at a higher rate. Compared to non-abused adults, female sufferers of childhood physical abuse are more likely to abuse drugs and alcohol (Widom & White, 1997) and have increased risk for a major depressive disorder (McMillan et al., 2001). The families of

individuals who experience physical abuse are fraught with violence and dysfunction. In addition, children often witness spouse or partner abuse. These families are unable to provide them with the guidance, security, and social skills needed to adequately form new and supportive adult relationships. Familial abuse decreases an individual's personality organization and inhibits the development of a secure sense of self, thereby affecting the development of secure and healthy attachments to meet emotional and sexual needs. For female sex offenders who have suffered family violence and physical abuse, they may experience great difficulty negotiating interpersonal relations. These learned patterns of social isolation and social inadequacy affect a woman's ability to couple with a love partner in a satisfying and reciprocal relationship. For the female sex offenders, this may contribute to increasing their chances of choosing abusive partners who fail to fulfill the basic emotional and physical needs of these women.

In a study evaluating gender differences in the long-term consequences of physical abuse of children, Thompson, Kingree, and Desai (2004) found that, although men are more likely to experience physical abuse, women suffer greater negative consequences as a result. Women were significantly more likely than men to have acquired a mental health condition, used tranquilizers, or used antidepressants. Children who had experienced physical abuse had lower peer status, less positive interactions with peers, and were rated by peers as more aggressive and less cooperative (Salzinger, Feldman & Hammer, 1993). Physically abused children become isolated. Having fewer social supports hinders an individual from learning productive social skills, building positive attachments, and learning to negotiate the social world.

In an analysis of six previous studies of female sexual abusers, Dunbar (1999) outlined three psychosocial factors found significant in the etiology of female sexual offending: poor early mother-daughter attachment, impaired female identity formation, and the impacts of female

socialization and emotional dependency. When evaluating the current study findings with the results of this meta-analysis, mixed support for these factors was found. It is clear the early childhood bonds of female sex offenders were severely broken. Although this study did not explore mother attachment specifically, it is apparent that the sex offenders have few attachments in the deprived homes they came from. Often times in homes where abuse and neglect are frequent, mothers are the perpetrators, or are powerless to stop the abuse by their partners, leaving the children without the maternal nurturance and attachment needed for healthy personality formation (Groth, 1982; Lloyd, 1987; Wilking, 1990). The study results found significant childhood deprivation, which may contribute to a weak or non-existent attachment to mothers or any other significant caregiver. Giving further support to Dunbar's (1999) finding of problems in female identity formation, the female sex offenders in this study expressed more sexual orientation confusion than their non-sex offending counterparts. They were twice as likely to fear being gay; yet, claimed being gay at higher rates. This study also found support for the finding of impaired socialization and dependency issues outlined by Dunbar (1999). Due to deprived childhoods, and severe physical and sexual abuse, the socialization of the sex offenders appears handicapped. These experiences socialize females to see themselves as victims, thereby maintaining a passive and dependent position. It becomes commonplace to depend on others to meet her emotional needs because the female offender has few skills to meet them herself. Becoming emotionally dependent on abusive partners may a consequence, as well as turning to inappropriate sexual contact with children to meet one's emotional and sexual needs.

Sexual abuse

Women who sexually abuse children have suffered significantly more sexual abuse than women incarcerated for committing non-sexual crimes. Over twice as many non-sex offenders

reported experiencing no childhood sexual abuse (37 of 70 participants), compared to only 15 out of 60 female sex offenders reporting no childhood sexual abuse. Over 60% of the female sex offenders reported that sexual abuse to be severe to extreme, while, only 35% of the non-sex offenders reported severe to extreme sexual abuse. These results indicated the opposite of those found in the Hislop (1999) study, which found no significant differences between the female sex offenders and the comparison group of incarcerated non-sex offenders concerning sexual abuse histories.

In a sample of 16 female sex offenders, Mathews et al. (1989) found over one half reported childhood sexual abuse. Other studies looking at descriptive data of female sex offenders also found high rates of sexual abuse (Allen, 1991; Faller, 1988; Green & Kaplan, 1994; McCarty, 1986). The effects of childhood sexual abuse on development and adult pathology have been documented. Sexual abuse has been found to contribute to the development of depression, self-abusive behaviors, substance abuse, low self-esteem, role confusion (Gelinas, 1983), personality disorders (Saltman & Solomon, 1982), stress disorders (Spiegel, 1984), and sex and relationship difficulties (Maltz & Holman, 1987; Maltz, 2001). Sexual abuse can severely alter an individual's social growth and sexual development (Courtois, 2000). Women who have suffered sexual abuse have higher rates of sexual dysfunction (Gilbert & Cunningham, 1986; Laumann, Pail, & Rosen, 1999; Maltz, 2001). In a national study on sexual dysfunction, Laumann, Pail, and Rosen (1999) found that women who were ever sexually forced were more than twice as likely to have arousal disorders.

Maltz (2002, p. 323) has identified the "top 10" sexual symptoms experienced by adults who have suffered sexual abuse:

1. avoiding, fearing, or lacking interest in sex;

2. approaching sex as an obligation;
3. experiencing negative feeling such as anger, disgust, or guilt with touch;
4. having difficulty becoming aroused or feeling sensation;
5. feeling emotionally distant or not present during sex;
6. experiencing intrusive or disturbing sexual thoughts and images;
7. engaging in compulsive or inappropriate sexual behaviors;
8. experiencing difficulty establishing or maintaining an intimate relationship;
9. experiencing vaginal pain or orgasmic difficulties (women);
10. and in men, experiencing erectile, ejaculatory, or orgasmic difficulties.

These symptoms may play a part in the development of sexual deviance and inappropriate sexual behaviors with children. Since female sex offenders experience severe sex trauma, their ability to participate in getting their sexual needs met in an appropriate manner with an appropriate and healthy partner is severely limited.

As a result of the extreme sexual abuse suffered by the sex offending women, parenting and interactions with children may be detrimentally affected. Since much of parenting is learned through modeling, women survivors of sexual abuse may have similar parenting styles to their own parents. The transmission of poor boundaries, inconsistency, rejection, intrusiveness and inadequate nurturance are passed on from generation to generation. Individuals parent what they know, what they experienced, and saw in their homes of origin. In the parenting of mothers who were victims of childhood sexual abuse, the literature has noted inadequate maternal sensitivity and support (Cohen, 1995), difficulties in providing adequate care (Zuravin & DiBlasio, 1992), a seductive role reversal pattern with sons and increased hostility toward daughters (Sroufe, Jacobvitz, Manglesdorf, DeAngelo & Ward, 1985), more self-focused rather than child-focused

communication (Burkett, 1991), and they have been found to be more than five times more likely than nonabused women to have Child Protective Service contacts (Spieker, Bensley, McMahon, Fung & Osslander, 1996). Liotti (1992) noted that mothers with a history of unresolved trauma, including sexual abuse, are likely to turn to their children for comfort when their own attachment-related anxieties are triggered. Davin (1999) reported 71.7% of the co-offending perpetrators were mothers, and 23.3% of the independent offenders were mothers to their victims, and 36.7% were babysitters of the children. Hislop (1999) reported 30 of 56 female sexual offenders were related to their victims, and in an authority position.

The severe sexual abuse suffered by the female sex offenders may play a role in the development of sexually deviant interest in children. Alexander, Teti, and Anderson (2000) found that women who suffered from childhood sexual abuse and had unsatisfactory intimate relationships were more likely than either sexual abuse survivors with a satisfactory relationship or non-abused women to exhibit role-reversal behavior in the parenting of their children. Role reversal was evident in the woman's overdependence on her children to meet her emotional needs. Neither histories of physical abuse, parental alcoholism, child's gender, nor parenting stress were significantly related to role reversal. This finding suggests a unique and significant development in the formation of sexual deviant behavior toward children by women who have suffered childhood sexual abuse. Although both groups, sex offenders and non-sex offenders, exhibited similar levels of emotional neediness, this factor coupled with the severe levels of childhood trauma and sexual abuse found in the sexual offenders may play a part in their choice to act out sexually with children. For women with sexual abuse histories, making the leap from victim to survivor is crucial to a healthy expression of sexuality (Maltz, 2001; McCarthy, 2003). For the sexual offenders, histories of sexual trauma inhibit their ability to adequately and

effectively couple with healthy and caring partners. Their distorted and inaccurate pictures of sexual relationships further hinder healthy functioning.

