

**Treating Female Sex Offenders and Standards for  
Education and Training in Marriage & Family  
Therapy Programs**

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**Abstract**

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**Treating Female Sex Offenders and Standards for  
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The purpose of this study is to explore the prevalence of female sex offenders, gender specific treatment, and the training implications regarding female sex offender treatment in Marriage & Family Therapy Programs.

It is believed that females that sexually offend are more prevalent than sited in the literature and female sexual offenses go unreported, under-reported, or are not believed when disclosed. It is this researcher's experience and subsequent belief that attention that is offered to the treatment of female sex offenders is typically designed as though sex offenders are an exclusively male population. Differences between male and female sex offenders need to be acknowledged and

the differential addressed in order to design treatment strategies that are gender specific and include families.

In the course of reviewing the literature this study hopes to address the prevalence of female sex offenders, current theory and ideologies of why females sexually offend, and to discuss treatment practices specific to female sex offenders. Further, it is the intent of this study to enumerate how gender specific treatment needs could be appropriately translated into the model curriculum offered by the Commission on Accreditation of Marriage & Family Therapy Education (COAMFTE).

Assessments of sex offender recidivism indicate that, without treatment, approximately sixty to seventy percent of sex offenders will re-offend, while less than half of sex offenders who undergo a treatment program reportedly re-offend (Crime Prevention Committee, 1995). Cost/benefit analysis has indicated that the treatment of sex offenders is a cost-effective approach to the problem of child sexual assault, given that it appears to lead to much lower recidivism rates, while the costs of treatment are far outweighed by the costs of incarcerating recidivists in addition to the social and human cost of the assaults themselves (Prentky and Burgess, 1990).

Their needs to be further development of programs appropriately targeting behavior, which resulted in sexual offending. Assessment and treatment issues should be addressed in light of motivational and gender differences (Canadian Correctional Research, 1999).

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# Chapter One

## Introduction

### *General Area of Concern*

Sexual abuse of children by adults is a threat to the structure of the family and society (Goddard and Carew, 1993). Child sexual abuse is the use of a child for sexual gratification by an adult or significantly older child/adolescent (Tower, 1989). It may involve activities ranging from exposing the child to sexually explicit materials or behaviors, taking visual images of the child for pornographic purposes, touching, fondling and/or masturbation of the child, having the child touch, fondle or masturbate the abuser, oral sex performed by the child, or on the child by the abuser, and anal or vaginal penetration of the child. Sexual abuse has been documented as occurring on children of all ages and both sexes, reportedly committed predominantly by men who are commonly members of the child's family, family friends or other trusted adults in positions of authority.

Child sexual abuse is an old phenomenon (Plummer, 1993). The sexual exploitation of children - males and females - has occurred throughout history (Tower, 1989), yet it was not until the sixteenth century that legislation was enacted in England that began the process of protecting children from sexual

abuse: boys were protected from forced sodomy, and girls under the age of ten years from forcible rape. By the time of settlement of the United States, sexual prohibitions were becoming more stringent (Oates, 1990).

In the 1700's educators began warning parents to supervise their children at all times, and to ensure they were never nude in front of other adults, in order to protect them from sexual abuse. This constituted one of the first indications that society at large recognized the potential for children to be sexually abused (Conte and Shore, 1982). Traditionally, studies have indicated that almost all sexual abusers have been men (Leventhal 1990).

### ***Purpose of This Study***

The purpose of this study is to explore the prevalence of female sex offenders, gender specific treatment, and the training implications regarding female sex offender treatment in Marriage & Family Therapy Programs.

It is believed that females that sexually offend are more prevalent than cited in the literature and female sexual offenses go unreported, under-reported, or are not believed when disclosed. It is this researcher's experience and subsequent belief that the attention that is offered to the treatment of female sex offenders is typically designed as though sex offenders are a specifically male population. This researcher believes that differences between male and female sex offenders need to be acknowledged and the differential addressed in order to design treatment strategies that are gender specific and include families.



