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Female Perpetrators of Sexual Offences

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Female Perpetrators of Sexual Offences

It is well-known that females engage in sexually offending behaviours (Cortoni & Gannon, 2016; Proulx, Cortoni, Craig, & Letourneau, 2020); however, research with this specialist population is relatively scant compared to the male sexual abuse literature. This is a likely corollary of low sexual abuse perpetration rates among female sexual abusers, with academic estimates suggesting that females commit around only five percent of recorded sexual crimes (Cortoni, Hanson, & Coache, 2010; Embry & Lyons, 2012). However, despite them being so relatively few in number (compared to male perpetrators), it has become apparent in recent years that females who commit sexual offences comprise a heterogeneous forensic population with unique treatment needs that separate them from their male counterparts. Unsurprisingly, then, there have been calls for policymakers to revise the current male-derived risk assessment, management, and treatment protocols currently utilised with female sexual abusers in favour of more gender-specific praxis (e.g., Gannon et al., 2014; Pflugradt, Allen, & Marshall, 2018; Williams, Gillespie, Elliott, & Eldridge, 2019).

This chapter reviews the nature and scope of female-perpetrated sexual abuse, and evaluates gender-responsive approaches. We will highlight where possible implications of recent literature on policy and treatment, and draw necessary comparisons with the male sexual abuse literature. In our attempt to synthesize the current knowledge base, we hope to offer readers an insight into how best to risk assess, manage, and treat females who engage in sexually offending behaviours, whilst also addressing misconceptions about this oft-misunderstood population.

Typical Characteristics of Perpetrators

Over the last decade, there has been a notable rise in the number of research studies dedicated to assessing the profiles of females who engage in sexually offending behaviours. This has highlighted that female sexual abusers often possess diverse motivations, cognitions,

psychological traits, and offence characteristics that differentiate them from their male counterparts (Marshall & Miller, 2019; Pflugradt et al., 2018; Proulx et al., 2020). We will review the main differences between both groups here.

Demographic characteristics. Psychological and clinical literature has highlighted key demographic differences between male and female perpetrators of sexual offences (for a review, see Williams & Bierie, 2015). For example, males are often older when they offend (Wijkman, Bijleveld, & Hendriks, 2010, 2011) and they typically offend over longer periods compared to females (Faller, 1987). Educational achievement is usually higher in males (Matravers, 2005; Oliver, 2007), who are also often centralized in higher socioeconomic strata (Lewis & Stanley, 2000). Moreover, rates of unemployment tend to be higher in females, many of whom occupy full-time caregiver or homemaker roles at the time of their offending (Nathan & Ward, 2002). Furthermore, female perpetrators are less likely to possess a criminal record at the time of arrest for their first sexual offence and the majority commit only one sexual offence during their lifetime (Vandiver & Walker, 2002).

Williams and Bierie (2015) utilised data from the United States' National Incident-Based Reporting System (NIBRS) to assess characteristic differences between male and female perpetrators of recorded sexual crimes over a 20-year period (802,150 recorded incidents). Their findings indicated broad similarities between groups in terms of offence patterns; however, differences were apparent when reviewing demographic profiles. For example, compared to male participants, the female group comprised more adolescent sexual abusers (34.2% versus 20.9%) and were significantly less likely to be intoxicated at the time of their offence (3.8% versus 9.4%).

Personal characteristics.