Personality Issues

This study, using the MSI-II to objectively measure the personality disorder indicators, found few differences between the two groups. Twenty-one of the female sex offenders (38.8%) had no indicators of personality disorders, compared to only 16 of the non-sex offenders (25%). Of the other personality disorders evaluated, female sex offenders had more occurrences of Schizoid, Borderline, and Dependent personality disorders. The groups were similar in their indicators for Paranoid and Avoidant personality feature, while the non-sexual offenders indicated more features of Antisocial and Histrionic personality indicators. Many of the women in both group had indicators of several personality disorders. Of the 33 female sex offenders with some personality disturbance, 15 (45%) had multiple traits of diagnosable personality disorders, while only 14 (30%) of the non-sex offenders suffered from several different personality disorder indicators.

Borderline personality disorder was not unique to the female sex offenders. Borderline personality features were the most commonly found in both groups, followed by paranoid personality features. However, the paranoid finding may be an artifact of the sample being made up of women in prison. Paranoia may be a condition of this circumstance. Avoidant personality features were the least frequently found. Considering that this sample experienced much childhood trauma and sexual abuse, this finding refutes previous studies finding significant frequencies of avoidant personality features in samples of female survivors of childhood abuse. Female sex offenders, although victims of severe childhood sexual abuse, did not develop avoidant personality feature at high rates, indicating that perhaps sexual offending was a strategy

to engage with others, albeit inappropriate with others. Although psychopathic personality disturbance appears to be linked to male sexual offending (Hare, 1991; Quinsey, Lalumiere, Rice, & Harris, 1995; Yochelson & Samenow, 1976), little support for the personality theory has been found in this study.

It is clear that exposure to trauma as a child increases the risk of developing personality disorders. Numerous studies have found higher frequencies of personality disturbances in women who have childhood histories of trauma (Johnson, Cohen, Brown, et al., 1999; Johnson, Sheahan, & Chard, 2003; Haller & Miles, 2004). In a sample of adult female survivors of childhood sexual abuse, higher frequencies of avoidant, antisocial, and dependent personality disorders, along with avoidant coping styles, were found (Johnson, Sheahan, & Chard, 2003). In a study of drug-dependent women with childhood histories of physical and sexual abuse, borderline, masochistic and avoidant personality disturbances were found (Haller & Miles, 2004). While sexual abuse survivors were twice as likely to have antisocial indicators, no association was found between childhood sexual abuse and borderline personality disorder (Haller & Miles, 2004).

It has been suggested that female sex offenders suffer from traits associated with personality disorders, particularly borderline and dependent personality indicators (Allen, 1990; Hislop, 1999; Mathews et al., 1989; Mayer, 1992; McCarty, 1986; Travin, et al., 1990; Wolfe, 1985). In a study of 11 female sex offenders and 11 non-sex offenders, Green and Kaplan (1994) found a mean of 3.6 personality disorders per female sex offender, compared to 2.4 for the comparison group. Avoidant and dependent personality disorders were noted more frequently in the sex offending group, while antisocial personality disorder was noted more frequently in the non-sex offender group (Green & Kaplan, 1994). Using the DSM-III-R

diagnostic criteria as a guide in her self-report questionnaire, Hislop (1999) found 16 of the 43 participants (37%) met the criteria for a diagnosis of Dependent Personality Disorder. The results of this study did not uphold previous speculations regarding personality disorders in women who commit sex offenses.

Social/Sexual Inadequacies

Significant differences between the two groups were found on the measure of social/sexual inadequacies. High scores on the Social/Sexual Inadequacies subscale suggest feeling excessively embarrassed about sexual matters and feeling inadequate in relating potential sexual partners, including fear of being ridiculed and shamed for having sexual thoughts and desires, as well as being self-critical of personal looks and viewing self as physically unattractive to others. The sexual offenders exhibited more inhibitions, more insecurities, and inferiorities in the areas of social and sexual contacts. These feelings of inadequacy would sharply affect the women's abilities to find and choose healthy and appropriate partners. Since social and sexual negotiations require assertiveness, confidence, and communications skills, these women are at a disadvantage. They appear to have a diminished ability to negotiate the coupling process. Healthy sexual functioning requires healthy sexual self-esteem (McCarthy, 2003).

Studies have tried to explicate a motivation for sexual offending by females. Some of the findings include loneliness (Chasnoff et al., 1986); to satisfy emotional and relationship needs (Faller, 1986; Krug, 1989; Mathews et al., 1989; McCarty, 1986); and to relieve anxiety and sexual tension (Mathews et al., 1989). In her meta-analysis of six female sex offender studies, Dunbar (1999) extricated emotional neediness or dependence as a common theme throughout the studies.

High scores on the emotional neediness scale indicated an association between the need for affection and/or feelings of loneliness with sexual impulses and desires. Sexual behavior would be motivated by the “emotional neediness,” an attempt to get emotional needs met through sexual contact and behaviors. No significant differences were found between the female sex offenders and the non-sex offenders comparison group. Both groups scored in the “loneliness and neediness evident” category. With the scale scores ranging from 0 to 20, the mean score of 8 for both groups did not seem to indicate marked pathology. The women in this study did not significantly elevate on the subscale designed to measure “emotional neediness.”

Cognitive Distortions

Although no significant differences were found between the two groups, the female offenders in both groups elevated on the Cognitive Distortions/Immaturity Scale, indicating emotional immaturity and feelings of being victimized and mistreated throughout life. This distortion can result in poor control of feelings, and therefore poor behavioral control. Coupled with the severity of sexual abuse and childhood abuse suffered by the female sex offenders, the severity of cognitive distortions has significant consequences for women’s view of themselves and their efficacy in the world. These offenders see themselves as having little power to affect change in their lives. The sexually abusive behavior may be an attempt to gain some power and control.

This finding revealed that both groups in this sample of incarcerated women engaged in a victim stance response style, including a cognitive pattern of blaming others for their circumstances, and refusing to take personal responsibility for their current status. However, this may be a common symptom of incarcerated women. Further study into this victim stance and

blaming others would be interesting to see if differences exist between incarcerated and non-incarcerated populations.

When individuals experience trauma, they create cognitive structures to explain and understand the experience. These structures, referred to as attributions, may not accurately explain or view the experience, but rather distort one's view of themselves and the world (Smucker, Dancu, Foa, & Niederee, 1995). Studies assessing the cognitive distortions of survivors of sexual abuse revealed that women who report being sexually abused appear to focus more on attributions of self-blame (Briere & Runtz, 1993; Owens & Chard, 2001). Higher frequencies of cognitive distortions have been found to be associated with more severe PTSD (Owens & Chard, 2001; Wenninger & Ehlers, 1998). Briere and Runtz (1993) suggested that survivors of childhood sexual abuse have distortions that include exaggerating the possibility of danger or difficulty in the world, and seeing one's self as less effective and worthy. This combination of attributions may lead to further victimization, poor social relationships, and less assertiveness, affecting the choices and behavior of both groups of female criminals. Compared to male sex offenders, Nichols and Molinder (2003) found female sex offenders to be less motivated for treatment, more blaming of others for their circumstances, and less willing to accept responsibility for the sexually inappropriate behavior. Female who commit sexual crimes use the cognitive distortions to justify their behavior and deny responsibility. This attitude and pattern of thinking may increase their risk of continued acting out.

Strengths and Limitations

This study attempted to overcome some of the weaknesses of past studies. Using standardized and validated measures was a significant improvement, giving this study's findings reliability in measuring what was sought out to measure. This study has very good power, .86.

With a sample size of 130, and a medium effect size, the chances of making a Type II error are less than 14%; that is, correctly rejecting the null hypotheses when it is false. The sample size of 130 is one of the biggest thus far in the study of female sex offenders.