In the course of reviewing the literature this study hopes to address the prevalence of female sex offenders, current theory and ideologies of why females sexually offend, and discuss treatment practices specific to female sex offenders. Further it is the intent of this study to enumerate how gender specific treatment needs could be appropriately translated into the model curriculum offered by the COAMFTE.

### ***The Need for the Study***

In a critical analysis of the literature pertaining to female sex offenders Dr. J. Atkinson (1995), concluded that treatment must be specific to individual cases of offending. According to (Mathews, 1987e, 1987f), there is a need for gender specific assessment and treatment of female sex offenders. Special needs for female sex offenders may include: exploring their sexuality, addressing shame, and male dependency issues. According to the Correctional Service of Canada (1999), female sex offenders tend to be young, ranging in age from approximately seventeen to twenty-four years old, with low socio-economic status and poor education. They generally deny or minimize their behavior and tend to have substance abuse problems. Observations and conclusions such as these seem to validate the need for further study of female sex offenders; it is too easy to simply continue with the notion that sex offenders are males and discount the reality of females in this population.

Assessments of sex offender recidivism indicate that, without treatment, approximately 60 - 70% of sex offenders will re-offend, while less than half of sex offenders who undergo a treatment program reportedly re-offend (Crime Prevention Committee, 1995).

Cost/benefit analyses have illustrated the treatment of sex offenders is a cost-effective approach to the problem of child sexual assault, given that it appears to lead to much lower recidivism rates. The costs of treatment far outweigh the costs of incarcerating recidivists, not to mention the social and human cost of the assaults themselves (Prentky and Burgess, 1990).

Factors similar to those in male perpetrated sexual offenses are being studied to address the etiology of male sex offenders in order to define the differences between male and female perpetrators. Vander Mey (1988), reviewed the research on sexually abused boys and reports that there is so little information on sexual abuse of males that findings must be considered tenuous as many of the studies are based on small samples and case studies. Similarly, the emerging information provides a necessary starting point in understanding female sex offenders.

Risin and Koss (1987) surveyed 2,972 male college students and found that 216 (7.3%) met one of their three criteria for sexual abuse: 1) age discrepancy between child and perpetrator, 2) use of coercion, or a 3) perpetrator

who was a care giver or authority figure. Their definition was very broad, and included some consensual activities with adolescent females. The abusive behaviors ranged from exhibition to penetration. Risen and Koss report that there were almost as many female perpetrators (42.7%) as male (53.3%), with a small proportion involving both a male and a female together (4.2%). Almost half of the females perpetrators were adolescent babysitters. Almost half of the boys involved with female perpetrators reported that they participated in the incidents voluntarily and did not feel victimized. The authors note that this suggests qualitatively different experiences were tapped in this study compared to other surveys.

Bolton, Morris, and MacEachron (1989) conclude that male perpetrators "far exceed" female perpetrators of child sexual abuse. They observe, however, that the interest in studying female offenders has increased markedly in the past few years. They note that no matter how the differing rates found in the various studies are explained, the fact remains that females are perpetrators.

The need to consider how sexual abuse is defined, particularly in studies of male victims, is emphasized by Fromuth and Burkhart (1987). They surveyed 582 men from two colleges and found that, depending upon the definition of childhood sexual abuse, prevalence rates varied from 4% to 24% being defined as "abused." The majority of the perpetrators of sexual abuse were females. They also found that, compared to women in college survey studies, men are less likely

to perceive childhood sexual experiences as abusive. This is consistent with the Risen and Koss (1987) survey. It may be that women perceive such experiences as sexual violation, while men perceive them as sexual initiation.

There is potentially a need for further development of programs appropriately targeting behavior, which resulted in sexual offending. Assessment and treatment issues should be addressed in light of motivational and gender differences (Canadian Correctional Research, 1999).

## ***Statement of the Problem***

The prevalence of female sex offenders is potentially greater than what is reported in the literature and there is a need for gender specific training in Marriage & Family Therapy programs to address the treatment needs of female sex offenders and their families. The purpose of this study is to address issues such as: the prevalence of female sex offenders; gender specific treatment for female sex offenders; and attention to the treatment of female sex offenders and their families in Marriage & Family Therapy Programs.