Prior sexual victimization. A consistent finding across studies is the high level of sexual victimization among female perpetrators of sexual offences (see Comartin, Burgess-

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Proctor, Kubiak, & Kernsmith, 2018). Specifically, there is a strong relationship between females who were sexually abused in their early life and those who went on to sexually offend themselves. In instances where a history of sexual abuse is present among this group, it is often found to have been both severe and persistent (Ten Bensele, Gibbs, & Raptopoulos, 2019), and to have occurred alongside physical abuse (Simons, Heil, Burton, & Gursky, 2008). Moreover, clinical studies investigating sexual abuse in the backgrounds of females who have sexually offended have discovered that vital protective factors which assist in mitigating past trauma are often absent (see Gannon, Rose, & Ward, 2008). For example, many perpetrators come from unstable family backgrounds and lack close interpersonal relationships—factors which are considered to reduce recidivism potential among convicted male sexual abusers (see Ward, Hudson, Marshall, & Siegert, 1995). Similar trends are apparent among female perpetrators of sexual offences who have been victimized in adulthood (see Comartin et al., 2018), which highlights the destructive and long-term sequelae of sexual victimization. Given this, Cortoni (2018) argues that professionals need to understand more about female coping in response to previous victimisation and how this might relate to sexual abuse perpetration.

These studies suggest that professionals who work with female sexual offence perpetrators should screen clients for trauma when developing treatment schedules to reduce the effects of past trauma on proclivity towards sexual offending (see Harrati, Coulanges, Derivois, & Vavassori, 2018). However, past sexual victimization is not always a precursor to sexual offending behaviours and many females who are sexually abused do not go on to offend (see Papalia, Luebbers, & Ogloff, 2018; Ogloff, Cutajar, Mann, & Mullen, 2012). Therefore, professionals who wish to understand the causes of sexual offending behaviours should not limit their enquiries to prior sexual experiences; rather, they should assess a whole spectrum of treatment needs to determine which ones are relevant to their clients.

Psychopathology. Similar to their male counterparts, females who engage in sexually offending behaviours tend to possess psychiatric deficits and impairments in their mental health at rates much higher than females within the community (see Miller & Marshall, 2019). These include learning disabilities (McLeod, 2015), personality disorders (Christopher, Lutz-Zois, & Reinhardt, 2007; Green & Kaplan, 1994), alcohol-use disorder (Faller, 1996), and anxiety disorders (Steadman, Osher, Robbins, Case, & Samuels, 2009). High rates of mood disorders such as depression, bipolar, and dysthymia are also apparent at higher-than-normal rates among female sexual abusers (Gillespie et al., 2015; Miller & Marshall, 2019; Steadman et al., 2009), as is increased suicidal ideation (Miccio-Fonseca, 2000). These psychiatric conditions may offer one explanation as to why females who engage in sexually offending behaviours typically possess poor coping skills, low self-esteem, and deficits in impulsivity and judgement (see Hislop, 2001).

To our knowledge, the largest evaluation to date of the psychopathology of female sexual abusers is a national case-control study by Fazel, Sjöstedt, Grann, and Långström (2010). The authors compared available psychiatric data from females convicted of at least one sexual offence in Sweden ($n = 93$) against that of all females convicted of non-sexual violent offences ($n = 13,452$) and a control group comprising a random sample of non-offending community females ($n = 20,597$). Compared to the control group, female sexual abusers and female violent offenders were significantly more likely to be diagnosed with a psychotic or substance-use disorder, and were at increased risk of psychiatric hospitalization. In fact, over a third of female sexual abusers (36.6%, $n = 34$) held a history of hospitalisation for mental health issues, compared to just 4.6% ($n = 950$) of participants convicted of non-sexual violent offences.

The work of Fazel et al. (2010) and others highlight that assessments of psychological and mental health should form a key proponent of standard risk assessment procedures with

female offender populations. Clinicians should screen and assess female sexual abusers for psychiatric deficits as part of general inpatient procedures, and devise tailored treatment plans that aim to redress any abnormalities (Cortoni & Gannon, 2016). They should also be aware of fluctuations in their clients' mental states, whilst also considering the impacts their offending behaviours may have had on their psychopathology (Williams et al., 2019). Psychiatric deficits may go some way towards explaining a perpetrator's commission or acceptance of sexual abuse (Cortoni & Gannon, 2011; Proulx et al., 2020), and would highlight a major treatment need that requires tackling via specialist intervention.