However, this study did not look at the specifics of the crimes the sexual offenders committed. All female sex offenders were categorized based on the charges responsible for their current entry into the prison system, a sex crime involving children. The women were not categorized according to the common typologies, signifying whether they had acted alone or with a co-offender. This may have been helpful in further evaluating the differences in test scores for the various subgroups of female sex offenders. However, women in prison tend to deny their offenses or any culpability for the offenses they have been charged with. This is particularly problematic with female sex offenders, as evidenced in the Nichols and Molinder (2003) data comparing male and female sex offenders on the MSI-II, finding the females to be more defensive, less willing to admit to sexual problems and deviance, and less motivated for treatment. Anecdotal information also suggested the female sex offenders use all the common cultural myths to deny and justify their innocence. As mothers and nurturers, they could never have committed sexual assault or put their children in harm's way. So asking for self-report data on the nature and context of their crimes can be extremely unreliable. This study did not ask for information about the victims of the female sex offenders, nor about the nature of their relationships with the victims. This information may have been helpful in providing a better picture of the relationships and roles the sex offenders may have had with their victims, as well as the context in which the sexual crimes were committed.

Since a substantial proportion of female sexual offending behavior does not come to the attention of the authorities, a prison sample is likely to not be representative of the total

populations of women who engage in inappropriate sexual behavior. This was not a random sample, but rather a purposive sample of incarcerated females, skewing the sample to those who had less means for an adequate defense, or who had committed such heinous sexual crimes to come to the attention of the authorities. The sex offender sample may not represent the population of females who commit sexual crimes, hindering the generalizability of the results. It is possible that many female criminals do not show up in prison samples due to socio-economic status, geographic location, local and cultural values and perceptions, judicial bias, or non-reporting by victims.

The alcohol and drug findings may be confounded by the fact that many women are incarcerated due to their involvement in the drug trade. The numbers may have skewed the data, making it difficult to really see if any differences exist between the two groups on this variable.

Childhood events are susceptible to distortions and false memory. Individuals have difficulty remembering what really happened to them many years before the present inquiry. They may reconstruct memories based on their perceptions of events rather than on reality. Therefore, asking adult women to accurately reconstruct traumatic events experienced as children may yield unreliable data. Specific traumatic events are not usually remembered in detail but rather in more generic and general terms (Neisser, 1982). To avoid the shame, guilt, hurt, and fear among other negative and distressing feelings that surround child abuse, individuals often suppress or censor their memories (Allen, 1995; Rogers, 1995). Dissociation during traumatic experiences may cause events of abuse to be forgotten (Allen, 1995; Rogers, 1995). Still other individuals may fabricate abusive events to gain attention or manipulate others (Everson & Boat, 1989). Depression or other psychological states can increase distortion of past events as well (Lewinsohn & Rosenbaum, 1987). When tested or asked to perform for the sake

of research, individuals may present themselves in a more favorable light, hiding what they perceive as negative (Ross, 1989). Conversely, others may exaggerate their abusive histories to justify their deviant behavior and present incarceration. It has been found that childhood sexual abuse is forgotten by only a minority of individuals (Briere & Conte, 1993; Williams, 1994), producing false-negatives. To help counter this limitation, the CTQ contains a Minimization/Denial Scale to help identify those individuals who may give socially desirable responses or those who may give false-negative reports.

The participants in this study were prisoners in a state prison being asked to volunteer their time to complete the test protocol. Although they received no compensation for their participation, inmates may have felt coerced to participate simply due to the nature of being a prisoner. Prison inmates have little power and hold on to any contact with persons from the outside as a hope for some influence in their release. They may perceive the researcher possesses some sort of authority or influence in the decision-making matrix, or the participants may see the researcher as an agent of the state, contributing some level of coercion or intimidation. Although steps have been taken to ensure confidentiality and integrity in the results, the power differential may be too great, applying some distortion to the results.

Implications for Practice

The results of this study have significant implications for social work practice. Social workers engage with victims and perpetrators of abuse in numerous realms: child welfare, mental health, child and adolescent treatment, prevention of abuse and neglect, adult survivors, domestic violence, and in numerous forensic settings, jails, prisons, or psychiatric hospitals. In any of these realms, social workers may come into contact with female sex offenders or the victims of female sexual abuse. Relevance includes practice implications that go from micro (individual)

influence to macro (systemic) ramifications. This study can inform social work training and education, child welfare investigations and prevention planning, as well as the individual and group work done with female victims and perpetrators of sexual abuse.

Social workers must be trained in the identification of female sexual offenders. Asking the correct questions yields important and vital information. The results of this study can inform training in this area by confounding some of the myths around female who sexually offend. Future clinicians in practice settings require education in the etiology, assessment, and treatment of clinical populations. When addressing the therapeutic needs of female sex offenders, the issues are convoluted, yet intertwined with common themes. On the one hand, female sex offenders are the perpetrators of sexual abuse of children; while at the same time, they are often the victims of severe abuse, including extreme sexual abuse, themselves. This duality can be a tedious and tenuous issue in the therapeutic setting and within the therapeutic relationship. Both individual and group modalities would be useful and productive to address the necessary therapeutic issues. This study has treatment implications for both prison and community settings. Due to the differences in the two groups, not all women in prison need the same services. Although it is evident all women in prison need services focused on abuse and substance abuse, it appears female sex offenders need specialized services and programming in the areas of sexuality, trauma resolution, social skills, and increasing arousal to appropriate, consenting, and age appropriate sexual encounters. These services should focus on the severe childhood deprivation, the effects of sexual abuse on sexuality, increasing social competence and self-efficacy, and appropriate socialization for interactions with significant others.

Interventions should address the lack of adequate and accurate sexual knowledge of this client group. As the results of this study illustrated, women in prison both for sex and non-sex

crimes lack the correct and extensive knowledge about their bodies, sexual functioning, sexual dysfunctions, and how to talk about sexual needs and issues. To establish a foundation of vocabulary, terminology and discussion, sex education, with an emphasis on women's physical and reproductive health, should be presented. This introduction is educational in nature, giving the women information they have never heard or thought about in their entire lives. It can also build a foundation of safety, openness, and camaraderie within a group setting.

Talking about sex and one's sex life is a highly charged and uncomfortable subject for many people. For victims of sexual trauma, it is particularly distasteful, uncomfortable, and shameful. In taking responsibility for their deviant behavior, female sexual perpetrators must be required to discuss what they have done and the deviant thoughts they have that support the inappropriate behavior. This, coupled with their own traumatic experiences, may be overwhelming. Intervention should focus on addressing the emotional consequences of trauma, such as hypersensitivity, withdrawal, dissociation, and avoidance, which affect not only the woman's social interactions, but also her sexual encounters. Due to the severe sexual trauma experienced by these women, sex therapy, with its focus on healthy sexual functioning, should be a part of the treatment protocol. Female sex offenders lack accurate and adequate knowledge and information about their bodies, as well as the communication skills necessary to negotiate sexual relationships and the reciprocity required to get one's sexual and emotional needs met. This information, taught in the form of new skills, can increase self-esteem and self-efficacy, thereby reducing the risk of further sexual perpetration.

To act out sexually deviant behavior with children, some sexual interest and arousal must be present. Focus on the reduction of inappropriate sexual arousal must be a paramount treatment goal. However, no tools exist to objectively determine a female sexual arousal, like

plethysmography for males. Information regarding sexual arousal is only gained through self-report and skilled questioning by a social worker trained in sexual deviance. The data obtained from the MSI-II can be helpful in assessing the extent of deviant sexual arousal. The validity and Lie scales on the instrument make the results useful and reliable.

The results of this study suggested that a childhood history of abuse, including sexual abuse, has significant consequences for later sexual functioning and serves as a risk factor for adult sexual offending in females. In an effort to prevent further sexual dysfunction and abuse, victim treatment that includes age-appropriate sex education, cognitive restructuring of sexual distortions, redefining healthy relationships, teaching social skills, and increasing self-efficacy may be helpful. Although treatment should focus on the resolution of past trauma, it should also include the forward-looking goal of teaching female victims of abuse accurate sexual knowledge and healthy relationship patterns to ensure appropriate expression of one's sexuality. It is vital that treatment with victims always remain age appropriate.