Females that sexually offend appear to be more prevalent than suggested by the literature, and female sexual offenses go largely unreported, under-reported, or are minimized or ignored when disclosed. Attention that is offered to the treatment of female sex offenders is typically designed as though sex offenders are a specifically male population. Differences between male and

female sex offenders should be acknowledged and the differential addressed in the training process of Marriage & Family Therapy programs. Gender specific treatment needs could be appropriately translated into the model curriculum offered by the COAMFTE. The COAMFTE Standards for Education and Training in Area II: Clinical Knowledge - 320.06 state: Area II will include content on issues of gender and sexual functioning, sexual orientation, and sex therapy as they relate to couple marriage and family therapy. The content rarely addresses this emerging treatment need.

# Chapter Two

## Literature Review

### *Prevalence*

In reviewing information on women as perpetrators, Finkelhor and Russell (1984) note that some studies indicating that women sexually abuse children more frequently than believed, contain definitional problems which inflate the statistics. For example, the National Incidence Study figures suggest that almost half of the sexual experiences of children included a female perpetrator. However, according to the study definitions, a caretaker could be a perpetrator if she "permitted acts of sexual contact to occur." If a mother neglected a child while a father sexually abused the child, the mother would be listed as a sexual abuse perpetrator. Also, a mother could be listed as an active perpetrator if she failed to adequately supervise the child's voluntary sexual activities. When the data were reanalyzed to exclude these types of cases, the figures indicated 14% of perpetrators against boys and 6% of perpetrators against girls were females acting alone.

The prevalence of female sexual abuse is probably an under-estimation because of a general unwillingness to believe that women commit sexually abusive acts (Banning 1989, as cited in Wurtele & Miller-Perrin, 1993). Estimating the true incidence of female abusers is probably further hampered by the failure of most child abuse statistical reports to provide a gender breakdown

of sexual abuse perpetrators. The majority of such reports classify abusers according to their relationship to the victim - parent, blood relative, family friend (Angus and Woodward, 1995; Tomison, 1994).

For a variety of societal reasons, female sexual abuse is likely to go unnoticed. Some researchers have found that the incidence of sexual contact with boys by women is much more prevalent than is contended in the clinical literature (Condy, Templer Brown & Veaco, 1987). Kelley (1994), reviewed the literature and reported that in three major United States studies, women were identified as perpetrators of sexual abuse in 40 - 55% of sexual abuse cases. Lanning (1991), reported that in an analysis of several hundred "multidimensional sex rings" approximately 40 - 50 % of perpetrators were identified as women.

Despite society's increasing concern about sexual assault, there may be several reasons for the under-reporting of female sexual abuse of both child and adult victims. Traditionally, society has held preconceptions of women as non-violent nurturers. Women in general, and mothers more specifically, have more freedom than men to touch children (Marvasti, 1986). Therefore, a man may be more easily perceived as abusive when touching a child than when a woman touches a child in a similar manner (Plummer, 1981). Further, sexual offenses perpetrated by women are often incestuous in nature and children may be reluctant to report sexual contact with a parent on whom they are dependent (Groth, 1979).

Health care workers are often unable to detect mother-child incest as mothers often accompany their children to the doctor's office. This may serve as

a barrier to detecting sexual abuse of the child (Elliott & Peterson, 1993). The medical profession is only reluctantly becoming sensitive to the fact that females can, in fact, be perpetrators of sexual abuse (Wilkins, 1990; Krug, 1989). Just as the medical community was slow to recognize that women were as susceptible to chemical dependency as men, they seem to be following a similar pattern in the sexual abuse arena.

Another reason why female sexual assaults of men may be neglected is that males, in general, are reluctant to report sexual abuse (Elliot & Briere, 1994). This is mainly due to the denial and shame associated with male victimization. Therefore, the sexual assault of a man by a woman is likely to be unreported because of actual or perceived social consequences (Williams, 1995).

Wurtele and Miller-Perrin (1993), submit that irrespective of the difficulty in obtaining a clear picture of the incidence of female abusers, research to date has failed to demonstrate that large numbers of women sexually abuse children, with two notable exceptions: perpetrators of sexual abuse in day care centers, and abusers who form part of a child sex ring or group, involved in the ritual or organized sexual abuse of children. Women constitute the vast proportion of day care center workers, enhancing the potential to detect women engaging in sexually abusive behavior independent of male involvement. Their research indicates that women are capable of and do commit sexual offenses against both children and adults with or without male coercion or involvement.



In an early article describing different types of incest, Lukianowicz (1972), discusses five cases of female perpetrators: three mother-son and two aunt-nephew. Chasnoff, Burns, Schnoll, Burns, Chisum, and Kyle-Sproe (1986), report on three cases of sexual abuse by a mother of her infant. McCarty (1986), describes the characteristics of 26 mother-child incest offenders. Faller (1987), reports on a clinical sample of 40 women who were judged by staff to have sexually abused at least 63 children. These women represented 14% of the total of 289. O'Connor (1987), reports on a group of 62 convicted and imprisoned female sex offenders in Great Britain.

Goodwin and DiVasto (1989), review six reported cases of mother-daughter incest and two cases of grandmother-granddaughter incest. Krug (1989), reports on eight case histories of men who were sexually abused by their mothers as children in which seven of the mothers slept with their sons regularly until the boys were teenagers.

Dr. Fred Mathews (1991), made the point that female sex offenders are a significant population worthy of attention. He states, "assuming that approximately 10% of child molesters are female...if one in seven Canadian men and one in four women were sexually abused as a child, that works out to be about five million people.

Ten percent of that figure would mean girls or women have abused 500,000 Canadians; one percent would mean about 50,000. I don't know about you, but that doesn't seem like a minor number" (Globe & Mail, October 30, 1991, pp. A1-A2).

## ***Current Theories***

There are few theories of female sexual offending as there is limited research on the topic. A major barrier to research on female sex offenders appears to be limited sample size and little attention to gender specific awareness of sexual offenders. The literature represents most sex offenders as male. However more current studies have indicated females sexually abuse, for example, Leventhal (1990), noted that in 1986 the United States national yearly report of child sexual abuse identified 82% of sex offenders as male, and 18% female.

From the existing research several ideologies regarding female sex offenders are presented here. Researchers have attempted to develop typologies of female sex offenders based on observable characteristics of female sex offenders and their offences. Faller (1987) classified female sex offenders as: single parent, polyincestuous, psychotic, adolescent, and non-custodial abuse. In Faller's study the women fell into five case types (four were sexually abusive in more than one context). Seventy-two and one half percent of the women studied

fit into the category. There are at least two perpetrators and generally two or more victims. Usually, a male rather than the female offender instigated the abuse. The woman went along with the male and played a secondary role. Fifteen percent of the women who sexually abused were single parents. These women did not have ongoing relationships with men and the oldest child seemed to serve as a surrogate partner for the mother, often having adult role responsibilities. Psychotic abusers made up 7.5% of the sexual abusive women. This served to dispel the clinical assumption that most female perpetrators are highly disturbed and often psychotic at the time of the sexual abuse. Adolescent perpetrators made up 7.5% of the population. These were observed to be girls who had difficulty with peer relationships and lacked alternative sexual outlets. Non-custodial abusers were small in this sample as there was only one woman who was the non-custodial mother of her victims and sexually abused them during visitation. Faller posited that in such cases the non-custodial parent is apt to be devastated at the loss of her spouse and the children become the source of emotional gratification.

Initially researchers classified female sex offenders by offence characteristics. McCarty (1986), categorized female sex offenders as co-offenders, accomplices, or independent offenders. Sarrel and Masters (1982), suggested classifying female sexual offenders as: forced assault, baby-sitter abuse, incestuous abuse, and dominant woman abuse. Mathews et al. (1989),

developed a female sex offender typology: teacher/lover, male-coerced, and predisposed.

These typologies were based on the offenders' motivation to commit sexual offences and reflect about half of the women studied: Teacher/Lover, Male-Coerced and Predisposed. The remaining half of the sample seemed better classified by Mathews (1987) earlier typology of Male-Accompanied.

The Teacher/Lover is generally involved with prepubescent and adolescent males with whom she relates to as a peer. Her motive is, ostensibly, to teach her young victims about sexuality. The Predisposed offender is usually a victim of severe sexual abuse that was initiated at a very young age and persisted over a long period of time. She initiated the sexual abuse herself and the victims are her own children. Her motives are non-threatening emotional intimacy. The Male-Coerced offender acts initially in conjunction with a male who has previously abused children. She exhibits a pattern of extreme dependency and nonassertive behavior, and she may eventually initiate sexual abuse herself. Her victims are children both within and outside of the family. Later research suggests that a female sex offender typology was more useful than offense characteristics when studying and assessing female sex offenders (Atkinson, 1995).

In the literature it is suggested that women who sexually abuse children do so at the instigation or encouragement of male abusers (Adams-Tucker 1982, as

cited by Wurtele & Miller-Perrin 1993; Faller, 1987). Leventhal (1990), posited that women who failed to protect their child from sexual abuse were included with those who actually committed sexually abusive acts. According to Matthews (1987), many women co-offended with men, but they did not seem coerced into doing so.

Females are more commonly victims of female sex offenders than males according to Mathews et al. (1989), Faller (1987), and Brown et al.(1984). Victims tend to be children known to the offender (Wakefield & Underwager, 1991; Knopp & Lackey, 1987; Brown et al., 1984; Elliot, 1993). Furthermore, many of the victims tend to be the offender's own children. In Mathews, Matthews, and Speltz (1987), and Patton's (1987), study of 16 female sexual offenders who were in the Genesis II treatment project in Minnesota, all but one of the women studied were themselves victims of childhood sexual abuse and many were also victims of physical abuse. There were strong and consistent patterns of childhood social isolation, alienation, and lack of development of interpersonal skills and competence among female perpetrators. The study revealed that the females in this sample tended to be more violent than expected as well.

O'Hagan (1989), summarized two major theoretical perspectives for what has been one of the more significant controversies in the child maltreatment field (Goddard and Hiller 1993). Family therapy posits the view that child sexual

abuse occurs as a result of “family dysfunction.” Also known as a family dysfunction model, the emphasis is on the role of sexual abuse as a means of maintaining equilibrium within the family system. Thus each family member would be seen as having an interest in the continuation of the abuse (O'Hagan, 1989).

In contrast, feminist theorists view child sexual abuse from a sociological rather than a familial perspective (Tower, 1989) considering the sexual assault of children as an outcome of societal values. According to this view, women and children have inferior social status under the current patriarchal social structure and are subject to male dominance. Using such a “social power” framework, sexual abuse is seen as one part of the range of violence perpetrated by men against women and children (O'Hagan, 1989).

Finkelhor (1984), has contributed to an understanding of why sexual abuse may occur by proposing a four-part model:

- A potential offender must have some motivation to sexually abuse a child. The potential offender must feel some form of emotional congruence with the child, sexual arousal with the child must be a potential source of gratification, and alternative sources of gratification must be unavailable or less satisfying.
- Any internal inhibitions against acting on the motivation to engage in

sexual assault must be overcome. For example, alcohol or drugs may be used in order to lower inhibitions against sexual offending. This may be combined with the knowledge that society often shows greater tolerance towards those who commit crimes while under the influence of substances (Goddard and Carew 1993).

- Any external impediments to acting on the impulse to abuse must be overcome. Inadequate care or supervision by a parent or guardian can provide an opportunity for an offender to act.
- Avoidance or resistance by the child must be overcome. This may involve enticing an emotionally deprived child into accepting inappropriate attention, or overt coercion to achieve domination of the relatively powerless child.

Finkelhor noted a number of risk factors which may increase the likelihood of sexual offending, specifically by overcoming internal inhibitions or external impediments to offending. These included: maternal illness or absence (providing greater opportunity for father-daughter incest); overcrowding and the concomitant lack of privacy which may lead to less inhibitions; unemployment and family stress; or emotional deprivation in the child who may then be more open to accepting inappropriate “affection” from an adult. Adults suffering from sexual role confusion, sexual frustration, and/or the need to dominate a child as a

means of self-assurance/power, may also have an increased potential to offend against children. Finally, as previously mentioned, would-be abusers may use alcohol or drugs in order to overcome inhibitions towards sexual offending.

To date there is a paucity of hard evidence to support either Finkelhor's model or the risk factors (Oates, 1990). Oates believes that this can be used as an indication that child sexual abuse is a complicated phenomenon, with no simple solutions. Goddard and Carew (1993), contended that Finkelhor's model indicated more about how sexual abuse occurs rather than why it occurs. They argued that in order to understand sexual abuse, like other forms of child maltreatment, it is necessary to categorize and separate the various types of sexually abusive behavior, given that different causative factors may be operating for each "type" of abuse.

## ***Treatment Practices***

Based on national and international evidence, the Crime Prevention Committee (1995), proposed a model of offender treatment which would involve a mandatory assessment of all convicted sex offenders sentenced to a custodial or non-custodial sentence. Following assessment, offenders would commence an extensive treatment program that would continue on until the offender's parole period has expired. It was acknowledged in the report that an offender's progress through the treatment program could be used as an assessment tool by parole



boards that may have concerns about granting parole to a sex offender who has refused treatment, or who has made unsatisfactory progress through the treatment system.

Indian Oaks Academy's associate director, Nancy Dawkins, and sexuality therapist Malgorzata Cieslak, shared what it's like to work with adolescent female sex offenders during the 15th annual National Adolescent Perpetrators Network conference last February (2001) in Denver, Colorado. The duo based this presentation on the Indian Oaks Academy residential program model, and highlight the significant differences between working with adolescent males and females, dispel myths about female offenders and share personal experiences in establishing the unique program at the Academy.

The Academy's gender-specific residential program emphasizes empathy, positive sexuality and responsible decision-making through structured group and individual counseling. Issues of sexuality, family, chemical abuse and vocational planning are addressed in a holistic, individualized manner.

The major treatment programs for female sex offenders are in Minnesota. In 1984, the Minnesota Correctional Facility in Shakopee developed a treatment program for female sex offenders in response to the increasing number of women incarcerated for sexual crimes. The original program components included intensive group psychotherapy, and additional couples and family therapy. An

intensive two-day Sexual Learning Seminar (repeated two times a year) was later added. In addition to this, a weekly support group, ten-week sex education groups, intensive two-day treatment marathons, prison staff training, and an extensive research component including program evaluation and case analysis were also added. The program also offers outpatient services through program therapists' private practices. These services are offered to female sex offenders and women who are fearful of committing a sexual crime. Often these services act as an aftercare program for women who have left prison (Mathews, 1987g).

A second program, Genesis II, began in Minneapolis in May 1985, just months after development of the program at the women's correctional facility. This program offered outpatient treatment for female sex offenders. The driving force for this program came from referrals from the court system and consisted primarily of women who had been convicted of sex crimes but who were not incarcerated. In addition, Child Protection social workers and private therapists of women who had admitted to sex abuse or were suspected of abuse provided referrals. Victims of these women were, for the most part, their own children (Mathews, 1987g). Length of involvement in the program is dependent on treatment goals, but is on average, fifteen months. The majority of females that are involved in the sex offender treatment program also participate in Genesis It's comprehensive day treatment. Women attend the program with their pre-school aged children six hours a day, for a period of eight to twelve months. This day-

treatment provides participants with additional individual and group therapy, independent living skills training, parenting education, adult education, sexuality education, and developmental day-care (Mathews, 1987g).

In Garland, Texas, the Counseling Institute of Texas (CIT) and the Hunt County Community Supervision and Corrections Department has developed special expertise in the treatment female sex offenders and offenders with limited educational ability or other special needs. The Sex Offender Accountability Program (SOAP) is a specialized caseload devoted to using the most progressive and effective supervision tools to monitor sexual abusers' compliance with conditions of community supervision. An important aspect of SOAP is the belief that three are more effective than one thus the "Containment Approach." A treatment team consisting of three people, each with his/her specific role and strengths, works closely together to manage offender risk and reduce the offender's ability to manipulate the system. The members of the treatment team are:

- Community Supervision Officer (CSO): The CSO monitors the offender's behavior in the field and assesses compliance with court orders. Through regular contacts with the offender and communication with the therapist, the CSO can learn the offender's offense cycle and use that information to recognize when the offender is in her cycle or in a high-risk situation. The CSO is also the eyes and ears of the Court, and as such are responsible for

initiating court action when violations of supervision terms are detected.

- **Sex Offender Therapist:** The sex offender therapist typically sees the offender once each week in a group setting. The State of Texas maintains a registry for therapists who meet stringent requirements to be sex offender treatment providers. The therapist must have extensive experience in working with sex offenders before she or he can become a registered provider. By maintaining contact with the CSO, the therapist often learns about the offender's environment or "red flags" observed by the CSO. This information prevents offenders from hiding information from their therapist or treatment group.
- **Polygraph Examiner:** Sex offenders are generally very manipulative and superficially compliant. Secrets are the best friend of a sex offender, and the expertise of the polygraph examiner is very useful in detecting deception in sex offenders. The information gained from polygraph examinations is forwarded to the therapist and CSO. The use of polygraph is very important to the success of the SOAP.

These three people work together to "contain" the offender's risk to the community. Offenders in the program must attend sex offender treatment. Sex offender treatment differs from most people's perception of "counseling."

Unlike some traditional therapies, sex offender treatment does not have a primary goal of making offenders feel better about themselves or cope with stress. Rather,

sex offender treatment is cognitive-behavioral in nature, and offenders in treatment are often confronted with their cognitive distortions. Group therapy is the preferred modality. Offenders in treatment learn their offense cycle, victim empathy, construct a relapse prevention plan, and deal with other issues.

Accountability is an integral part of SOAP. Offenders are held accountable for their offenses and other dangerous behaviors. An important goal of the program is to have offenders understand and accept responsibility for their offenses, behavior, and thoughts.

Hunt County in Garland, Texas believes that frequent fieldwork is an important part of sex offender supervision. The community supervision officer, accompanied by a peace officer for security reasons, makes random checks of offenders' home environments to discuss special issues and monitor their surroundings for warning signs of risk.

Currently, one community supervision officer staffs SOAP. The program is funded primarily through a grant from the Texas Department of Criminal Justice - Community Justice Assistance Division. Other funds come from monthly supervision fees paid by probationers and basic supervision funds from the state.

## ***Training and Gender***

Female child sexual offenders are less likely than men to fit the psychiatric definition "pedophile." It is probable that in the case of female offenders the development of sexual symptomology may be more obviously related to specific losses and less a reflection of a full-blown repetitive paraphilic pattern, as is more often the case in males. Some males who apparently previously functioned "normally" sexually and who are not diagnosable as pedophilic may at times act out sexually in response to a specific loss, as seen in the work of Van Couvering (1988).

Sexual psychopathology, whether seen in men or women, may be seen in the context of object relations theories (Scharff, 1982, 1990). The development of the ability to relate to others begins with the mother/child relationship and internalizing that experience. The problems in development where that attachment is disrupted in young children are known (Bowlby, 1969, 1973, 1980; Mahler, Pine, & Bergman, 1975). Positive experiences with the mother are internalized and aspects of the mother, which are experienced as rejecting or painful, are hypothesized to become unconscious and to be projected into external relational objects (Fairbairn, 1952, 1954; Segal, 1973; Klein, 1975a & b).