Perpetrator Typologies

In an attempt to assess the differences between males and females who engage in sexually offending behaviours, early work into female-perpetrated sexual abuse focussed on reviewing the demographic and personal characteristics of perpetrators. This highlighted that females who engage in illicit sexual activities constitute a heterogenous population with distinct treatment needs (see Robertiello & Terry, 2007). Primed with this knowledge, researchers began to explore whether female sexual abusers could be classified into distinct subgroups—or *typologies*—based upon shared demographic, personal, and offence characteristics (e.g., Nathan & Ward, 2002; Turner, Miller, & Henderson, 2008; Vandiver & Kercher, 2004; Wijkman et al., 2010, 2011).

Arguably the most established typological system for female sexual abusers was devised by Mathews, Matthews, and Speltz (1989). Catalysed by recent work assessing the profiles of female child molesters (e.g., Faller, 1987; Finkelhor & Williams, 1988), the researchers sought to understand the effect that individual backgrounds had on female sexual abusers' treatment experiences. Participants comprised 16 female sexual abusers referred onto Minnesota's core outpatient programme for sexual offending between 1985 and 1987. The researchers collected qualitative and quantitative data from participants over a one-year

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period. Using inductive content analysis, three clusters of female sexual abusers were identified. The first category was defined as *teacher-lovers*—individuals who typically engaged romantically with adolescent males and who perceived their victims as active participants in their sexual ‘relationship’. The second category were *predisposed abusers*—those who were persistently and violently abused in their past, and who typically selected young child victims. The final category were *male-coerced abusers*—abusers who were pressurised into engaging in sexually offending behaviours by a significant male (e.g., their partner). These categories were later validated with a new sample of females by Syed and Williams (1996), who added a further category—*male-accompanied*—to represent female abusers who had not been pressurised into their sexually offending behaviours by a male, but rather co-offended with one.

Beyond being a valuable classification tool, Mathews et al. (1989) contend that their typologies offer professionals a valid means of identifying treatment targets among female clients, as each of their subgroups typically align with different developmental backgrounds. *Teacher-lovers*, for example, were often characterised by histories of verbal and emotional—but not sexual—abuse, and lacked self-efficacy in their romantic relationships. Conversely, *predisposed abusers* displayed extensive histories of sexual abuse and were prone to exhibiting inappropriate sexual urges and faulty cognitions. *Male-coerced abusers* also displayed a history of sexual abuse, along with problematic relationships with males in the past, and exhibited male co-dependency issues. These factors reflect key treatment needs that would need addressing through psychological intervention to reduce a female client’s recidivism potential (Mathews et al., 1989; Matthews, Mathews, & Speltz, 1991).

Since Mathews et al.’s (1989) study, there have been significant advances in typological research. Specifically, researchers have utilised more robust methodologies and advanced statistical techniques to help establish more generalisable typologies—research

practices that are noticeably absent in the female sexual abuse literature from the 1980s and 1990s (Wijkman et al., 2010, 2011). A good example is Vandiver and Kercher's (2004) study, which utilised cluster analysis techniques and log-linear modelling with a large sample of female sexual abusers in the US ($n = 471$). Their analyses returned six subgroups of offender, termed *heterosexual nurturers*, *homosexual criminals*, *aggressive homosexuals*, *female sexual predators*, *young adult child exploiters*, and *non-criminal homosexual offenders*. These subgroups possessed some descriptive similarities to Mathews et al.'s (1989) typologies, supporting claims that there may be distinct subgroups of females who engage in sexually offending behaviours.