A primary goal of social work intervention is to prevent sexual offending behavior from beginning in the first place. Intervening with child victims of sexual abuse may curb the etiology of adult offending. High risk factors for female victims of child sexual abuse to begin acting out sexually include sexual abuse, eroticisation of sex, family dysfunction, poor attachment to parental figures and experiences of other forms of maltreatment (Friedrich, 2002; Hall & Mathew, 1996; Hall, Mathews & Pearce, 1998). Treatment with younger offenders has proven effective in reducing further sexual acting out (Johnson, 1999; Rasmussen, 1999). Protocols for the prevention of child abuse might address the development of sexual offending patterns in female victims of maltreatment.

Future Research

Studies with more participants are needed to evaluate further the strength of the associations found in this study. Adding a third comparison group may be helpful in further isolating the variables unique to female sex offending. Studies using non-criminal samples of female abuse survivors may help clarify further the differences and unique variables contributing to the choice of females to sexually offend. Using a sample of non-incarcerated females who have also survived severe sexual abuse and deprived backgrounds would be useful. Domestic violence may also be related to women choosing to engage in sexual abuse. Further study into the relationship between female sex offenders and the dynamics of their relationships may shed light on the coercion, lack of assertiveness, feelings of powerlessness, and need to please others that appear characteristic of women who molest children.

Emotional neediness appears throughout the literature as a common and important etiological factor in female sex offending. However, this study failed to find any differences in sexual and non-sexual offending on this factor. Further study may be warranted. Further study into the specific cognitive distortions that support sexual contact with children may be helpful to identify how these women support the deviant sexual behavior. Further assessment of the correlations between the variables for each group may shed further light on the strengths of each variable in playing a role in female sexual offending. Since attachment deficits appear to be a risk factor for child victims of sexual abuse, attachment features and deficits of female sex offenders should be explored further. As treatment programs are developed using this information, program evaluation and treatment effectiveness studies should be conducted.

Conclusions

Female sexual abuse remains hidden and underreported. Systemic changes are needed to more effectively and appropriately deal with this phenomenon. Training of mental health professionals, as well as the judiciary, police, child welfare personnel is necessary for prevention, identification, and early intervention to reduce the threat to children.

From the study data, a profile began to emerge with some possible risk factors. Although no solid demographic profile emerges, a psychosocial profile began to appear. Female sexual offenders, due to severe overall childhood trauma and deprivation, including severe sexual abuse, have few skills to negotiate their social and sexual contacts. Distorted sexual values, beliefs, and knowledge, coupled with emotional neediness and dependency issues, increase their risk for engaging in dysfunctional relationships. They lack the necessary skills to get their emotional and sexual needs met with appropriate partners, namely healthy, consensual adults. This inability increases their risk of getting their sexual needs met by children.

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APPENDIX A

APPROVAL LETTER FROM THE GEORGIA DEPARTMENT OF CORRECTIONS

Appendix A



Sonny Perdue
Governor

GEORGIA DEPARTMENT OF CORRECTIONS

COMMISSIONER'S OFFICE
SUITE 866, EAST TOWER
2 MARTIN LUTHER KING, JR. DRIVE, S.E.
ATLANTA, GEORGIA 30334-4900
404/656-6002
FAX 404/651-6818

James E. Donald
Commissioner

February 26, 2004

Ms. Susan M. Strickland
500 Columbia Drive
Decatur, Georgia 30030

Dear Ms. Strickland:

After review of the study protocols, the Georgia Department of Corrections (GDOC) gives full support and approval for the design, methodology, consent and confidentiality protocols for this study. The GDOC will ensure the privacy of each inmate who chooses to participate. In no way will the GDOC interfere or participate in the data collection, have access to the data, nor use the data in any way regarding an inmate's custody, care, or decision-making. The researcher will be the sole handler of all data collected.

I look forward to reviewing your findings to determine if there are any operational changes that we need to make that will result in enhanced public safety.

Sincerely,

Brian Owens
Executive Assistant

KBO:sda

APPENDIX B
CONSENT FORM

APPENDIX B

Consent Form

Dear Participant,

This research is being conducted to better understand women who sexually abuse others. This information will help in diagnosis of mental health issues, treatment planning, and decision making for this population of women. Since we have very little information about this group of women, your participation is greatly appreciated and needed.

You will be asked to complete a questionnaire, asking for information about your current status, your childhood, and possible abuse history. You will also be asked to complete a 560-item questionnaire that will ask you about sexual knowledge and behavior. This is a well-known, and frequently used tool in the area of sexuality and abuse. You will be asked to complete another tool, asking about alcohol and drug use. If you are uncomfortable with these subjects, you may refuse to participate in this survey. If you are uncomfortable with the subject or decide you do not wish to continue, you may stop at any time. There is no penalty for choosing not to take part in this study.

Because of the sensitivity of the subject matter, special steps have been taken to protect your privacy. Participation in this study will be kept private and confidential. Your responses to the questions will not be disclosed to anyone in the prison, in the Department of Correction, at the Georgia Board of Pardons and Parole, or to anyone other than this researcher. This researcher is not permitted to share your answers with anyone. **NO INFORMATION THAT YOU PROVIDE MAY BE GIVEN TO ANYONE BY THE RESEARCHER WITHOUT YOUR WRITTEN CONSENT.**

Please do not put your name on the materials. You will be assigned a number to further protect your privacy. Your name and the corresponding number will be kept in a secure file until the research is completed; it will then be destroyed. Please answer all the questions as best as you can. If a question does not apply to you, you may indicate that it does not apply. It is important that all the questions be answered and that they be answered honestly. Please do not discuss your answers with others. I will be available to answer any questions you may have.

Please sign below that you understand these instructions, and that you have willingly agreed to participate in this research study. This consent form will be collected separately from the other materials. Thank you again for your participation in this study. If you have any questions, or requests for the results of this study may be directed to me, Susan M. Strickland, University of Georgia, School of Social Work, Tucker Hall, Athens, GA, 30602-7016, 770-601-4086. If you have any questions about your confidentiality or rights, please contact Chris Joseph, PhD, Human Subjects Office, University of Georgia, 606A Boyd Graduate Studies Research Center, Athens, GA 30605-7411; (706) 542-3199; email, IRB@uga.edu.

Sincerely,
Susan M. Strickland, MSW, LCSW

I have read and understand the directions above, and agree to take part in this research.

(Please sign and date)

APPDENDIX C

MULTIPHASIC SEX INVENTORY – II (MSI-II) (FEMALE VERSION)

Appendix C

MSI II

MULTIPHASIC SEX INVENTORY II F [ADULT FEMALE FORM]

IF AT ANY TIME DURING YOUR TAKING THE TEST YOU ARE BOTHERED BY THE QUESTIONS
AND DO NOT WANT TO CONTINUE, STOP AND RETURN THE TEST TO THE EXAMINER

TEST INSTRUCTIONS

This is a sexual inventory constructed to study the full range of sexual behavior. Answer each question as frankly as possible. If a statement is TRUE, as applied to you, blacken in the circle with the T. If a statement is FALSE, as applied to you, blacken in the circle with the F. Blacken only one answer for each item. Blacken in the whole circle heavily using a #1 or #2 pencil only. Erase all mistakes completely. You may find that you are unable to answer all questions but please try to answer as many as you feel you can.

