

Female Sex Offenders: The collective denial

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The Scope: How many are there?

- ▶ The sources vary:
 - 5% of female victims, 20% of male victims (Finkelhor and Russell, 1984).
 - 44% of CPS caseworkers in Ireland came in contact with female sex abuse perpetrators (Staunton, Hammond & Lambert, 2008).
 - 5–10 % of juvenile sex offenders are female (Roe-Sepowitz & Krysik, 2008).

The Problem of Denial

- ▶ 78 % of survivors of female sexual assault could find no one willing to help or believe them (Denov, 1996).
- ▶ Victims not getting adequate counseling/services.
- ▶ Female offenders not getting targeted, specific treatment.

Where's the research?

- ▶ Lack of funding (no pharmaceutical intervention), most goes to reproductive functioning.
- ▶ Two major studies in 1984–88 by well known sex abuse researcher; findings may be contaminated by the childcare center abuse cases (McMartin, Wee Care, Lil Rascals etc..).
 - Almost all acquitted/overturned due to mishandling of child/witness interview techniques.
 - While the daycare center cases do not completely negate the research being done during those years, it definitely muddies the water of hope in finding accurate and consistent historical research data on female sex offenders and possible victims.

The Social Construction of Gender

- ▶ Prevailing male attributes:
 - 1973 Webster's Dictionary defined "man" as 'one who possesses a high degree of courage, strength and vigor'.
 - Logical, no public display of emotion, except anger.
 - Masculinity has been normalized within mainstream society with depictions of male violence (Peter, 2006).
- ▶ Prevailing female attributes:
 - Weak, emotional, obedient, caring, maternal, fragile, nurturing and natural caregivers.

Social Constructions continued...

- ▶ To shame or devalue a man:
 - Sissy, girl etc..
 - <https://www.youtube.com/watch?v=nWpxdMxQE-Y>
- ▶ If a woman displays "masculine" qualities:
 - Bitch, bossy
 - <https://www.youtube.com/watch?v=kOjNcZvwjxl>

Role reversal?

<https://www.youtube.com/watch?v=1OzklHqWb3w>

Result of social construction

- ▶ Generalizations have perpetuated two dangerous ideologies
 - 1. Women cannot be sexual aggressors/abusers
 - 2. Men cannot be victims of sexual aggression/assault.

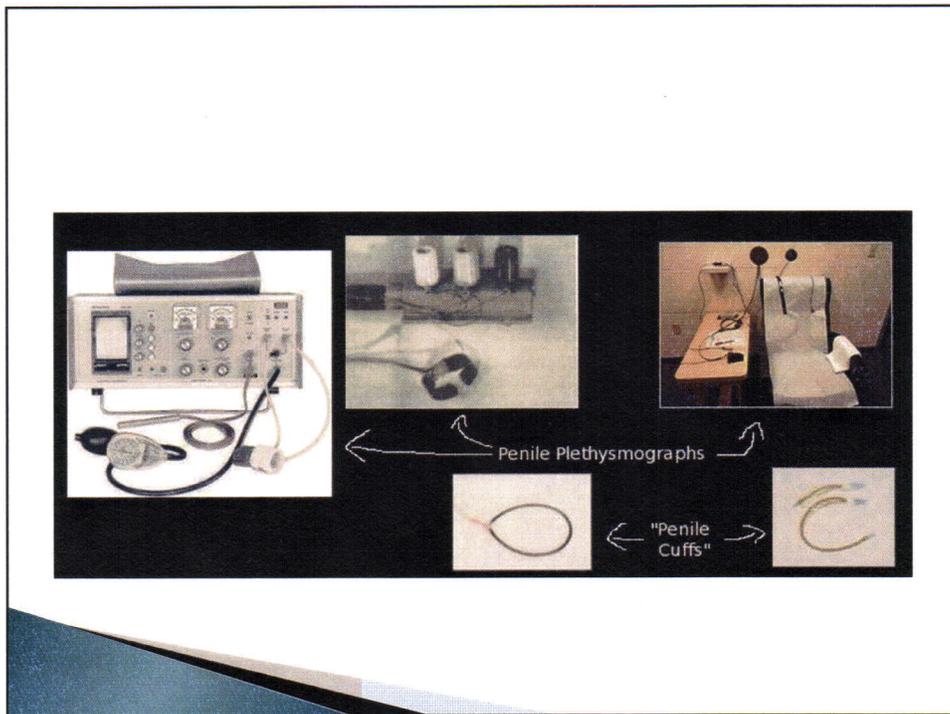
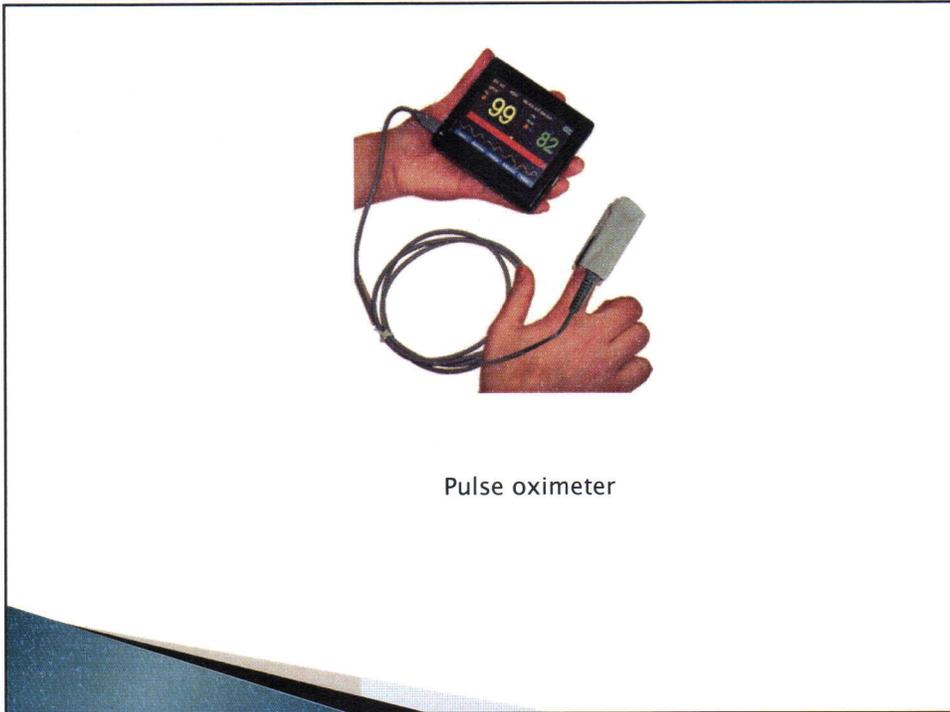
A Comparison: male vs female sex drives and desire

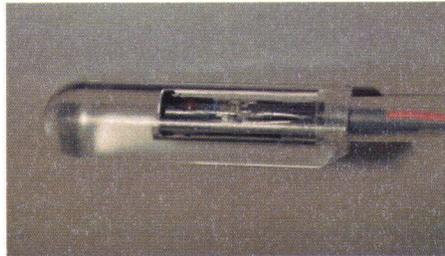
- ▶ In treatment of male sex offenders, arousal patterns are important indicators for preferences in partners and sexual behaviors.
- ▶ For female's, this type of research is all but non-existent, due to lack of funding (Staunton et al., 2008).
- ▶ Monitoring sex drives (deviant attraction) uses plethysmograph (PPG).

Pulse oximeter

Penile plethysmograph

Vaginal PPG





Vaginal photoplethysmograph

Male vs female sex drives and desire continued.... (Staunton et al., 2008)

- ▶ Physiological feedback:
 - Before boys can have a cognition about arousal, they experience visual confirmation of things that are attractive and arousing.
 - Female sexual response is much more multifaceted and distinct; erectile tissue is located deep within the pubic folds, leaving the *subjective* mind to determine if something is sexually arousing or if feelings in that area could be caused by other factors. **assessment alone could disrupt a connection between stimulation and response.

Male vs female sex drives and desire continued....

- ▶ Contemporary culture may be contributing to alterations of female attitudes and ideas about their sexuality because of the male dominated culture that seeks to control and exploit women for the benefit men; “not because women are easier to control, but because men are in control, women have less power (Baumeister, pg. 363).
- ▶ Erotic plasticity: the degree to which a person’s sex drive can be shaped and altered by cultural and society factors.
 - Useful in creating actuarial tools/risk assessment information

Types of Victims

- ▶ Females target more males (research has some conflict here, majority sites high male victimization) (Denov, 1996).
 - Males have lower reporting tendencies.
 - Men don’t get pregnant, so there is a lack of evidence that abuse occurred.
 - Males are assumed unaffected by sexual abuse or be less harmed by it (described as a fantasy/romanticized instead of victimized).
- ▶ Feminist theory suggests gender-based power struggles in society where those at the bottom of the hierarchy (i.e. female children) are the most vulnerable, regardless of perpetrator gender (Grayston & Deluca, 1999).

Victim attributes**

- ▶ Ranged from infant to teen
 - Majority preschool–school aged children
- ▶ Abused by someone they new/trusted
 - Mom/step mom
 - Some studies that included the daycare center cases said 50% by daycare worker (see slide #4)
 - Described coercion by offender
 - Most described oral and/or vaginal penetrations by the female offender (Peter, 2006).
 - Not one male expressed less harm or 'romanticizing' the incident (Denov, 1996).

**All of the case information reports about female sex offenders and their victims had been derived from very small samples, the information is not generalizable across populations.

Negative effects of Victimization

- ▶ Self-harm
 - ▶ Substance use/abuse
 - ▶ Sexual dysfunctions
 - ▶ Low self-esteem and self-blame
 - ▶ Experienced other types of abuse (physical, emotional etc.) (Denov, 1996; Peter, 2006)
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- A lot of victims of female perpetrators were not angry with their fathers for failing to protect them from their mothers (or step mothers); suggests, that perhaps fathers aren't held to the same standards as mothers (Peter, 2006).

Types of Perpetrators

- ▶ Between 20–30 years old at the time of abuse, the total range was from teen to late 70s (Grayston & Deluca, 1999).
- ▶ It is estimated that between 5–10% of juvenile sex offenders are female.
 - More likely to have sex abuse histories themselves, and experience other types of abuse while displaying sexual aggression at a younger age than male teen sex offenders.
 - Often displayed temper tantrums, stealing and truancy while male teens displayed less empathy and were more coercive.
 - Tended to choose younger victims and were also younger at the age of arrest (Roe-Sepowitz & Krysik, 2008).

Types of Perpetrators continued..

- ▶ Adult female sex offenders experienced high rates of abuse, which tended to be more extensive and severe than not sexually offending victims of abuse (Grayston & Deluca, 1999).
- ▶ High occurrences of
 - substance abuse,
 - victims of intimate partner violence,
 - personality disorders (Borderline and Anti-social, most common),
 - parental victimization,
 - low intellectual functioning and
 - high usage of mental health services (Lewis, 2000; Grayston & Deluca, 1999; Denov, 1996; Peter, 2006).
- ▶ Although female sex offenders have a high likelihood of mental health issues, they are less likely to meet the clinical definition of “pedophile” (Grayston & Deluca, 1999).

Case Study: Lisa

Assessment and Treatment Considerations

- ▶ No evidence based assessment tools or treatment models for either teen female sex offenders or adult female sex offenders.
- ▶ Current populations so low, both teen and adult female sex offenders housed and treated in the same place and with the same tools as non-sex abusers.

Assessment Considerations

- ▶ Need complete offender history of abuse (emotional, physical and sexual), conduct a mental health assessment that may evaluate:
 - PTSD
 - depression
 - anxiety
 - Other mental health problems and Axis II considerations (borderline, antisocial etc.)
 - substance abuse
 - child maltreatment
 - stressors impairing coping skills
 - intimate partner violence
 - gender issues
 - sexual attitudes and arousal patterns
 - paraphillic behaviors

(Stanton et al., 2008; Baumeister, 2000; Denov, 1996; Roe-Sepowitz & Krysik, 2008; Grayston & Deluca, 1999; Peter, 2006).

Treatment Considerations

- ▶ Should address the following for both teen and adult female sex offenders:
 - gender issues (sexual/physical development),
 - intimacy and social skills,
 - self-image,
 - self-esteem,
 - impulsivity and
 - societal expectations to be a nurturer and caregiver.
- ▶ With it will be important to include safety planning if other children will be in the home after completing treatment, and to not place adolescent female sex offenders in foster homes with other children (Roe-Sepowitz & Krysik, 2008).

Treatment considerations continued...

- ▶ Other treatment considerations could include targeting specific problems like:
 - substance abuse
 - PTSD and Axis I and Axis II issues
 - domestic violence/spousal issues (Grayson & Deluca, 1999).
- ▶ As it is with male sex offenders, it will also be important to address empathy with their victims (consequences of their actions) and address how their sexual fantasies and behavioral impulses may continue to make them a risk to others.

Why is this important?

- ▶ More effective ways to treat and understand the victims of female sex offenders.
- ▶ Evidence-based treatment programs for female offenders.
- ▶ Help create public awareness and prevention programming.
 - Increase reporting by both male and female victims.

Any questions or comments?