Family therapy posits the view that child sexual abuse occurs as a result of "family dysfunction." Also known as a family dysfunction model, the emphasis is on the role of sexual abuse as a means of maintaining equilibrium within the family system. Thus each family member would be seen as having an interest in

the continuation of the abuse (O'Hagan, 1989). In contrast, feminist theorists view child sexual abuse from a sociological rather than a familial perspective (Tower, 1989) considering the sexual assault of children as an outcome of societal values. According to this view, women and children have inferior social status under the current patriarchal social structure and are subject to male dominance. Using such a “social power” framework, sexual abuse is seen as one part of the range of violence perpetrated by men against women and children (O'Hagan, 1989).

The ideologies addressing sexual abuse appear to be at odds with each other. If sexual abuse is truly, as feminist theory submits, a “social power” framework, is it then unreasonable to submit women are as prone to desiring social power as men and therefore are potentially offenders as well.

The need for gender specific training to address the treatment needs of female sex offenders and their families in Marriage & Family therapy programs exists. Currently sexual offenses appear to be referred to in a male context. This representation serves to perpetuate a societal construct of male dominance and does not begin to lend possibility to O'Hagan's “family dysfunction” ideology. It is painfully obvious that more research is needed and frameworks for working with families need be developed.

## Chapter Three

## **Summary**

The purpose of this study was to explore the prevalence of female sex offenders, gender specific treatment, and the training implications regarding female sex offender treatment in Marriage & Family Therapy Programs.

It is believed that females that sexually offend are more prevalent than cited in the literature and female sexual offenses go unreported, under-reported, or are not believed when disclosed. It is this researcher's experience and subsequent belief, particularly after completing the literature review that was a cornerstone of this study, that the attention that is offered to the treatment of female sex offenders is typically designed as though sex offenders are a specifically male population. This researcher believes that differences between male and female sex offenders need to be acknowledged and the differential addressed in order to design treatment strategies that are gender specific and include families.

## **Conclusions**

As Marriage & Family Therapists approach treatment from a systems perspective it appears most appropriate to address the treatment needs of female sex offenders and their families, with the work of therapists trained to respond to the impact on the family as well as the victim.



Unfortunately there appears to be scant training opportunities offered or required per the COAMFTE standards in Marriage & Family Therapy programs that address the treatment needs of female sex offenders and their families.

The research cited in the literature review of this paper clearly demonstrated the need, cost effectiveness, and lower recidivism rates when female and male sex offenders are treated in programs that are gender specific and collaborative. To insure a comprehensive literature review that was as extensive as it could possibly be this researcher accessed information from surveys of the literature, bibliographies, dissertations and theses, indexes and abstract from professional journals and professional literature, magazine articles, books, organizations and social service agencies, government statistics, and the Internet. This type of search was conducted to insure that the information considered for this study was exhaustive and not limited to a representative sample of the literature available.

The inconsistencies between the paucity of current and past research on female sex offenders illustrates the need for definitive ideologies of sexual abuse by women, break-out data on female sex offenses, and the development of gender specific treatment options.

## **Recommendations**

It is recommended that possible areas for further exploration and research

might include: 1) surveying accredited Marriage & Family Therapy programs to determine if they address the area of sex offenders and if so how; 2) surveying the differential in currently available treatment strategies between female and male sex offenders and their families; and 3) a qualitative study of female offenders to determine common trends in their motives and what seem to be the suggested implications for treatment programs for female offenders.

Feminist theorists view sexual abuse as sociological (Tower, 1989). Thus asserting the ideology that sexual assault of women and children is an outcome of societal values including: 1) women and children have inferior social status under a patriarchal social structure; and, 2) are subject to male dominance.

Further, using a “social power” framework, sexual abuse is seen as a part of the societal violence perpetrated by men against women and children (O'Hagan, 1989).

Based on these ideologies, it is further recommended that the feminist theories of sexual abuse and social power framework serve to limit the identification of female offenders who may well desire a “social power” framework where men have inferior social status and are subject to female dominance. This researcher submits that women if women are as capable as men of sexually offending, then they are probably equally capable of desiring social power, social status and dominance. The assertion that this “social power” framework is specific to men further serves to limit female sexual offenses being

reported, believed, prosecuted, or treated. This theory should be further tested to determine its validity and assessed for implications.

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