NICHOLS & MOLINDER
437 BOWES DRIVE
TACOMA, WA 98466 © 1979

1. I have never been married.
2. I have been accused of peeping.
3. I have or have had a sexually transmitted disease (herpes, gonorrhea, syphilis, AIDS, etc.).
4. I am strictly heterosexual (only interested in male sex partners).
5. I seldom think about sex.
6. My parents divorced while I was growing up.
7. I have private daydreams and fantasies which I do not share with others.
8. Sometimes I put off doing the things I have to do until a later time.
9. I have been very sad and depressed and the sex play with the person who accused me just happened during those times.
10. When I was a kid, I often made up stories (lies) that were not true.
11. I have felt sexual when I have been around a child.
12. I just do not like sex.
13. I have a good gift of gab.
14. I was not curious about sex as a child.
15. I feel I have been addicted to pornography.
16. The kids I used to hang around with used a lot of drugs or alcohol.
17. I have been accused of a sex offense against a child.
18. I have been told that I think about sex way too much.
19. I have had sexual fantasies about things I would never really do.
20. I lived with several families while growing up.
21. I have molested a child who was too young to start school.
22. Males should have an orgasm regularly to keep the testicles from overfilling with semen.
23. My sexual offense would not have happened if I had not become interested in the persons sexual growth and development.
24. I have been charged with a sexual offense more than once.
25. Even people who know me do not seem to understand me.
26. I am embarrassed about the way my breasts look.
27. I was raised in a non-American culture.
28. I think about sex 80% of the time.
29. Homosexuality is not only an unnatural act but is one of the most serious acts against God's order.
30. The clitoris has a small shaft and head (glans) which is similar to the penis.
31. There was only one parent in my home while I was growing up.
32. I am sexually attractive.
33. I get aroused during sex play but I never seem to have an orgasm.
34. The thought of being spanked has been sexually exciting to me.
35. As an adult I have never been arrested for stealing (larceny, burglary, robbery, bad checks, etc.).
36. I am satisfied with my sex life.
37. I get sexual pleasure out of causing pain to a person.
38. I have been real good at getting people to give me money and things as part of the deals I make with them.
39. My sex offense happened because I did not know that what I did was that wrong.
40. I let a man know when I am sexually interested in him.

-
- ✓ 41. Sexual things just seemed to happen between me and the person who accused me, and I did not plan it.
42. I have a birth defect (spina bifida, undeveloped genitals, etc.) which causes sexual problems for me.
43. I am strictly heterosexual (only interested in male sex partners).
44. My desire for affection is not overwhelming.
45. I have never looked at pictures of children to stimulate myself sexually.
46. I like to see males who act sexy and show off their bodies.
47. I have been accused of a sex offense against a child.
48. Most of the time I cannot get sexually aroused when my sex partner and I would like to have sex.
49. As a child I was sexually molested.
- ✓ 50. English is my first language.
51. I have been on a job where I have been sexually harassed.
52. I like it when men sneak a look at my breasts or legs.
53. I have looked for ways or chances to be able to molest a child.
54. I wet the bed till I was well into my school years.
- ✓ 55. As a child I was punished when I got caught in sexual activity.
56. It turns me off when a male shows off his sexuality.
57. At times I get a thrill out of putting someone on.
- ✓ 58. The few sex things that happened between me and the person who accused me really surprises me because I have always been very kind and good.
59. I have been in treatment for an alcohol problem.
60. Many times I have wished I were male.
- ✓ 61. My sexual offense happened because the person wanted me to do it.
62. During sexual intercourse, the penis can get caught in the vagina.
63. I have molested at least one child by either having them touch my privates or by my touching their private parts.
64. I have never picked up a stranger for the purpose of having sex with them.
65. I have almost always felt that I have been controlled by others.
66. It seems that everything I do and everywhere I go I am almost always thinking about sex.
67. During sex I have sometimes put something around my neck and tightened it.
68. I have been on parole or probation.
- 69. My sex partner is really not interested in sex.
70. A woman urinates through her clitoris.
71. It bothers me that I can not have an orgasm at the same time that my sex partner does.
72. I would like to be tied up and made to have sex.
73. My appearance is so ugly that I hate myself.
74. I have had fantasies of wanting to get a stranger to have sex with me.
75. My mate and I have different ideas about sexual matters which cause problems in our relationship.
76. Sex is not very important in lovemaking.
77. I have very few worries or fears.
78. My sexual offense happened because of my family's lack of understanding of me.
79. As an adult I have broken into buildings and/or stores to wreck or take things.
80. People say I am sexy.
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81. I have had desires to have sexual activity with a child.
 82. The sex play that happened between me and the person who accused me was an accident.
 83. I have made sexually seductive remarks to strangers over the phone.
 84. Oral sex disgusts me.
 85. The drugs or medicines I take make it difficult to get sexually aroused or to have an orgasm.
 86. I feel lonely almost all the time.
 87. I have been accused of sexual harassment.
 88. I have forced a friend, acquaintance or relative to have sex when they did not want to.
 89. I am in poor health.
 90. I purposely set fires as a kid.
 91. I have manipulated a child to get sexual pleasure.
 92. I do not think I could outsmart people who know me.
 93. If I did not fantasize about sex I could not get sexually aroused.
 94. I have been raped by a friend, relative, date or acquaintance.
 95. Earlier in my life I was in counseling to help me control my sex offending behavior.
 96. I get turned off with a man who shows off his body to a woman.
 97. I have often fantasized about being raped.
 98. I am not a mean or bad person and the sexual things that happened with me and the person who accused me is really not like me.
 99. I have been in treatment for a drug problem.
 100. I get sexual pleasure from being hurt and made to feel bad or dirty during sex.
 101. Things of a sexual nature simply disgust me.
 102. I have exposed my privates to a child for sexual stimulation.
 103. The glans of the clitoris is generally about the size of a pea.
 104. I lose interest when I see an overly sexy male.
 105. I have gone into lounges or bars just looking for someone who would like to have sex with me.
 106. My sexual offense happened because my husband/mate and I were not able to talk or understand each other.
 107. I have become sexually stimulated over non-sexual body parts or items (feet, hair, shoes, etc.).
 108. I have been in jail, the stockade, or the brig.
 109. I know I have gotten a raw deal out of life.
 110. I could get sexually turned on by being tied up and having someone do dirty or painful sex things to me.
 111. I have to fight off sexual impulses all the time.
 112. I feel my husband and I need marriage counseling.
 113. When I was a kid I remember experimenting with sex with other kids.
 114. I have reached orgasm while molesting a child.
 115. I can usually have an orgasm while masturbating but it bothers me that I almost never have an orgasm while having sex with my partner.
 116. My sexual offense happened because the person asked for it.
 117. Sometimes I think of things that are too bad to talk to others about.
 118. I like or would like to wear clothes that cause men to take a second look.
 119. While masturbating, I sometimes have fantasies of torturing someone who is under my complete control.
 120. I am not easily embarrassed around men.
-

201. I have had to fight the impulse to touch a child sexually.
202. I was often in trouble with my parents for disobeying them or breaking their rules.
203. I have spanked a child to the point of leaving welts or bruises.
204. I have been raped by a stranger.
205. Even though there was some sex play with the person who accused me, I am the real victim in this case.
206. I have forced a child to have sex.
207. I do not really notice if people are sexy or not.
208. When a person I like touches me, I almost always think about having sex.
209. I got a rush when I knew I was about to get away with my offense.
210. I have been in a state reformatory or prison for youth.
211. As an adult, I have tickled and wrestled with little girls in order to touch their privates.
212. I have been committed to a mental ward or hospital.
213. I first learned about sex with children by looking at "hard core" pornography.
214. Quite honestly sex does not interest me even when my sex partner wants it.
215. I am not interested in sex matters like most women seem to be.
216. I have worn the kind of clothes where I could secretly expose my privates.
217. I have been raped.
218. I feel like a male trapped in a female body.
219. I have physically abused my husband/boy-friend/mate.
220. I am sorry and full of regrets and the little bit of sex play that happened is the worst mistake I have ever made.
221. I have molested a boy.
222. My sexual offense happened because of physical problems which have affected my ability to have sexual intercourse.
223. Like females, many males get erect nipples when sexually stimulated.
224. I do many things more often which I regret even more than other people seem to.
225. I have done painful things to myself while having sexual fantasies and fondling myself.
226. My husband and I have a very strong and good marriage.
227. I have never been arrested.
228. I would like to talk to a doctor or therapist about why I can not have an orgasm.
229. I have sometimes had sex play with an animal.
230. The clitoris is usually the most sensitive female sex organ.
231. A child has placed his penis between my legs.
232. My sexual offense happened because of problems in my family.
233. People would be surprised to learn about the other side of me.
234. I like or would like to have my sex partner perform oral sex on me.
235. I have hit and beaten a person during sex.
236. I would like to wear clothes that are very revealing.
237. I am not embarrassed about the way my genitals (privates) look.
238. As a child, most adults did not understand me.
239. Sexual worries are on my mind a lot.
240. If I wanted to go out with a man I would not have fears that he would reject me.