Further recent examples of typological research with female sexual abusers are available that are associated with more offence and perpetrator-specific data (e.g., Sandler & Freeman, 2007; Wijkman et al., 2010, 2011; Wijkman & Da Silva, 2020). A good example is the work of Wijkman et al. (2010), which offers professionals a more nuanced insight into the variations in offence context and offending patterns of females who engage in sexually offending behaviours. Participants in this study comprised all females convicted of a sexual offence in the Netherlands between 1994 and 2005 ($N = 111$). Using multiple correspondence analysis and information from court reports, the authors discovered four prototypical typologies of female sexual abuser: *young assaulters*, *rapists*, *passive mothers*, and *psychologically disturbed co-offenders*. The participants in these subgroups differed in victim choice, background characteristics, and offence context, as well as their age at the time of their index offence. That is, the first two subgroups (*young assaulters* and *rapists*) often comprised young solo-offenders, whilst the latter two subgroups (*passive mothers* and *psychologically disturbed co-offenders*) often comprised older women who offended against their own children with an intimate male partner. Again, Wijkman et al.'s (2010) typologies

largely overlapped with those distinguished in previous literature, validating claims that there are distinct subgroups of female sexual abusers who possess shared treatment needs.

Whilst typological research with female perpetrators of sexual offences is certainly valuable, it is not without its limitations. For example, much of the available literature suffers from issues with small sample sizes, selection bias during participant recruitment, and a lack of analytic techniques to differentiate between established subgroups (Bickley & Beech, 2001). Another issue is the lack of theory described by common typologies to explain the range of interacting factors that lead females to perpetrate sexual offences (Blake & Gannon, 2018). Whilst Ford (2006) contends that there are often key themes that transcend most typological work, researchers accept that the limitations noted above constrain the generalisability of the available work in this field (e.g., Cortoni & Gannon, 2011). Most scholars agree that the development of a more robust and evidence-based *multi-factorial theory* of female sexual offending is required to propel research forward (see Elliott, Beech, Eldridge, & Ashfield, 2012).

The Descriptive Model of Female Sexual Offending. Motivated by the limitations of previous typological work, Gannon and colleagues (Gannon, Rose, & Ward, 2008, 2010, 2012) initiated research to develop a unifying offence-process theory that could be adopted by professionals to identify female sexual offence-specific treatment targets. Given criticisms of male-based theoretical applications to female sexual abusers, the authors sought to achieve a gender-informed theory that encapsulated the nuances of female-perpetrated offence patterns. Their efforts resulted in the *Descriptive Model of Female Sexual Offending* (DMFSO; Gannon et al., 2008).

To the best of our knowledge, the DMFSO is the only offence-process theory which aims to explain how and why certain females engage in sexually offending behaviours. Developed by qualitatively analysing the narratives of 22 convicted UK females regarding

their sexual offending behaviours, Gannon and colleagues' temporal model includes cognitive, affective, and behavioural factors that are associated with female-perpetrated sexual abuse. This inductive process resulted in a model that was grounded in the experiences of participants and captured the array of offending styles typically adopted by females who sexually abuse.

By examining participants' experiences prior to, during, and after their offending behaviour, Gannon and colleagues identified three pathways to female sexual abuse. The *explicit-approach* pathway was categorised by females who exhibited diverse goals for their offending behaviours (e.g., revenge, intimacy), who were non-discriminatory in their choice of victim, who self-regulated effectively, and who experienced positive affect associated with their offending. The *direct-avoidant* pathway was categorised by females who did not want to engage in sexually illegal behaviours with children but were coerced to by a male accomplice out of fear or to obtain intimacy. Unlike the previous pathway, females in this category experienced severe negative affect associated with their offending. The last pathway, termed *implicit-disorganised*, was categorised by a heterogenous cluster of females with self-regulation deficits, who could be characterised by either positive or negative affect. These females held varying goals for their offending behaviours, which were typically not planned at either distal or proximal time points, and were non-discriminatory in their choice of victim. In total, only four participants were deemed 'unclassifiable', suggesting good model fit.

