The Assessment of Female Sexual Offenders

Franca Cortoni

Université de Montréal

&

Theresa A. Gannon

University of Kent

Cortoni, F., & Gannon, T.A. (in press). The assessment of female sexual offenders. In L. Craig & M. Rettenberger (Eds). Assessment of Sexual Offenders. Chichester, UK: Wiley-Blackwell.

The Assessment of Female Sexual Offenders

Just like with male sexual offenders, the assessment of women who have committed sexual offences is predominantly driven by the need to establish the likelihood of future sexual offending behaviour, identify problematic issues related to their offending, and outline interventions that would reduce their risk of recidivism. Women are also subjected to the same sanctions as males in the criminal justice system, including social control policies (e.g., Sexually Violent Predator laws in the U.S.). As such, it is crucial that their assessment of risk and treatment needs be based on empirically validated approaches. Due to the dearth of information on female sexual offenders' risk of sexual recidivism and related treatment needs, the assessment of these women has traditionally been conducted using male-based risk assessment procedures. Basically, the idea was that (1) crime is neutral, and (2) male-based tools are better than nothing. In more recent years, however, these two premises have been refuted. First, research has now established that gender matters in criminal behaviour. In other words, there exist gender-specific issues that need to be taken into account when assessing women. Second, research shows that female sexual offenders differ greatly from their male counterparts in terms of recidivism rates. Hence, risk assessment tools validated for males would over-evaluate risk of recidivism in females. Because of these issues, the assessment of risk and treatment needs of female sexual offenders remains a difficult endeavour. The low prevalence of female sexual offending, and their low rates of recidivism, renders difficult the development of women-specific empirically-validated risk assessment tools and practices. Despite these difficulties, there is now a growing empirical foundation from which evaluators can draw to improve the validity of their assessment

of female sexual offenders. This chapter reviews this empirical foundation and provides guidelines for the evaluation of female sexual offenders' risk and treatment needs.

Assessing risk of recidivism

Professionals tasked with the evaluation of risk of recidivism of female sexual offenders should be thoroughly familiar with the general principles of assessment for risk of recidivism. A brief review of these principles may be useful here to place into context the difficulties that currently underlie the assessment of risk of sexual recidivism in women. Within the context of criminal justice, the assessment of risk of recidivism is a process that evaluates and attempts to limit the probability that a new crime will reoccur. Integral to the risk assessment are the determination of the type of event being predicted (general offense; criminal violent behaviour; sexual recidivism); its likelihood of reoccurrence (low; moderate; high); the conditions under which it may occur (dynamic risk factors and related situational factors – e.g., ongoing relationship with co-offender); whether these conditions are present (e.g., have these dynamic risk factors been resolved?); and which interventions (therapeutic or otherwise) might prevent these conditions from occurring. Consequently, a comprehensive assessment of risk of recidivism contains many pieces of information that, when integrated together, provide a full portrait of the individual that informs decision-makers and case managers on the case (see Douglas, Blanchard, & Hendry, 2013 for a review of these steps).

The first step in risk assessment is therefore to identify the likelihood that once an individual has been detected and sanctioned for a criminal act, he or she will do it again. Fundamental to this task is empirical knowledge about (a) base rates of recidivism and (b) static and dynamic risk factors. Base rates are the proportion of the population that demonstrates the

phenomenon of interest. In our case, this means the proportion of female sexual offenders who reoffend with a new sexual crime. Risk factors are individual characteristics of the offender that increase or decrease the probability of recidivism. Static risk factors are aspects in the offender's history that cannot be changed through an intervention. Dynamic risk factors are those aspects of the offender that are amenable to change. Those are the issues addressed in therapeutic and related interventions (e.g., education) designed to reduce and manage the offender's risk of recidivism.

Recidivism rates of female sexual offenders

Research shows that the base rates of sexual recidivism of female sexual offenders are very low. Cortoni, Hanson and Coache (2010) conducted a meta-analysis of 10 studies examining the recidivism rates of female sexual offenders. The number of women in the sample was 2,490, and the average follow-up time was 6.5 years. Cumulative sexual, violent and any recidivism were examined separately. The results showed recidivism rates of 20% for any new type of recidivism and 6% for new violent (including sexual) offences. The rate of recidivism for new sexual offenses, however, was 1.5%.

Since the Cortoni et al. (2010) meta-analysis, another large scale study has calculated the recidivism rates of female sexual offenders. Wijkman and Bijleveld (2013) examined the recidivism rates of all adult females ($N = 261$) over age 18 years convicted for at least one contact sexual offense in the Netherlands between 1993 and 2011. The average follow-up time was 13.2 years. The sexual recidivism rate of 1.1% and the violent recidivism rate of 7.3% are consistent with meta-analytical findings. The rate for any recidivism, however, was slightly higher: 27.6% of the women had committed a new crime.

Besides understanding differences between recidivism and lifetime offending patters, recent findings indicate that attention must also be paid to the varying patterns of recidivism among various subgroups of women that all bear the label of sexual offenders. The accumulating evidence indicates that female sexual offenders represent a diverse group of individuals with differing motivational and offending patterns, as well as differing recidivism rates (e.g., Gannon, Rose, & Ward, 2008; Gannon, Waugh, Taylor, Blanchette, O'Connor, Blake, & Ó Ciardha, 2013; Mathews, Matthews, & Speltz, 1989; Sandler & Freeman, 2007; Vandiver & Kercher, 2004). For example, in Vandiver and Kercher's (2004) category of homosexual criminals, none of the women had a conviction for a contact sexual offense. Instead, they had all been convicted of such offenses as indecency or compelling the victim into prostitution. Sandler and Freeman (2009) demonstrated that this subgroup of women have very different rates of sexual recidivism compared to traditional contact offenders. Their study of 1,466 female sexual offenders in New York State included a subgroup of 79 women that only had promoting prostitution of a minor as a sexual offense. While the traditional (i.e., contact / child pornography) offenders had a 1.59% rate of rearrest for new sexual offences (22 out of 1,387), the prostitution-only group had much higher rates of rearrest for new sexual offences: 10 out of the 79 women (12.66%) were re-arrested for new prostitution-related offences. Further, Cortoni, Sandler, and Freeman (in press) demonstrated that women with only prostitution-related offenses have criminal histories more consistent with general criminality and exhibit more general antisocial features than women convicted of traditional sexual offenses (e.g., rape, sexual assault). These results suggest that evaluators should distinguish between women with traditional sexual offenses from those who only commit prostitution-related offences; the latter group presents very different criminogenic features and recidivism rates than the former.

Static risk factors

Broadly speaking, it could be argued that they are two classes of static risk factors that differentially predict recidivism: those related to general recidivism and those related to sexual recidivism. For example, among male sexual offenders, static risk factors for general and violent (non-sexual) recidivism include being at a younger age, being single, and having a history of lifestyle instability, rule violations, and prior criminal history (Andrews & Bonta, 2010; Hanson & Morton-Bourgon, 2005). Static factors specifically related to sexual recidivism include prior sexual offences, and having male, stranger, and/or unrelated victims (Hanson & Thornton, 2000). Among female sexual offenders, the evidence indicates the same general distinction of factors related to different types of recidivism.