241. The little bit of sex play I am accused of doing happened because I am not perfect.
242. I have become sexually excited over the thought of having sexual activity with a child.
243. The people I have been around have often been the kind my parents wanted me to stay away from.
244. I have female problems which cause me not to be interested in sex.
245. I have to admit I had a pretty clever scheme or plan for my offense(s).
246. I have threatened or intimidated a person to make them have sex.
247. I would not be interested in seeing a film about people having sex.
248. I have molested a child in my family.
249. For as long as I can remember I have felt lonely.
250. I have masturbated myself while making an obscene phone call.
251. As an adult, I have "horseplayed" around and played "grab ass" with a little boy or boys.
252. I remember being very excited knowing I was about to commit my offense without anyone knowing about it.
253. Male sex organs are disgusting looking.
254. My family and I have very few arguments or fights.
255. I have been charged with indecent exposure or lewd conduct.
256. I was very well behaved in school.
257. The sex thing that happened between me and the person who accused me has been made out to be worse than it really was.
258. I like to daydream about being irresistible to men.
259. I have spanked a child to the point of leaving welts or bruises.
260. A child has touched my privates in a sexual way.
261. I have been married more than twice.
262. The penis becomes hard because the inner bone stiffens.
263. I can not think of anybody I do not like.
264. I would not blame a person for wanting to make me feel like trash after we had sex.
265. I have gone to a safe place (relative's, friend's, women's shelter) to keep from getting hurt by a mate or family member.
266. The thought of having sex with more than one partner at a time does not interest me in the slightest.
267. I think my life at home is as good as that of most of the people I know.
268. I have tied someone up during a sexual encounter.
269. A male with only one testicle has half the chance of making a baby and only half the sexual pleasure during his orgasm.
270. It bothers me that I climax too fast during sex.
271. There have been times when thoughts about sex have almost driven me crazy.
272. A child has performed oral sex on me.
273. In truth, I have been quite clever or sneaky.
274. My sexual offense happened because of stresses in my life.
275. I have never been arrested.
276. There is something disgusting or dirty about a woman's sex organs.
277. I am often hurt by the behavior of others.
278. My height bothers me very much.
279. I would prefer to be the dominant partner when I have sex.
280. I am not shy and bashful when it comes to sex.

281. For awhile I was pretty clever at not getting caught doing my offense.
282. I have been sexually attracted to little girls or little boys or both.
283. I have an illness (diabetes, arthritis, multiple sclerosis, liver or kidney disease, endocrine imbalance, etc.) which affects my sexual functioning.
284. I have needed a lot of affection for as long as I can remember.
285. I have had to fight the impulse to peep.
286. I have choked a person or put something over their nose or mouth during sex.
287. When I was growing up, the man I was around the most was very strict with me.
288. Just knowing that I was going to do my offense was really exciting.
289. I have been accused of physically hurting members of my family.
290. Adult (X-rated) movies or videos would interest me, especially if I could view them in the privacy of my home.
291. My jealousy for my partner is so great that it stops me from getting sexually aroused.
292. I will admit getting sexually involved with the person who accused me, but most of the things that they said that I did are not exactly true.
293. Two or more males or a gang have forced me to have sex with them.
294. I was kicked out of school or expelled at least one time.
295. I have fantasized about exposing myself to a child.
296. Sexy stories are interesting to me.
297. I think lonely feelings are my worst problem.
298. I always let my sex partner take the lead in sexual matters.
299. Most of my life I have had the feeling that I am more male than female.
300. I have had a quick temper and sometimes have had trouble controlling my anger.
301. I have molested a child in my family.
302. Sometimes other people piss me off and then I kick the hell out of them.
303. It is not normal for males to have erections during sleep.
304. At no time in my life have I been in trouble with the law.
305. An older male (relative, friend, acquaintance or stranger) touched me sexually when I was a child.
306. I was severely physically abused as a child.
307. During sex play, I have put my finger, tongue or an object in a child's mouth, butt or privates.
308. I think I would like sex with a sex partner who would really get turned on by hurting me and causing me pain.
309. My sexual offense happened because I was sexually molested as a child.
310. Women's genitals are less sensitive to physical stimulation than those of males.
311. I have gotten sexually excited when I have had thoughts about someone having a bowel movement.
312. I am able to manipulate people so that I get my way.
313. I have molested many children in my life.
314. I like being of my race.
315. My sexual offense happened because I did not get sex education as a young person.
316. There have been times that I have had several orgasms in one day.
317. I have gotten more excitement and thrill out of causing or inflicting pain on a person than I have from the sex itself.
318. I have tried to kill myself at least once in my life.
319. My childhood upbringing has left me with problems.
320. I am not ashamed or embarrassed about sex matters around my sex partner.