To assess the validity of the model across different perpetrator samples, Gannon et al. (2014) investigated whether the DMFSO could explain the offending behaviours of a select group of female sexual abusers not domiciled in the UK. Specifically, the narratives of 36 females from North America ($n = 29$ from the US and $n = 7$ from Canada) who had engaged in sexually offending behaviours were analysed by independent raters. Using a verified offence-pathway checklist (see Gannon et al., 2012), the raters assigned participants to one of

Gannon et al.'s (2008) three pathways or rated them as possible constituents of a new pathway. Findings showed that the DMFSO could capture the majority of participants (83.4%, $n = 30$), therefore validating the three-pathway model.

Whilst refinement and more general evaluations of the model are advisable (Cortoni & Gannon, 2013), in its holistic attempts to understand the etiology of female sexual offending, the current DMFSO surpasses the classificatory abilities of most typological systems. Alongside evidence of its cross-cultural validity (e.g., Gannon et al., 2014), the model can be relied upon by professionals to provide acceptable guidance in their assessment and treatment provisions for female sexual abusers. If used transparently during treatment provision (see Gannon et al., 2014), the DMFSO could encourage more effective collaboration between professionals and their female clients, bolstering a strong therapeutic alliance.

Potential Treatment Needs of Perpetrators

Inappropriate sexual interest. As highlighted in the last section, typological research—including work with the DMFSO—shows that inappropriate sexual interests are a key issue for females who sexually offend (e.g., Green & Kaplan, 1994; Nathan & Ward, 2002; Vandiver & Kercher, 2004). For example, in Mathews et al.'s (1989) study, the authors report that over two-thirds of their participants (68.8%, $n = 11$) self-reported that they were sexually fantasising or aroused whilst perpetrating their offences.

However, despite inappropriate sexual interests being a well-established treatment need among male sexual abusers (see Hanson & Morton-Bourgon, 2005), literature in this area with females is sparse. This is surprising given that researchers have known for some time that there are key differences in the functions of sexual arousal between both sexes (Chivers, Rieger, Latty, & Bailey, 2004). Therefore, clinicians have contended that more emphasis needs to be placed on assessing and treating inappropriate sexual interests (e.g.,

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Ashfield, Brotherston, Eldridge, & Elliott, 2013; Gannon & Rose, 2008), especially when these interests manifest as paedophilic or hebephilic (Gannon & Rose, 2008). Although the sexual recidivism rate of females appears to be extremely low (Cortoni et al., 2010; Vandiver, Braithwaite, & Stafford, 2019), inappropriate sexual interests might well be an important indicator of repeated offences. Thus, appropriate time should be dedicated by professionals in helping their clients understand the importance of developing more appropriate sexual norms to reduce recidivism potential. *Wilson's Sex Fantasy Questionnaire* (Wilson, 1978) or clinical interviewing may be useful tools for identifying inappropriate arousal patterns (Cortoni & Gannon, 2016).

Cognitive distortions. Also termed *offence-supportive cognition*, cognitive distortions are learned beliefs that many sexual abusers hold relevant to their sexual offending behaviours and which they often employ to absolve them from their crimes (see Ward, Hudson, Johnston, & Marshall, 1997). Controlled studies assessing cognitive distortions among females who have engaged in sexually offending behaviours are relatively copious (compared to other treatment needs literature) and most provide evidence that distorted attitudes, beliefs, and cognitions may constitute a key treatment target for female sexual abusers (see Brown & Kloess, 2019). This is true even in theoretical work—for example, cognitive distortions are noted several times in the DMFSO (Gannon et al., 2008) and play a crucial role across all established pathways.

Based on Ward and Keenan's (1999) work, Beech, Parrett, Ward, and Fisher (2009) assessed a specific type of cognitive distortion—termed *implicit theories*—among a group of incarcerated female child sexual abusers ($n = 15$). They found that females who engage in sexually offending behaviours possess similar implicit theory categories to their male counterparts. However, females did not articulate distorted beliefs about their entitlement to abuse children. Gannon, Hoare, Rose, and Parrett (2012) attempted to replicate Beech et al.'s

(2009) study using a new sample of female child sexual abusers ($n = 16$). Their results demonstrated that Ward and Keenan's (1999) male-derived implicit theory categories—including entitlement—captured participants' offence-supportive cognitions with some gender-specific nuances.

In terms of treatment provision, cognitive distortions can offer professionals an inroad to identifying the psychological phenomena linked with their clients' sexual offending behaviours (Kubik & Hecker, 2005). The difficulty centres around trying to determine what level of offence supportive beliefs, attitudes, and cognitions an abuser possesses and the role that these played—if any—during the commission of their abuse. Cortoni and Gannon (2016) suggest that, in the absence of any formal instrument for measuring cognitive distortions directly, clinicians should base assessments of a clients' risk on their accounts of their offending behaviours. Nathan and Ward (2001) recommend that treatment components focusing on cognitive restructuring may provide a means of tackling cognitive distortions in female sexual abusers, though they accept that clinical gains will likely differ between typologies.

Intimacy and relationship issues. A final key factor that has been suggested to motivate females to engage in illicit sexual behaviours is the search for affection or intimacy (Gannon et al., 2008, 2012; Mathews et al., 1989). Researchers have suggested that sexual offending offers female perpetrators—many of whom possess adverse childhoods experiences including sexual victimization (see earlier section)—a means of achieving this emotional fulfilment via their victim or co-offender if one is present (Gannon & Rose, 2008).

Typological research highlights that there is at least one distinct subgroup of female sexual abuser who offends in order to achieve intimacy. Mathews et al.'s (1989) defined this subgroup as *teacher-lovers*—females who often engage in illicit sexual behaviours to fulfil an emotional deficit via their 'consensual relationships' with adolescent victims. Vandiver and

Kercher (2004) termed the subgroup *heterosexual nurturers*—females who self-report their crimes as being motivated by ‘love’ or unmet socio-emotional needs, and who typically consider their ‘relationship’ with their victims as devoid of any abuse.

Professionals working with females who have perpetrated an act of sexual abuse should consider the role that intimacy and relationship deficits may have played in their clients’ offending behaviours. Problems in either domain are likely to reflect a motivating factor towards engaging in sexually offending behaviours and increase the risk of a client to reoffend. Moreover, these deficits may allude to previous or current issues that the offender has in their romantic or familial relationships (Grayston & De Luca, 1999); again, key treatment needs. In making judgements regarding treatment decisions for female sexual abusers who display issues with affection or intimacy, professionals should ensure that they take note of a client’s history and background to ensure that they are capturing all necessary treatment targets. This includes any negative attachment experiences in childhood which are likely to impede their ability to establish and maintain healthy and effective interpersonal relationships later on in life (Cortoni & Gannon, 2016).

Conclusion

In closing, this chapter has highlighted some of the most prominent and recent research relevant to female-perpetrated sexual offending, including effective treatment options for those who have abused and possible explanations for their illicit sexual behaviours. Initially, we evaluated the literature assessing the profile of female sexual abusers, which demonstrated that they often possess similar demographic and personal characteristics which differentiate them from male offenders. Based on these findings, we then reviewed typological research with females who had engaged in illicit sexual activities, starting with the seminal work of Mathews et al. (1989) and their three-group classification system of female sexual abusers and ending with more recent advances. Here, we also

described the DMFSO—a recent theoretical offence-process model developed by Gannon et al. (2008) which seeks to explain why females engage in sexually offending behaviours—and discussed its practical and clinical implications. Finally, we explored the common key treatment needs of female sexual abusers that have been identified by controlled studies, and which professionals should screen for and confront in their clinical work with clients.

Whilst there remains a dearth of literature on females who engage in sexually abusive behaviours (at least, compared to published work with males), recent advances in academic knowledge have had positive consequences on the way that professionals risk assess, manage, and treat females who have sexually offended. Further progressions in research—especially pertaining to the development of more gendered multi-factorial offence theory—would have even wider policy and clinical implications, and facilitate a greater understanding of this unique clinical population.

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