There is sufficient empirical evidence to suggest that the static risk factors for *general* recidivism in women are similar to those of males. Specifically, the number of prior convictions for any type of offence (misdemeanors, drugs, violence) was related to non-sexual general or violent recidivism (Wijkman & Bijleveld, 2013; Sandler & Freeman, 2009; Vandiver, 2007). As well, a younger age (less than 30) was related to non-sexual recidivism. The finding that prior criminal history is related to future non-sexual recidivism among female sexual offenders is not surprising. It is indicative of an antisocial orientation and is common to all types of offenders, whether males or females (Andrews & Bonta, 2010; Blanchette & Brown, 2006).

The evidence, however, is quite different when sexual recidivism is examined. Although she had a large sample ($N = 471$) and a high base rate of sexual offending among women (11%), Vandiver (2007) could not establish any static factor specifically related to the commission of a new sexual offence. Sandler and Freeman (2009) did find a relationship between age and sexual recidivism. In contrast to findings for males, however, being older was linearly related to sexual

recidivism among females, but only for those women convicted of prostitution-related offenses. For females convicted of contact sexual offences, age was not related to sexual recidivism.

Finally, despite the low base rates of sexual recidivism, Sandler and Freeman (2009) found that the presence of a prior child abuse offence of any type was specifically and only related to sexual recidivism. This finding provides the first evidence that static risk factors related to sexual recidivism among women are gender-specific: research has never identified general patterns of child abuse to be related to sexual recidivism among male sexual offenders. The significance of this factor is as of yet unclear. Perhaps because women tend to be the primary caregivers, they are more likely than men to come to the attention of the criminal justice system for non-sexual abuse of children. Alternatively, it may be that the sexual abuse of children, for these women, is part of a broader generalized pattern of abuse against children. Further research is needed.

Dynamic risk factors

The dynamic risk factors related to sexual recidivism in women are unknown. This is not surprising given the extremely low base rates of sexual recidivism in this group. Here again, evaluators need to be aware that a simple transfer of knowledge from the male sexual offender literature to females is simply not appropriate. The accumulating evidence indicates that while women appear to share some characteristics with men, these characteristics manifest themselves in different ways for women (Cortoni and Gannon, 2011; in press). Further, given their very low base rates of sexual recidivism, it is currently impossible to determine what might be the relationship between these characteristics and a woman's likelihood that she will commit a new sexual offense. For example, while a woman may present with cognitions that support sex with

her victim, there is no evidence to date to suggest that these cognitions augment her risk to commit a sexual offense against a new victim.

On the basis of available evidence, denial or minimization of the offending behaviour, distorted cognitions about the sexual offending and sexual abuse in general, problematic relationship and intimacy deficits, and the use of sex to fulfil intimacy needs have all been found in women (Gannon et al., 2008; Nathan & Ward, 2002; Saradjian & Hanks, 1996; see our later discussion of treatment needs). Sexual gratification, a desire for intimacy (with either a victim or a co-defendant), or instrumental goals such as revenge or humiliation are also associated with female sexual offending (Gannon et al., 2008; Saradjian & Hanks, 1996). An examination of these issues will inform on the woman's personal circumstances and elements that have likely contributed to the offending behaviour, including whether a co-offender played a role (Cortoni, 2010). It is reiterated though that while these areas may be problematic and in need of intervention, their relationship with sexual recidivism among women is unknown.

Given the similarities in static risk factors for general recidivism among sexual and non-sexual female offenders, Cortoni (2013) hypothesized that both groups of women share the same dynamic risk factors but only for violent (non-sexual) and general recidivism. These dynamic risk factors likely include cognitions supportive of criminal behaviour; relationships with antisocial associates; poor familial relationships and general community functioning; and substance abuse problems (see Blanchette & Brown, 2006 for an in-depth review of this research). It is noted here that some of these factors manifest themselves in gender-specific ways. Benda (2005) found that family factors such as prosocial family support and the presence of children is a predictor of positive community reintegration for female but not male offenders. Andrews, Guzzo, Raynor, Rowe, Rettinger, Brews, and Wormith (2012) found a stronger

relationship between substance abuse and recidivism for women than for men. Among female sexual offenders, Wijkman and Bijleveld (2013) found that substance abuse and antisocial personality predicted general and violent recidivism.

Implications for risk assessment

There are a number of ways in which risk for recidivism may be assessed but a large body of research indicates that empirically-based actuarial-type methods of risk assessment have the best predictive validity with all types of male offenders, including sexual offenders (e.g., Craig & Beech, 2010). Currently, however, there exists no actuarial or structured professional judgment risk assessment instrument validated for the assessment of risk of sexual recidivism among women.

The reason for this lack of instrument is simple. The evidence indicates that the large majority (i.e., ≈ 98%) of female sexual offenders, once they have been detected and sanctioned for sexual offenses, will not commit a new one. This low rate of sexual recidivism, combined with the low prevalence of female sexual offending (about 5% of adult sexual offenders – see Cortoni, Hanson & Coache, 2009), means that extremely larger samples than are currently available will be needed to empirically identify the factors that distinguish the female sexual recidivist from the non-recidivist, and develop a risk assessment tool. At this time, therefore, evaluators can only rely on their professional judgment, structured by the empirically established risk factors described above, to assess risk of sexual recidivism among women.

Within this context, it is imperative for evaluators to remember that the likelihood of a false positive prediction of recidivism among women will be very high. False positive prediction (i.e., the false alarm rate – see Craig & Beech, 2010 for a review) is the prediction that an individual will reoffend but does not. Because of their low risk of sexual recidivism, female

sexual offenders would virtually never be considered to pose a high risk for sexual recidivism. To reduce the possibility of a high false alarm rate, the recidivism risk factors clinically judged to be relevant in a given case must be sufficiently present – in fact quite blatant (e.g., she tells you she will do it again; see Cortoni et al., 2010) – in order to make a determination of high risk for sexual recidivism among women (for a discussion of issues related to the assessment of women for civil commitment, see Vess 2011).

The lack of risk assessment tools for female sexual offenders has led some evaluators to utilize male-based tools when assessing a woman for her risk of sexual recidivism. Because tools for male sexual offenders have not been validated for women, however, using these tools is not acceptable for the following reasons. First, these tools provide estimates of risk of recidivism that are predicated on the base rate of recidivism among adult male sexual offenders. Given the significantly lower rates of sexual recidivism of female sexual offenders, tools validated for males would statistically grossly overestimate risk among women. Second, the items in these risk assessment tools were selected based on their established empirical relationship with recidivism. For example, factors such as prior sexual offences, and having male, stranger, and/or unrelated victims have a well-established relationship to sexual recidivism among *male* offenders (Hanson & Thornton, 2000). Among female offenders, as was seen earlier, none of these factors has ever demonstrated an empirical relationship with sexual recidivism. Hence, not only will risk assessment tools validated only for males overestimate risk among female sexual offenders, they will do so on the basis of items that have no demonstrated links to sexual recidivism among women (Cortoni, 2010).

Although no tool exists to assess risk of sexual recidivism among women, the picture is not so bleak for the assessment of risk of general recidivism among female sexual offenders.

Attempts to develop a women-specific instrument to specifically assess risk for violent recidivism have yielded interesting promising results, but only for the prediction of violence within an inpatient context (de Vogel & de Vires Robbé, 2013). These research findings, however, are very preliminary; sample size is small ($N = 46$) and the research only examined inpatient behaviour. The utility of the tool to assess risk of criminal violent reoffending after release has not yet been examined.

To date, the Level of Supervision Inventory (LSI-R; Andrews & Bonta, 1995) is the only instrument that has demonstrated good predictive validity for the assessment of risk for *general* (i.e., non-sexual) criminal recidivism among women (Smith, Cullen, & Latessa, 2009). Further research, however, indicates the LSI does overestimate risk in some women. Women assessed as high risk on the LSI had actual recidivism rates similar to those of their high-risk male counterparts. Women in the lower risk ranges, however, had significantly lower actual rates of recidivism than the males in the equivalent risk categories (Andrews et al., 2012) These findings confirm that even the use of general risk assessment tools to assess risk among female sexual offenders require an understanding of the research on risk factors and recidivism among female offenders in general (e.g., Folsom & Atkinson, 2007; Blanchette & Brown, 2006; Holtfreter & Cupp, 2007; Manchak, Skeem, Douglas, & Siranosian, 2009).

Assessing treatment needs

The dynamic risk factors associated with male sexual offenders' risk of sexual offending are well established as being: *inappropriate sexual interests*, *offence-supportive cognition*, *intimacy and social functioning* deficits, and *self-regulation* issues (Beech, Fisher, & Thornton, 2003; Hanson & Morton-Bourgon, 2005; Marshall, Marshall, Serran, & O'Brien, 2011). As

noted above, although knowledge concerning female sexual offending is beginning to increase, the dynamic risk factors associated with female sexual offending are still unknown. Because of this, professionals working with female sexual offenders can generally expect the assessment and treatment of female sexual offenders to be a challenging task. Fortunately, however, there is some research *suggestive* of the underlying dynamic risk factors associated with female sexual offending (see Cortoni, 2010 or Gannon, Rose, & Cortoni, 2010). Consequently, it is possible to assess for factors that have been associated with female sexual offenders and their behaviour in order to formulate the likely treatment needs of female sexual offenders. However, given the limited knowledge base underpinning the treatment needs of female sexual offenders, there is a distinct lack of female-specific assessments available, necessitating an almost complete reliance on skilled clinical interview.

Available research evidence suggests that female sexual offenders are likely to share some basic treatment needs in common with their male sexual offending counterparts. Importantly, however, these basic treatment needs appear to manifest quite differently in females, seemingly as a result of key physiological and socialization-related gender differences (Gannon, Hoare, Rose, & Parrett, 2012; Rousseau & Cortoni, 2010). Further, on the basis of gender, female sexual offenders appear to hold a suite of unique treatment needs that are not generally shared by their male counterparts. In the forthcoming section, we outline the key literature relating to the probable treatment needs of female sexual offenders. Because of the lack of research knowledge in relation to specific dynamic risk factors related to female sexual offending, we take a necessarily broad view of the likely range of factors that assessors should consider.

A good number of treatment needs that should be considered for female sexual offenders represent, at least at surface level, some of the key treatment needs identified in male sexual offenders (i.e., inappropriate sexual interests, offence-supportive cognition, intimacy and social functioning deficits, and self-regulation issues). We evaluate the research evidence pertaining to each of these particular needs—taking care to highlight key gender differences and pertinent assessment issues—before examining treatment needs and associated assessment issues that appear most unique to female sexual offenders.

Inappropriate sexual interests and sexual regulation

Given the relative importance of inappropriate sexual interests in sexual offending behaviour among males (Hanson & Morton-Bourgon, 2005), this area is surprisingly meagre in the female sexual offender research. Studies conducted have tended to be case study based or obtained from clinical practice self-report data (Cooper, Swaminath, Baxter, & Poulin, 1990; Saradjian & Hanks, 1996). In general, the research literature suggests that—compared to males—a relatively small proportion of females appear to hold inappropriate sexual interests of some degree (Green & Kaplan, 1994; Nathan & Ward, 2002; Saradjian & Hanks, 1996). Certainly, there appears to be a much lower prevalence of paedophilia and associated paraphilia diagnoses in women when compared to their male counterparts (Abel & Osborn, 2000; Davin, Hislop, & Dunbar, 1999; Federoff, Fishell, & Federoff, 1999). A particularly useful perspective on women's sexual arousal in relation to gender differences has been established by Chivers and colleagues (Chivers, Rieger, Latty, & Baily, 2004; Suschinsky, Lalumière, & Chivers, 2009). These authors found that sexual arousal in women functions rather differently to men since it is less revealing of stable sexual interests. This creates issues for the instrumental measurement of sexual arousal in women and for conclusions regarding sexual interests.

A key task for assessors, then, relates to determining what (if any) level of inappropriate sexual interest exists, and the role of any inappropriate sexual interest in the woman's sexually abusive behaviour. The *Wilson's Sex Fantasy Questionnaire* (Wilson, 1978) may be utilised with women and may represent a useful tool with which to explore relevant possibilities (i.e., what types of sexual behaviours have been engaged in and which are thought about frequently). However, the presence and extent of inappropriate sexual interests is likely to become most apparent from a skilled analysis of the offending behaviour gleaned across numerous sources and explored with the woman in question.

Finally, the development and history of sexual behaviour is another important area to assess. This includes the meaning and role of sex in the woman's life. Her beliefs about sexual activity, and by extension sexual abuse, may be linked to her beliefs about gender roles, sense of entitlement, or refusal to acknowledge the harm caused by the abuse. Within this context, the role that sex in general plays in the woman's life should be examined to establish its potential motivational role in the offending behaviour. Among male sexual offenders, *sexual coping* has been established as a commonly utilised coping mechanism (Cortoni & Marshall, 2001; Marshall, 2001). In other words, males appear to use both appropriate and inappropriate sexual activity as part of an established coping repertoire. In light of this, we suggest that assessors should also explore any possible use of sexual coping for the woman. Evaluators should be mindful, however, that whether or not female sexual offenders engage in such coping has not been tested within the research literature. Professional confidence and reassurance to the client that women experience various sexual interests, behaviours and fantasies is likely to be crucial for building a rapport that will permit a frank discussion of these issues.

Offence-supportive cognitions

This area is perhaps one of the better-researched areas with female sexual offenders having been subject to both quantitative and qualitative investigations in recent years (e.g., Beech, Parrett, Ward, & Fisher, 2009; Elliott, Ashfield, & Beech, 2010; Gannon et al., 2012; Gannon & Rose, 2009; Kubik & Hecker, 2005; Strickland, 2008; see Gannon & Alleyne, 2013 for a systematic review). Some research has suggested that female sexual offenders share very similar offence-supportive beliefs, schemas, or implicit theories as those of their male counterparts (Beech et al., 2009; Elliott et al., 2010; Kubik & Hecker, 2005). Other research, however, has suggested that while there might be some general similarities in the belief structures of male and female sexual offenders, there are also key differences attributable to gender (Gannon et al., 2012; Gannon & Rose, 2009). Key differences that have been highlighted regarding offence supportive cognition appear to revolve around female sexual offenders' appraisals of males in relation to females. For example, the male sexual offender literature suggests that males view sexual abuse as a form of *entitlement*, and as relatively *harmless*, as well as viewing males and females as *threatening and dangerous*, and *children as sexually interested* (Ward & Keeenan, 1999). In comparison, female sexual offenders appear to view sexual abuse as an entitlement *for males* (rather than themselves as females) and relatively harmless *when perpetrated by a female*, as well as viewing *males* (rather than females) as threatening and dangerous, and their own victim (rather than children generally) as sexually interested (Gannon et al., 2012; Gannon & Rose, 2009).

Gannon et al. (2012) have suggested that female sexual offenders' offence supportive implicit schemas may reflect a severe form of gender-role stereotyping in which males are viewed as *powerful* and women are viewed as *powerless*. Such cognitions might be especially relevant for females who abuse with a co-perpetrating male. A key challenge for assessors, then,

relates to determining what (if any) level of offence supportive cognition exists, how exactly this cognition differs from that of males, and the role of this cognition in the woman's sexually abusive behaviour, particularly if the female has abused alongside a co-perpetrating male. In the absence of any female-specific measure dedicated to the measurement of these issues, we suggest that assessors appraise not only the woman's personal reflection on the offence situation and the factors that facilitated it (e.g., a belief that female abuse was relatively harmless), but also her longstanding beliefs and perceptions of male and female roles and entitlements.

Intimacy and social functioning deficits

Unfortunately, intimacy and social functioning deficits have not yet been researched specifically in relation to female sexual offending. Nevertheless, a number of reviews and studies refer to probable issues in this area. For example, female sexual offenders generally report their developmental experiences to be characterized by adversarial relationships with caregivers and/or characterized by physical, sexual, or emotionally abusive experiences (Allen, 1991; Gannon, Rose, & Ward, 2008, 2010; Saradjian & Hanks, 1996). Problematic developmental attachment experiences are likely to affect an individual's ability to form effective relationships in adulthood (Bartholemew, 1990; Bowlby, 1969, 1973). It is therefore not surprising that female sexual offenders tend to demonstrate important social inadequacies and problematic adult relationships (Gannon et al., 2008, 2010; Strickland, 2008).

A key motivation associated with female-perpetrated sexual abuse appears to be intimacy. Researchers have found that female sexual offenders sexually offend against children either to obtain intimacy with their child victim or with a male co perpetrator (Gannon et al., 2008; Saradjian & Hanks, 1996). This desire to obtain intimacy may be as a result of poor social skills and/ or contextual factors which foster isolation and emotional loneliness. Research does

indicate that female sexual offenders appear to be socially isolated around the time of their offence and lacking any clear support structure (Gannon et al., 2008; Saradjian & Hanks, 1996). Such experiences—in the presence of other vulnerabilities such as sexual victimisation histories—are likely to facilitate inappropriate manifestations of intimacy seeking, and may also leave a woman vulnerable to male sexual offenders who may target them as a co-perpetrator.

A key difference amongst women relative to their male offending counterparts appears to reside in this manifestation of intimacy difficulties. Female sexual offenders appear to experience extensive levels of relationship abuse (Gannon et al., 2008; Wijkman & Bijleveld, 2008) and appear to present with passive traits as well as extreme dependency in relation to men or male intimate partners (Eldridge & Saradjian, 2000; Grayston & De Luca, 1999). These findings suggest that in assessing female sexual offenders, key aspects of exploration are likely to revolve around the presence and quality of social support as well as an in depth exploration of their current and past intimate relationship dynamics. Clearly, this issue will be especially pertinent in terms of the presence of any co-perpetrating male (see co-perpetrating males described below). Again, multiple sources of input will be useful here in addition to standard clinical interview.

Self-regulation issues

Although scant, existing research available in this area suggests that, like males, female sexual offenders experience problems in their abilities to cope with stressful life events and regulate negative affect (Gannon et al., 2008; Saradjian & Hanks, 1996). Research examining female sexual offenders' personal offence narratives shows that they self-report particularly chaotic and stressful life experiences immediately preceding their offence(s) (Gannon et al., 2008; 2010). A key difference between female and male offenders appears to reside in the *source*

of these stressful experiences. Female sexual offenders report experiencing extreme stress, turbulence, and highly negative affect as a result of multiple caregiver responsibilities (e.g., looking after children as well as aging or ill parents) and emotionally or physically abusive relationships. It appears that in the face of such stressful life circumstances, female sexual offenders feel inadequately equipped to cope and have very little social support (Gannon et al., 2008). These findings suggest that any assessment of female sexual offenders should not only explore their life circumstances and difficulties around the time of the offending, but also the exact deficits associated with any emotional regulation problems. For example, limited brain functioning in the form of intellectual disability may lead to self-regulation problems and associated offending behaviour (Frey, 2010; Gannon, Cortoni, & Rose, 2010).

Some female sexual offenders may not exhibit problems with poor regulation and instead may exhibit strong values, morals or faulty cognitions which underpin and drive offending via intact self-regulation skills. For example, a woman may be motivated to offend against their victim due to experiences of anger (e.g., perceiving the victim to have 'wronged' them or broken a sacred moral code). As a result, this woman may experience strong positive affect in relation to her offence (e.g., anticipatory excitement or post offence pride) and plan the offence almost as a military exercise. Here, exploring the motivation underpinning the explicit planning of such offences is likely to be especially critical.

Previous victimization

As noted previously, a high prevalence of developmental and adult victimization experiences have been associated with female sexual offenders (Allen, 1991; Gannon et al., 2008; Green & Kaplan, 1994; Lewis & Stanley, 2000). Most notably, research findings suggest that female sexual offenders, in relation to male sexual offenders, experience victimization that is

unique in frequency and severity (Allen, 1991; Miccio-Fonseca, 2000; Pothast & Allen, 1994). To illustrate, Allen (1991) found that female sexual offenders were significantly more likely to report experiences of physical abuse such as being slapped or hit by their parents. Research conducted by Wijkman and Bijleveld (2008) has also shown that victimization experiences (e.g., relationship violence, school bullying and childhood physical abuse) were associated with an increased number of sexual offences committed by women.

Establishing the nature and extent of any previous victimization should be a primary task for any assessing professional. There is evidence accumulating in the wider research literature to suggest that unresolved trauma (i.e., *Post Traumatic Stress Disorder*, PTSD, DSM-V; American Psychiatric Association, 2013) is associated with neuropsychological impairments that are not only personally distressing for the individual but may severely inhibit that individual's ability to process and appropriately assimilate information discussed during talking therapies such as cognitive-behavioural therapy (Beech & Fisher, 2011; Clark, Tyler, Gannon, & Kingham, 2013; Gray et al., 2003). Consequently, the extent and nature of trauma presentation should be explored thoroughly at an early stage using established measures designed for this purpose (e.g., *The Impact of Events Scale-Revised* [Weiss & Marmar, 1997] or the *Clinician-Administered PTSD Scale* [Blake, Weathers, Nagy, Kaloupek, Charney, & Keane, 1995]). When trauma is clearly present, the assessing professional should additionally clinically determine whether the trauma should be addressed prior to, concurrently with, or after the offense-specific work. Finally, assessors should remain open-minded regarding the underpinning sources of trauma since trauma might also be experienced as a *result* of offending behaviour itself (see Clark et al., in press; Gray et al., 2003).

Male coercion and dependency

A further key difference between female sexual offenders and their male counterparts revolves around the issue of male coercion. Research suggests that up to one half of women who sexually offend have co-offended with a male (Wijkman, Bijleveld, & Hendriks, 2011). Most critical, perhaps, in terms of assessment, is when a female identifies her co-perpetrating male partner as having *coerced* her into the sexually offending behaviour. It is critical within the assessment to determine whether or not the male co-perpetrator has played any coercive role in the abuse or whether the female has acted of her own volition and is simply accompanied by the male (see Ford, 2010). The former is likely to indicate that the woman has important treatment needs revolving around excessive dependency and associated concepts such as low self-esteem, shame, and passive coping and communication styles.

The issue of genuine coercion can be difficult to ascertain, especially when relying on self-reports from the woman herself. Research suggests that assessors should be particularly thorough in their assessment of this issue (Heil, Simons, & Burton, 2010; Saradjian & Hanks, 1996). For example, Heil et al. (2010) found that women who had been officially recorded as male-coerced (n = 3) all admitted during a polygraph examination to having offended independently prior to having offended in company of a male. In their clinical self-report study, Saradjian and Hanks (1996) found that a small number of male-coerced women (n = 4) reported masturbating to fantasies about children. None of these women, however, reported engaging in child molestation or masturbation to child-related fantasies *prior* to having been coerced into the offending behaviour. It is noteworthy, though, that these four women later went on to offend of their own volition. Taken as a whole, these pieces of research suggest that a deep exploration of the concept of coercion is warranted during assessment. Assessors should use multiple sources to form an opinion in this area (e.g., police and witness reports, court reports, psychiatrist reports)

and then, should remain open to the possibility that, even in a case in which coercion appears wholly evident, a female may develop interests, fantasies and/or behaviours that result in later non-coerced offending. The motivators underlying any later non-coerced offending should be explored in detail since they may reflect a variety of goals (e.g., to gratify a previously coercive male or to fulfil one's own sexual desires and fantasies).

Other potential treatment needs

In addition to the potential treatment needs noted above, evaluators should ensure they examine as part of their assessment the more generic dynamic risk factors or treatment needs empirically associated with general female criminal behaviour. Thus, asking questions and collating evidence concerning general offence supportive attitudes and antisocial sentiments and associates will be important, as will enquiries regarding substance abuse (see Blanchette & Brown, 2006; Wijkman & Bijleveld, 2013). Given that child sexual abuse perpetrated by women might reflect a more general pattern of abuse or neglect towards children (Sandler & Freeman, 2009), assessors should be mindful of exploring any underlying attitudes or norms driving general child abuse (if it is present) as well as mental health factors and unresolved trauma which have both been associated with female perpetrated abuse and neglect (Conron, Beardslee, Koenen, Buka, & Gortmaker, 2009; Mapp, 2006). These issues may have played a central role in the woman's commission of sexual abuse or its passive acceptance at the hand of a co-offender.

Mental health is a particularly important area to be addressed as part of standard assessment. Women in prison appear to hold needs in this area that exceed those of incarcerated men or women living in the community (see Blanchette & Brown, 2006 or Ogloff & Tye, 2007). Research examining the mental health characteristics of female sexual offenders appears a little divided. Some researchers have suggested that female sexual offenders are highly likely to

exhibit problems in this area and that levels of mental health issues are likely to be higher than that of other female offenders (Green & Kaplan, 1994). However, Swedish research conducted by Fazel, Sjöstedt, Grann, and Langström (2008) has shown that although female sexual offenders (n = 93) exhibit higher levels of psychosis than females in the community, no substantial differences appear to exist between female sexual offenders and female violent offenders in terms of mental health.

Conducting the assessment

In conducting an assessment to examine the potential treatment needs of any woman who has sexually offended, it is vital to obtain information from varied sources regarding the offence behaviour(s). A full clinical interview should then be conducted with the woman herself in order to ascertain her own perspective on the circumstances, motivators, and affective and cognitive experiences associated with the offending behaviour. Conducting a sound clinical interview with a female sexual offender should, like any forensic assessment, begin with the assessor explaining the reasons underlying the assessment and of the limits to confidentiality. The clinical interview should then proceed via a general 'timeline' structure in which the assessor begins with questions concerning the woman's developmental history. Not only will this structure allow the woman being assessed to develop more of a rapport with the interviewer prior to speaking about her offending behaviour, but it also allows the assessor to establish key areas that may require exploration later in the interview. For example, a woman who discloses frequent childhood sexual and physical abuse at the hands of men might experience PTSD as a result of this, and/ or experience men as being ultimately powerful; both of which may have played a facilitatory role in the sexual offence.

A comprehensive assessment should cover historical factors (attachment history, key developmental experiences/ trauma, and notable childhood behaviours associated with mental health issues or criminal behaviour), personality factors (e.g., passive or dependent personality styles; personality disorder), sexual development and history, relationship history (particularly in relation to domestic abuse and/ or a co-perpetrating male), contextual and individual factors leading up to, during, and after the offence period (i.e., factors such as social supports, relationships with co-offender(s), relationship status, sexual functioning and fantasy, employment, education and caregiving responsibilities, coping style, offence-related cognition and affect, planning, mental health issues, and substance misuse). Being aware of the female sexual offending literature and thus sensitive to possible gender nuances is central to any thorough assessment of treatment needs of women who have engaged in sexually offending behaviour.

Exploring in depth the woman's history and how this history might link to her offending behaviour is a core assessment activity to develop an adequate clinical formulation of the offence behaviour and attendant treatment needs. Within this context, it may be helpful for evaluators to establish the likely pathway that led to the woman's offending behaviour (Gannon et al., 2008; 2010). A pathway refers to the style with which an offender undertakes their sexual offending; it also includes associated offence-supportive cognitions and affect (Ward, Louden, Hudson, & Marshall, 1995). Gannon and her colleagues' research examining female sexual offenders' offence narratives has suggested that there are likely to be three pathways characterising female sexual abuse: explicit-approach, directed-avoidant, and implicit-disorganised. *Explicit-approach* refers to women who explicitly plan their offending for various reasons (e.g., sexual gratification, intimacy, revenge). These women present as effective regulators who tend to

experience positive affect (e.g., excitement) and associated cognitions prior to, at the time of, and post offence. Women who follow this pathway to their offending may work alongside a male but an exploration of their offending is likely to highlight the female's autonomous role in the offence. *Directed-avoidant* refers to women who have been clearly emotionally or physically coerced into their offending by a co-perpetrating male. Generally, these women tend to have been involved in an abusive relationship with the co-perpetrating male or targeted and groomed by him. Such women are characterised by a distinct lack of autonomy and planning in relation to their offence, an excessive dependence on men, and a general subjugation of their own needs. These women are likely to offend due to fear of their co-perpetrator or in order to gain acceptance and intimacy from him. Their regulatory processes are generally overridden by the co-perpetrating male and they typically report having experienced negative affect and associated cognitions in relation to their offence (e.g., "I have to do this or he will kill me"). *Implicit-disorganised* refers to women who do not appear to be driven by any explicit desire to offend, but who appear to experience significant self-regulatory failure immediately prior to their sexual offence. Such women tend to report 'finding' themselves in situations that increase the chances of them sexually offending; they do not explicitly plan their offending. Often, however, an exploration of the factors leading up to the offence reveals decisions on the part of the woman that appear to implicitly increased the likelihood of sexual offending (i.e., implicit planning). These women tend to describe their offending as impulsive, a snap decision associated with either positive or negative affect.

Each of these three pathways likely holds distinct treatment needs. A preliminary checklist has been developed in order to aid clinicians in their identification of these pathways (see Gannon et al., 2013 or Gannon, 2012). It is highly important for assessors to keep in mind,

however, that offence pathways do not represent static typological descriptors. In other words, if a woman has committed multiple sexual offences, she may shift pathways. Because of this, it is important that assessors consider all instances of sexual offending when conceptualising a woman's pathway to offending. It is very possible, for example, for a woman to shift from a directed-coerced to an explicit-approach pathway (see Heil et al., 2010). Under such circumstances, the assessor's task becomes complex: the treatment needs analysis needs to take into account the factors that have led to the initial sexual offence, and the additional factors that have led to the autonomous offending.

In terms of treatment needs, explicit-approach women, as they tend not to hold deficient self-regulatory processes, would likely require treatment that focuses on the goals and values underpinning their offending (e.g., inappropriate sexual arousal) as well as the associated cognition and affect. Directed-avoidant women, on the other hand, are likely to require work examining intimacy and attachment, personality styles and cognitions in relation to men (i.e., dependent and passive traits), as well as their problem solving and assertiveness skills. A particularly important aspect of treatment might also include education regarding the detection of male grooming and protection of children. Finally, implicit-disorganised women are those most likely to benefit from treatment related to self regulation since these women appear to lose control over their impulses in the context of strong positive or negative affect (e.g., wanting to satisfy sexual needs or gain revenge). In such cases, women are likely to benefit from work designed to heighten their sensitivity to factors likely to trigger relapse and their ability to cope with signs of regulatory failure as it unfolds.

Conclusion

Evaluators now have much more research available to them than they had a decade ago to guide their assessment of female sexual offenders. In terms of risk for sexual recidivism, the data show that women, once detected and sanctioned for contact sexual offenses, are unlikely to commit new ones. The data also reveal, however, that attention must be paid to the sub-type of offender under evaluation; women convicted for prostitution-related offenses demonstrate very different patterns of recidivism than women convicted for contact sexual offenses. Furthermore, research shows that non-sexual offenses are also committed by female sexual offenders. As such, while there are no instruments validated to assess risk of sexual recidivism in women, there are approaches and tools validated to assess their risk of general (i.e., non-sexual) recidivism that can be utilised with confidence. Evaluators, however, should always carefully frame their evaluation of risk of recidivism of female sexual offenders within the context of the existing research; the danger of an overestimation of risk of sexual recidivism in females is real.

There is now also a research base that suggests a number of likely treatment needs among women. Further, research that examined pathways to offending is available in order to guide the evaluation of treatment needs among female sexual offenders. These needs include, but are not limited to, offence supportive cognitions, relationship factors (e.g., dependency, intimacy issues), emotional regulation and coping deficits, sexual regulation patterns and inappropriate sexual interests. Particular goals underlying the sexual offence (e.g., to gain revenge or to humiliate others) are also likely to represent pertinent treatment needs. Despite these advance, still very clearly absent at present are psychometric tests designed specifically for use with female sexual offenders. In light of this, we remind evaluators not to be tempted to use those tests designed and validated only for male offenders; the accumulating evidence is showing that factors related to sexually offending behaviour have gender-specific manifestations. Evaluators should always

explore and evaluate the treatment need of female sexual offenders within a comprehensive and gender-informed clinical interview.

References

Abel, G. G., & Osborn, C. (2000). The paraphilias. In M. C. Gelder, J. J. Lopez-Ibor & N. C. Andreasen (Eds.), New Oxford Textbook of Psychiatry (pp. 897-913). Oxford, UK: Oxford University Press.

Oxford Textbook of Psychiatry (pp. 897 913). Oxford: Oxford University Press.Allen, C. M. (1991). *Women and men who sexually abuse children: A comparative analysis*. Orwell, VT: Safer Society Press.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).Arlington, VA: American Psychiatric Publishing.

Andrews, D. A., & Bonta, J. (1995). Level of Service Inventory–Revised. Toronto: Multi-Health Systems.

Andrews, D. A., & Bonta J. (2010) *The psychology of criminal conduct* (5th ed.). Cincinnati, OH: Anderson.

Andrews, D. A., Guzzo, L., Raynor, P., Rowe, R. C., Rettinger, J., Brews, A., & Wormith, S. (2011). Are the major risk/need factors predictive of both female and male reoffending? : A test with the eight domains of the level of service/case management inventory. *International Journal of Offender Therapy and Comparative Criminology, 56*, 113-133.

Bartholomew , K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal Relationships, 7,* 147-178.

Beech, A. R. (2011). *The way forward in sex offender treatment*. New Directions in Sex Offender Practice [conference], University of Birmingham, Birmingham, UK.

Beckett, R. C., & Fisher, D. (1994, November). *Assessing victim empathy: A new measure*. Paper presented at the 13th Annual Conference of the Association for the Treatment of Sexual Abusers, San Francisco.

Beech, A. R., Fisher, D., & Thornton, D. (2003). Risk assessment of sex offenders. *Professional Psychology: Research and Practice, 34*, 339–52.

Beech, A. R., Parrett, N., Ward, T., & Fisher, D. (2009). Assessing female sexual offenders' motivations and cognitions: An exploratory study. *Psychology, Crime, and Law*, *15*, 201-216. doi: 10.1080/10683160802190921.

Benda, B. B. (2005). Gender Differences in Life-Course Theory of Recidivism: A Survival Analysis. *International Journal of Offender Therapy and Comparative Criminology, 49,* 325-342.

Blake, D. D., Weathers, F. W., Nagy, L. M., Kaloupek, D. G., Gusman, F. D., Charney, D. S., & Keane, T. M. (1995). The development of a clinician-administered PTSD scale. *Journal of Traumatic Stress*, 8, 75-90.

Blanchette, K., & Brown, S. L. (2006). *The assessment and treatment of women offenders: An integrated perspective*. Chichester, UK: John Wiley & Sons.

Bowlby, J. (1969). *Attachment and loss, Volume 1: Attachment*. NY: Basic Books.

Bowlby, J (1973). *Attachment and loss, Volume 2: Separation*. NY: Basic Books.

Chivers, M. L., Rieger, G., Latty, E., & Bailey, J. M. (2004). A sex difference in the specificity of sexual arousal. *Psychological Science, 15*, 736–744.

Clark, L., Tyler, N., Gannon, T. A., & Kingham, M. (in press). Eye movement desensitisation and reprocessing (EMDR) for offence related trauma in a mentally disordered sexual offender. *Journal of Sexual Aggression.*

Conran, K. J., Beardslee, W., Koenen, K. C., Buka, S. L., & Gortmaker, S. L. (2009). A longitudinal study of maternal depression and child maltreatment in a national sample of families investigated by child protective services. *Archives of Pediatrics and Adolescent Medicine, 163,* 922-930.

Cooper, A. J., Swaminath, S., Baxter, D., & Poulin, C. (1990). A female sex offender with multiple paraphilias: A psychologic, physiologic (laboratory sexual arousal) and endocrine case study. *Canadian Journal of Psychiatry, 35* (4), 334-337.

Cortoni, F. (2010). The assessment of female sexual offenders. In T. A. Gannon & F. Cortoni (Eds.), *Female sexual offenders: Theory, assessment, and treatment* (pp. 87-100). Chichester, UK: Wiley-Blackwell.

Cortoni, F., (2013, October). *Criminal Features of Female Sexual Offenders: Implications for Risk Assessment.* Paper presented at the *32th Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers*, Chicago, IL, US.

Cortoni, F., & Gannon, T.A. (in press). Understanding female sexual offenders. In T.Ward & A.R. Beech (Eds.), *Theories of Sexual Offending*. Chichester, UK: Wiley-Blackwell.

Cortoni, F., & Gannon, T. A. (2011). Female Sexual Offenders. In D.P. Boer, R. Eher, L.A. Craig, M. Miner, & F. Phafflin (Eds.), *International Perspectives on the Assessment and Treatment of Sex Offenders: Theory, Practice and Research* (pp. 35-54). Chichester, UK: Wiley-Blackwell.

Cortoni, F., Hanson, R. K., & Coache, M. E. (2009). Les délinquantes sexuelles: Prévalence et récidive (*Female sexual offenders : Prevalence and recidivism*). *Revue internationale de criminologie et de police technique et scientifique*, LXII, 319-336.

Cortoni, F., Hanson, R. K., & Coache, M. E. (2010). The recidivism rates of female sexual offenders are low: A meta-analysis. *Sexual Abuse: A Journal of Research and Treatment, 22*, 387-401.

Cortoni, F., Sandler, J. C., & Freeman, N. J. (in press). *Are females convicted of promoting prostitution of a minor like females convicted of traditional sexual offenses? A brief research report*. Sexual Abuse: A Journal of Research and Treatment.

Cortoni, F., & Marshall, W. L. (2001). Sex as a coping strategy and its relationship to juvenile sexual history and intimacy in sexual offenders. Sexual Abuse: A Journal of Research and Treatment, 13, 27-43.

Craig, L. A., & Beech, A. R. (2010). Towards a best practice in conducting actuarial risk assessments with adult sexual offenders. *Aggression and Violet Behavior, 15,* 278-293.

Davin, J. C. R. Hislop, & T. Dunbar (1999; Eds.). *The female sexual abuser: Three views*. Brandon, VT: Safer Society Press

De Vogel, V., & De Vries Robbé, M. (2013). Working with women: Towards a more gender-sensitive violence risk assessment. In C. Logan & L. Johnstone (Eds.), *Managing clinical risk: A guide to effective practice* (pp. 224-241). New York, US: Routledge.

Douglas, K.S., Blanchard, A.J.E., & Hendry, M.C. (2013). Violence risk assessment and management: Putting structured professional judgment in practice. In C. Logan & L. Johnstone (Eds.), *Managing clinical risk: A guide to effective practice* (pp. 29-55). New York, US: Routledge.

Eldridge, H., & Saradjian, J. (2000). Replacing the function of abusive behaviors for the offender: Remaking relapse prevention in working with women who sexually abuse

children. In D. Laws, S. Hudson, & T. Ward (Eds.), *Remaking relapse prevention with sex offenders: A sourcebook.* (pp. 402-427). Thousand Oaks, CA: Sage.

Elliott, I. A., Eldridge, H. J., Ashfield, S., & Beech, A. R. (2010). Exploring risk: Potential static, dynamic, protective and treatment factors in the clinical histories of female sex offenders. *Journal of Family Violence, 25*, 595-602.

Faller, K. C. (1995). A clinical sample of women who have sexually abused children. *Journal of Child Sexual Abuse, 4*, 13–30.

Fazel, S., Sjöstedt, G., Grann, M., & Langström, N. (2008). Sexual offending in women and psychiatric disorder: A national case-control study. *Archives of Sexual Behavior*, *39*, 161-167.

Federoff, J.P., Fishell, A., & Federoff, B. (1999). A case series of women evaluated for paraphilic disorders. *The Canadian Journal of Human Sexuality, 8*, 127-140.

Folsom, J., & Atkinson, J.L. (2007). The generalizability of the LSI-R and the CAT to the prediction of recidivism in female offenders**.** *Criminal Justice and Behavior*, *34*, 1044 - 1056.

Ford, H. (2010). The treatment needs of female sexual offenders. In Gannon, T. A. & Cortoni, F. (Eds), Female sexual offenders: Theory, assessment, & practice (pp. 101-118). Chichester, UK: Wiley-Blackwell.

Frey, L. L. (2010). The juvenile female sexual offender: Characteristics, treatment, and research. In Gannon, T. A. & Cortoni, F. (Eds), Female sexual offenders: Theory, assessment, & practice (pp. 53-72). Chichester, UK: Wiley-Blackwell.

Gannon, T. A., & Alleyne, E. K. A. (2013). Female sexual abusers' cognition. *Trauma, Violence, and Abuse, 14,* 67-79. doi: 10.1177/1524838012462245.

Gannon, T. A., & Cortoni, F. (2010). *Female sexual offenders: Theory, assessment, & practice.* Chichester, UK: Wiley-Blackwell. ISBN: 978-0-470-68344-6.

Gannon, T. A., Hoare, J., Rose, M. R., & Parrett, N. (2012). A re-examination of female child molesters' implicit theories: Evidence of female specificity? *Psychology, Crime and Law, 8,* 209-224. doi: 10.1080/10683161003752303.

Gannon, T. A., & Rose, M. R. (2009) Offence-related interpretative bias in female child molesters: A preliminary study. *Sexual Abuse: A Journal of Research and Treatment, 21,* 194-207.

Gannon, T. A., Rose, M. R., & Cortoni, F. (2010). Developments in female sexual offending and considerations for future research and treatment. In Gannon, T. A. & Cortoni, F. (Eds), *Female sexual offenders: Theory, assessment, & practice* (pp. 181-198). Chichester, UK: Wiley-Blackwell.

Gannon, T. A., Rose, M. R., & Ward, T. (2008). A descriptive model of the offense process for female sexual offenders. *Sexual Abuse: A Journal of Research & Treatment*, *20*, 352-374.

Gannon, T. A., Rose, M. R., & Ward, T. (2010). Pathways to female sexual offending: A preliminary study. *Psychology Crime and Law, 16,* 359-380.

Gannon, T. A., Rose, M. R., & Ward, T. (2012). A descriptive offence process model of female sexual offending. In Schwartz, B. (Ed), *The sex offender* (volume 7) (pp. 16.1-16.19). Kingston, NJ: Civic Research.

Gannon, T. A., Rose, M. R., & Williams, S. E. (2009). Do female child molesters hold implicit associations between children and sex? A preliminary investigation. *Journal of Sexual Aggression, 15,* 55-61.

Gannon, T. A., Waugh, G., Taylor, K., Blanchette, K., O'Connor, A., Blake, E., & Ó Ciardha, C. (2013). Women who sexually offend display three main offense styles: A re-examination of the descriptive model of female sexual offending. *Sexual Abuse: A Journal of Research and Treatment*. Published online before print May 15, 2013, doi: 10.1177/1079063213486835.

Gray, N. S., Carmen, N. G., Rogers, P., MacCulloch, M. J., Hayward, P., & Snowden, R. J. (2003). Post-traumatic stress disorder caused in mentally disordered offender by the committing of a serious violent or sexual assault. *Journal of Forensic Psychiatry and Psychology, 14*, 27-43.

Grayston, A. D., & De Luca, R. V. (1999). Female perpetrators of child sexual abuse: A review of the clinical and empirical literature. *Aggression and Violent Behavior, 4*, 93-106.

Green, A. H., & Kaplan, M. S. (1994). Psychiatric impairment and childhood victimization experiences in female child molesters. *Journal of the American Academy of Child and Adolescent Psychiatry, 33*, 954–961.

Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology,* 73, 1154-63.

Hanson, R. K., & Thornton, D. (2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales. *Law and Human Behavior*, 24, 119-36.

Heil, P., Simons, D., & Burton, D. (2010). Using the polygraph with female sexual offenders. In Gannon, T. A. & Cortoni, F. (Eds), *Female sexual offenders: Theory, assessment, & practice* (pp. 143-160). Chichester, UK: Wiley-Blackwell.

Holtfreter, K., & Cupp, R. (2007). Gender and risk assessment: the empirical status of the LSI-R for women. *Journal of Contemporary Criminal Justice*, *23*, 363 - 382.

Kubik, E. K., & Hecker, J. E. (2005). Cognitive distortions about sex and sexual offending: A comparison of sex offending girls, delinquent girls, and girls from the community. *Journal of Child Sexual Abuse, 11*, 63-83.

Lewis, C. F., & Stanley, C. R. (2000). Women accused of sexual offenses. *Behavioral Sciences and the Law, 18*, 73-81.

Manchak, M. A., Skeem, J. L., Douglas, K. S., & Siranosian, M. (2009). Does gender moderate the predictive utility of the Level of Service Inventory—Revised (LSI-R) for serious violent offenders? *Criminal Justice and Behavior*, *36*, 425-442.

Mapp, S. C. (2006). The effects of sexual abuse as a child on the risk of mothers physically abusing their children: A path analysis using systems theory. *Child Abuse and Neglect, 30*, 1293-1310.

Marshall, W. L., Marshall, L. E., Serran, G. A., & O'Brien, M. D. (2011). *Rehabilitating sexual offenders: A strengths-based approach*. London: APA Books.

Mathews, R., Matthews, J. K., & Speltz, K. (1989). *Female sexual offenders: An exploratory study*. Orwell, VT: Safer Society Press.

Miccio-Fonseca, L. C. (2000). Adult and adolescent female sex offenders: Experiences compared to other female and male sex offenders. *Journal of Psychology & Human Sexuality, 11*, 75-88. doi: 10.1300/J056v11n03_08.

Nathan, P. & Ward, T. (2002). Female sex offenders: clinical and demographic features. *The Journal of Sexual Aggression, 8(1),* 5-21.

Ogloff , J., & Tye, C. (2007). Responding to mental health needs of women offenders. In R. Sheehan, G. McIvor, & C. Trotter, (Eds.), *What works with women offenders.* Devon, UK: Willan.

Pothast, H. L., & Allen, C. M. (1994). Masculinity and femininity in male and female perpetrators of child sexual abuse. *Child Abuse & Neglect, 18*, 763-767.

Quinsey, V. L., Lalumière, M. L., Rice, M. E., & Harris, G. T. (1995). Predicting sexual offenses. In J.C. Campbell (Ed.), *Assessing dangerousness: Violence by sexual offenders, batterers, and child abusers* (pp. 114-137). Thousand Oaks, CA: Sage Publications.

Rousseau, M. M., & Cortoni, F. (2010). The Mental Health Needs of Female Sexual Offenders. In T.A. Gannon & F. Cortoni (Eds.), *Female sexual offenders: Theory, Assessment, and Treatment* (pp. 73-86). Chichester, UK: Wiley-Blackwell.

Sandler, J. C., & Freeman, N. J. (2007). Typology of female sex offenders: A test of Vandiver and Kercher. *Sexual Abuse: A Journal of Research and Treatment, 19*, 73-89.

Sandler, J. C., & Freeman, N. J. (2009). Female sex offender recidivism: A large-scale empirical analysis. *Sexual Abuse: A Journal of Research and Treatment*, *21*, 455-473.

Saradjian, J., & Hanks, H. (1996). *Women who sexually abuse children: From research to clinical practice*. New York: Wiley.

Smith, P., Cullen, F. T., & Latessa, E. J. (2009). Can 14,737 women be wrong? A meta-analysis of the LSI-R and recidivism for female offenders. *Criminology & Public Policy, 8,* 183-208.

Strickland, S. M. (2008). Female sex offenders: Exploring issues of personality, trauma, and cognitive distortions. *Journal of Interpersonal Violence*, *23*, 474-489. doi:10.1177/0886260507312944.

Suschinsky, K. D., Lalumière, M. L., & Chivers, M. L. (2009). Sex differences in patterns of genital sexual arousal: Measurement artifacts or true phenomena? *Archives of Sexual Behavior, 38,* 559-573.

Vandiver, D. (2007, March). *An examination of re-arrest rates of 942 male and 471 female registered sex offenders*. Academy of the Criminal Justice Sciences, Feature Panel on Sex Offenders: Seattle, WA.

Vandiver, D.M., & Kercher, G. (2004). Offender and victim characteristics of registered sexual Offenders in Texas: A proposed typology of female sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 16,* 121-137.

Vess, J. (2011). Risk assessment with female sex offenders: Can women meet the criteria of community protection laws? *Journal of Sexual Aggression*, *17*, 77-91.

Ward, T., & Keenan, T. (1999). Child molesters' implicit theories. *Journal of Interpersonal Violence, 14* (8), 821-838.

Ward, T., Louden, K., Hudson, S. M., & Marshall, W. L. (1995). A description of the offense chain for child molesters. *Journal of Interpersonal Violence, 10,* 452-472.

Weiss, D. S., & Marmar, C. R. (1997). The Impact of Event Scale-Revised. In J. P. Wilson, & T. M. Keane (Eds.), Assessing psychological trauma and PTSD: A practitioner's handbook. (2nd ed.) (pp168-189). New York: Guilford.

Wijkman, M., & Bijleveld, C. (2008, September). Female sex offenders: Recidivism and criminal careers. Paper presented at the *8th Annual Conference of the European Society of Criminology*, Edinburgh, Scotland.

Wijkman, M., & Bijleveld, C. (2013, October). Criminal career features of female sex offenders: Preliminairy results. Paper presented at the *32th Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers*, Chicago, IL, US.

Wijkman, M., Bijleveld, C., & Hendriks, J. (2011). Female sex offenders: Specialists, generalists and once-only offenders. Journal of Sexual Aggression, 17, 34-45.

Wilson, G. (1978). *The secrets of sexual fantasy*. London: J. M. Dent & Sons.