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| 321. I have fantasized about having sex play with a child. | 341. Sometimes I have not been able to stop myself from fondling one or more of the children in my family. |
| 322. I am bisexual and would be interested in sex with both females and males. | 342. I do not look back or look ahead, I do what I want at the time such as "hitting the road" when I feel like it. |
| 323. I like to look at sexy pictures. | 343. The "tying off" of the testicle cords for sterilization is dangerous because it reduces sex interest and drive. |
| 324. I believe there is something wrong with my sex organs. | 344. My parents quarrelled and fought a lot. |
| 325. I do not want to continue feeling so lonely. | 345. I have had to fight the impulse to prostitute myself. |
| 326. My mate has been so angry with me that he has hit me to the point of leaving welts, bruises, cuts or broken teeth or bones. | 346. My sexual offense happened because I thought the person in my case wanted or needed sex. |
| 327. I have done a lot of peeping on persons in my family, in my neighborhood, or in other places where I might see someone nude. | 347. There have been times in my life that I have masturbated or had sex once a day or more. |
| 328. My sex partner has hurt my feelings so often that I have had difficulty getting sexually aroused. | 348. During sex I would like to be paddled or whipped so hard that my excitement would cause an orgasm. |
| 329. I am non caucasian (non-white). | 349. If I wanted to, I could get my own way with most people. |
| 330. I got failing grades in school. | 350. Older women do not have as tight vaginas as younger women. |
| 331. At times when I have hugged and held a child I have become sexually stimulated. | 351. During sex play I have put my finger, tongue or an object in a child's mouth, butt or privates. |
| * 332. Any more I have almost lost hope of amounting to something. | 352. It has been sexually arousing to dress in male clothes. |
| 333. I was popular with other kids. | 353. I often feel like I am a victim of others. |
| 334. I have called up persons I did not know just to talk sexy or dirty. | 354. I have a skin condition that embarrasses me. |
| 335. I always like to help those in need and that is how the sexual things happened between me and the person who accused me. | 355. If I were a stripper I would really be turned on watching men getting aroused and even getting an erection. |
| 336. I believe I have more sexual problems than most women. | 356. My sexual offense would not have happened if the person had not been overly affectionate and loving. |
| 337. I have never robbed people of their money and things. | 357. I do not ever go to a sexy show if it can be helped. |
| 338. I confuse my sexual feelings with my loving feelings. | 358. There have been quite a few times that I have daydreamed about how pleasurable it would be to hurt somebody during a sexual encounter. |
| 339. I have been accused of physically hurting members of my family. | 359. I feel so guilty or bad about what I have done that I do not know which way to turn. |
| 340. I have had fantasies that I would secretly enjoy being a call girl or prostitute. | 360. I enjoy flirting. |
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| 361. I have been with another female(s) when we forced someone to have sex. | 381. I have put my mouth on the privates of a child. |
| 362. There have been times that thoughts about sex with a child have been more sexually arousing than anything else. | 382. The police have been called to my house at least one time because of a family fight or argument. |
| 363. As a youngster I often skipped school or did not go to school when I was supposed to. | 383. It is possible for a male to have a sexual orgasm without an ejaculation of fluid. |
| 364. What I am accused of, I did. | 384. I have to fight the impulse to masturbate. |
| 365. It interests me when a male's organs show through his clothes. | 385. I have gotten turned on by having my sex partner hurt me and cause me pain during sex. |
| 366. When a woman is with an attractive man, she has thoughts about sex. | 386. I can pull off almost any deal if I decide to. |
| 367. When I feel lonely I have sexual fantasies about me and another person and then I do not feel quite so lonely. | 387. There is nothing sinful about a woman who exposes her body. |
| 368. I am obsessed with sex. | 388. I have used leathers, whips, handcuffs, sharp things, etc. in sexual encounters. |
| 369. I have never used a weapon (gun, knife, club, etc.) in any of my fights or arguments. | 389. I have taken illegal drugs by mouth, by snorting or sniffing, by smoking and/or by using needles. |
| 370. I was highly excited just before I did my offense. | 390. Unlike most men, women are capable of having multiple orgasms. |
| 371. I am angry with my sex partner so often that I do not get sexually aroused. | 391. I do not like to think about sex as much as I do. |
| 372. I have often gotten so frustrated or upset that I have thrown things, hit walls, kicked animals. | 392. I want to have an orgasm every time my sex partner does but I can not. |
| 373. I have gotten a child to undress so I could look at their privates and/or take pictures or videos of them. | 393. There have been times when I have purposely pressed my breasts against strangers. |
| 374. I think sex with a male would be disgusting so I avoid it. | 394. I have fantasized about killing someone during sex. |
| 375. I would not be interested in seeing a person nude. | 395. Even without any treatment I know that I can control my sexual behavior. |
| 376. I slipped for a few moments one time and that is when I think the few sex things happened that I am accused of. | 396. I am bothered that I do not know how to choose the right clothes and cosmetics to look my best. |
| 377. I used to steal quite a few things when I was younger. | 397. My sexual offense happened because the person I was accused of assaulting (hurting) led me on all the way. |
| Many times the need to be loved and to get affection is more than I can stand. | 398. My father or step-father had an alcohol or drug problem while I was growing up. |
| 379. I have always felt that I am a male. | 399. I plan to leave my husband/boyfriend/mate soon. |
| 380. My children have been taken away for a time because I have not been able to care for them. | 400. I do not get easily embarrassed talking about anything sexual with a man. |
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| 401. As an adult I have had sexual contact with both sexes. | 421. I am non-caucasian (non-white). |
| 402. I have masturbated while thinking about having sexual activity with a child. | 422. A male is capable of having an orgasm before he reaches sexual maturity or adolescence. |
| 403. When I was younger I never got a chance to experiment with sex like other kids did and the sex play that I am accused of happened because of my curiosity about sex. | 423. In my growing up, my parents did not show me love and affection. |
| 404. I have raped or attempted rape at least one time. | 424. I have had daydreams of being peed or shit on by someone who likes to do that during sex. |
| 405. The person who accused me of offending against them misunderstood the caresses, hugs and touches that happened between us. | 425. I have had trouble keeping a job or I have been without a job for several months because I did not like any of the jobs I could have had. |
| 406. I do not think I am more clever than others. | 426. My sexual offense happened because of my not having a satisfying sexual relationship. |
| 407. As a child there were several years when I was sexually molested by quite a few people. | 427. Many sex acts in common practice are really unnatural. |
| 408. It would interest me to learn that a male would want me to expose to him. | 428. I have used several kinds of illegal drugs. |
| 409. I felt very lonely when I was a child. | 429. I have had sex partners who have liked me to tie them up and whip and spank them during sex. |
| 410. Sexual things interest me. | 430. One of the first signs of sexual excitement in the female is wetness of the vagina. |
| 411. I feel so guilty and ashamed around my sex partner that I often can not get sexually aroused. | 431. About the only way I can have an orgasm is when I masturbate. |
| 412. I have been accused of purposely hurting someone in a sexual encounter. | 432. I need sex or masturbation daily. |
| 413. When I was growing up, I never broke into other people's houses or cars. | 433. I have suffered more hurt in my life than most people. |
| 414. Many times I have gone where I knew there were children because of my sexual interest and desire for them. | 434. I need help because I am not able to control my sexual behavior. |
| 415. I like sex play. | 435. I have found it sexually exciting to play with death in a sexual encounter. |
| 416. Many times when I was a youngster I shoplifted and took things that did not belong to me. | 436. My family tells me I spend too much of the family money on things that I want. |
| 417. I never grew out of wanting another child to love me. | 437. I believe that I am a very religious person. |
| 418. The idea of rape is a sexual turn on for me. | 438. I have wanted to have a sex partner who would like me to hurt them and make them feel bad or dirty during sex. |
| 419. It is a sin to look at another person in a sexual way. | 439. My mother or step-mother had an alcohol or drug problem while I was growing up. |
| 420. My sex partner is interested in sex much more often than I am. | 440. I do not feel inferior or inadequate around most women. |
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441. I have heart disease, high blood pressure or circulation problems which affect my sexuality.
442. I really thought the person who accused me wanted and liked the little bit of sex play that happened between us.
443. I hardly ever feel lonely.
444. It took a lot of planning to figure out how to commit my offense so I would not get caught.
445. I get turned off when I see a male wearing his clothes so tight you can see everything.
446. I have had thoughts about fondling a child (children) in my family.
447. I like or would like to have sex with another female.
448. I have female problems which cause sex to be painful (vaginal spasms, general pain, lack of lubrication or pain after sexual intercourse).
449. What I am accused of, I did.
450. I have trouble with reading.
451. Most of the time I am depressed and I do not care if I can even get sexually stimulated.
452. Just before doing my offense, I became highly excited just knowing that I was getting away with my crime.
453. I have been raped by my mate.
454. I am loving and caring and I did not mean to hurt anyone by the sex play that happened between me and the person who accused me.
455. I have gotten real excited while exposing myself to someone I should not have.
456. As a child I was not afraid of my father.
457. I am too easily sexually excited.
458. The thought of being raped has excited me.
459. I have been told that I am a little sneaky.
460. If I could have chosen I would have had male sexual parts rather than female parts.
461. I am obsessed with sex.
462. If the penis is large enough, a woman will generally experience an orgasm.
463. It is my hope and desire that I could be as happy as other people appear to be.
464. The person I had sexual contact with did not know me before the offense happened.
465. The more physically aggressive a man has become the more sexually excited I have become.
466. I know I do not tell the truth always.
467. I have been told I have had an alcohol problem.
468. My sexual offense would not have happened if the person had not wanted and liked the sex play.
469. A woman urinates (pees) through the small opening between her anus and her vaginal opening.
470. I have gotten excited over the thought of tying someone up and having sex with them.
471. I wish thoughts about sex did not bother me.
472. It bothers me that I do not keep myself as clean and neat as I should.
473. I have always seemed to have more troubles than other people.
474. When I was growing up I was sexually molested by more than one person.
475. I have killed or almost killed someone during a sexual encounter.
476. I think I am a nymphomaniac who can not get enough sex.
477. My sexual offense happened because the person who reported me was willing and interested in sexual contact with me and was not hurt by what happened.
478. I feel so ashamed of what I did that I do not care what happens to me.
479. I have used several kinds of illegal drugs.
480. I am not too shy or bashful to talk to males my age to whom I am attracted.

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| 481. Touching has always equalled sex for me. | 501. I have cruised the streets looking for someone who wants sex. |
| 482. I was really mixed up and the few sexual things happened with me and the person who accused me is not like me. | 502. By stimulating the clitoris, many women are likely to have an orgasm. |
| 483. It has been sexually arousing to fantasize about sexual contact with another female. | 503. Compared to other homes, there is not much love and companionship in my family. |
| 484. The thought of a man fondling my breasts or genitals does not interest me. | 504. I like or would like to anger my sex partner so they would hurt me during sex. |
| 485. When I was a kid I used to break windows and destroy or wreck things. | 505. I have lied a lot to stay out of trouble. |
| 486. I have been accused of rape or attempted rape. | 506. My sexual offense happened because of my having too much alcohol or drugs. |
| 487. I think I am homosexual (lesbian) but I am afraid to admit it. | 507. I have declared bankruptcy or people have been after me because I have had more bills and loans than I could pay for. |
| 488. I have a certificate or diploma from a business, technical or vocational training school. | 508. My religion guides my sexual conduct. |
| 489. I am very sad and blue and I am not interested in sex. | 509. The clitoris is located at the top part of the genital region, just about where the "lips" begin. |
| 490. My husband/boyfriend/mate has hit me. | 510. I need and want counseling. |
| 491. I felt sure I could get away with my offense because I had everyone manipulated and controlled. | 511. I have been tied up during a sexual encounter. |
| 492. No one really got hurt by the few sex things that happened between me and the person who accused me. | 512. I cannot seem to keep my mind away from thoughts about sex. |
| 493. I was held back a grade at least once in school. | 513. I think I have never grown up emotionally. |
| 494. I would not go to a topless bar or show for any reason. | 514. I have never liked to fantasize about a male licking and sucking my genitals. |
| 495. I have been good at knowing which child I could get to do sex things with me. | 515. I do not like myself because of my weight. |
| 496. When I was growing up I used to be mean to other kids and sometimes made them cry or beg. | 516. In my case, there are times when I do not tell the truth. |
| 497. I have a diploma from a 4 year college or university. | 517. I have gotten sexual pleasure from hurting someone and making them feel bad or dirty during sex. |
| 498. Most of the time when I have sex with my sex partner it is only because I feel it is my duty. | 518. My sexual offense would not have happened if the person had not been curious and interested in sex. |
| 499. I will admit getting sexually involved with the person who accused me but I did not do all the bad things they said I did. | 519. Getting found out about my problem is the best thing that could have happened to me. |
| 500. I have not been able to stop myself from looking at others in a sexual way. | 520. I do not worry about being sexually attractive. |
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| 521. When I was a teenager I felt lonely. | 541. There have been times I have had several alcohol drinks a day but generally I am not affected by them. |
| 522. I have had thoughts that if I could get away with it, I would secretly enjoy raping someone. | 542. Lately I have been having thoughts of how I might kill myself. |
| 523. I think I am homosexual (lesbian) but I am afraid to admit it. | 543. Compared to my friends, my feelings are not hurt very easily. |
| 524. I have had an injury to my head or back that keeps me from being able to get sexually aroused. | 544. I would rather go to jail or prison if I had to than spend a lot of time and money on treatment. |
| 525. I found clever ways to commit my offense. | 545. When I was in school I was a slow learner. |
| 526. I have started a lot of fights or arguments. | 546. I would like to be held or tied down so I could not get away and then raped. |
| 527. The few sex things that happened were not as serious or bad as what they said I did. | 547. As an adult I have been a good provider for my family. |
| 528. I like to look at sexually attractive men. | 548. Quite often I have the feeling that I have done something bad or wrong. |
| 529. It bothers me that I almost never have any vaginal lubrication during sex. | 549. There are times that I laugh at a dirty joke. |
| 530. There have been times that thoughts about exposing myself have been more sexually arousing than anything else. | 550. My sexual offense happened because I did not satisfy my curiosity and desires for sex when I was growing up. |
| 531. I remember as a kid I used to make other kids do sex things with me even when they really did not want to. | 551. I have probably lost more money over the years than I have won but gambling has been a part of me and I have not wanted to quit. |
| 532. I believe it is less of a sin for a person to have an affair than it is to touch a minor sexually. | 552. I do not worry about being able to reach orgasm during the sex act. |
| 533. I dropped out of high school before graduating. | 553. Almost every day I read passages from the Holy Book. |
| 534. I was a loner while growing up. | 554. I do not believe I have had to overcome more in life than most people. |
| 535. As a kid I teased and hurt animals. | 555. I have not ever been in love. |
| 536. It would be fun to go to a male strip show. | 556. I have fantasized about being a topless or nude dancer. |
| 537. Sex is something I like to talk about. | 557. My sexual offense happened because the person who I had sexual contact with appeared and acted much older than their actual age. |
| 538. I have shown a child sexy magazines or pictures of nudes. | 558. I am turned off when a man tries to flirt with me. |
| 539. I had been under a lot of stress and the sex play with the person who accused me just happened. | 559. I was sexually molested by at least one older person most of my growing up years. |
| 540. I would be perfectly happy if my sex partner lost their desire for sex without losing their love for me. | 560. My life has been ruined because I went along with my sex partner's sex fantasies and behavior. |
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APPENDIX D

SUBSTANCE ABUSE SUBTLE SCREENING INVENTORY – 3 (SASSI-3)

Appendix D

For each item below, circle the number which reflects how often you have experienced the situation described during: ☐ your entire life ☐ the past six months ☐ the six months before ☐ the six months since

| | Never | Several Times | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|--|-------|---------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|
| ALCOHOL (FVA) | | | | | | | | | | | | | | | | |
| 1. Had drinks with lunch? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Taken a drink or drinks to help you express your feelings or ideas? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Taken a drink or drinks to relieve a tired feeling or give you energy to keep going? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Had more to drink than you intended to? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Experienced physical problems after drinking (e.g., nausea, seeing/hearing problems, dizziness, etc.)? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Gotten into trouble on the job, in school, or at home because of drinking? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Become depressed and having "slipped up"? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Argued with your family or friends because of your drinking? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Had the effects of drinking react after not drinking for a while (e.g., flashbacks, hallucinations, etc.)? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Had problems in relationships because of your drinking (e.g., loss of friends, separation, divorce, etc.)? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Become nervous or had the shakes after having sobered up? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Tried to commit suicide while drunk? | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ALCOHOL (FVA)**OTHER DRUGS (FVOD)**

1. Taken drugs to improve your thinking and feeling?
2. Taken drugs to help you feel better about a problem?
3. Taken drugs to become more aware of your senses (e.g., sight, hearing, touch, etc.)?
4. Taken drugs to improve your enjoyment of sex?
5. Taken drugs to help forget that you feel hopeless and unwanted?
6. Taken drugs to forget school, work, or family pressures?
7. Gotten into trouble with the law because of drugs?
8. Gotten really stoned or wiped out on drugs (more than just high)?
9. Tried to talk a doctor into giving you some prescription drug (e.g., tranquilizers, pain killers, diet pills, etc.)?
10. Spent your spare time in drug-related activities (e.g., talking about drugs, buying, selling, taking, etc.)?
11. Used drugs and alcohol at the same time?
12. Identified to take a trip or drugs in order to avoid the pain of withdrawal?
13. Had your drug use have kept you from getting what you want out of life?
14. Been accepted into a treatment program because of drug use?

Marital Status: ☐ Married or equivalent ☐ Never Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Deceased ☐ Single ☐ Homemaker ☐ Disabled ☐ Retired ☐

Employment Status: ☐ Fulltime ☐ Parttime ☐ Not employed ☐ Student ☐

Highest Grade Completed: _____ Ethnic Origin: _____

Weekly Family Take Home Income: ☐ Less than \$200 ☐ \$201-\$300 ☐ \$301-\$400 ☐ \$401-\$500 ☐ \$501-\$600 ☐ \$601-\$700 ☐ \$701-\$800 ☐ \$801-\$900 ☐ \$901-\$1000 ☐ Over \$1000

Number of People in Your Family: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100

S.A.S.S.I

APPENDIX E

CHILDHOOD TRAUMA QUESTIONNAIRE (CTQ)

Appendix E



Name: _____

Age: _____ Sex: _____

Ready Score
 Answer Document

| When I was growing up ... | Never True | Rarely True | Sometimes True | Often True | Very Often True |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I didn't have enough to eat. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I knew that there was someone to take care of me and protect me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. People in my family called me things like "stupid," "lazy," or "ugly." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My parents were too drunk or high to take care of the family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. There was someone in my family who helped me feel that I was important or special. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I had to wear dirty clothes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I felt loved. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I thought that my parents wished I had never been born. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I got hit so hard by someone in my family that I had to see a doctor or go to the hospital. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. There was nothing I wanted to change about my family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. People in my family hit me so hard that it left me with bruises or marks. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I was punished with a belt, a board, a cord, or some other hard object. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. People in my family looked out for each other. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. People in my family said hurtful or insulting things to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. I believe that I was physically abused. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I had the perfect childhood. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. I felt that someone in my family hated me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. People in my family felt close to each other. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Someone tried to touch me in a sexual way, or tried to make me touch them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. Someone threatened to hurt me or tell lies about me unless I did something sexual with them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. I had the best family in the world. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. Someone tried to make me do sexual things or watch sexual things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. Someone molested me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. I believe that I was emotionally abused. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. There was someone to take me to the doctor if I needed it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. I believe that I was sexually abused. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. My family was a source of strength and support. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |