ORIGINAL ARTICLE

Exploring Risk: Potential Static, Dynamic, Protective and Treatment Factors in the Clinical Histories of Female Sex Offenders

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Abstract Despite nearly a century of knowledge indicating a significant number of women engaging in sexual activities with children, the phenomenon has not yet been fully acknowledged. Recently, however, there has been a marked increase in research in this area. However, due to the relatively small numbers of detections or convictions there remains a lack of data regarding: (1) the specific clinical characteristics of female sex offenders; and (2) how these clinical factors link to re-offending and treatment need. The following study examines potential risk, protective, and treatment factors that are highlighted through the process of clinical intervention, using an adapted version of the Beech and Ward (2004) risk framework. We describe how female sex offenders typically display clinical deficits in the same risk domains as their male counterparts, while noting the ways in which these deficits manifest in this population. In addition, we compare these vulnerability factors in four established types of female sex offender.

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Despite nearly a century of knowledge indicating a significant number of women engaging in sexual activities with children, the sexual abuse of children by women remains a phenomenon that has not yet been fully acknowledged by society (Saradjian 1996; Vandiver et al. 2008). In the U.S. and the U.K. there continues to be a informal, yet well established view in society, and also within the criminal justice system, of sexual assault where males represent perpetrators and females represent victims and that female perpetrated sexual abuse is less harmful than that perpetrated by males (Denov 2001). This view also appears to prevail in the face of emerging evidence that females, as well as males, also engage in physical and emotional victimization and coercive sexual behaviors in intimate adult relationships (e.g., Russell and Oswald 2001, 2002; Struckman-Johnson 1988; Struckman-Johnson and Struckman-Johnson 1998).

Research available on child sexual abuse perpetrated by females is far less extensive than that related to male sexual offending against children, potentially a factor of the small number of females who are actually convicted of sexual offenses. Female sex offenders form 0.5% of incarcerated sexual offender and around 1% of total convicted sex offenders in England and Wales (Ford 2006). The incarcerated population is increasing, however, with data from the U.K. Prison Service (2009) reporting that numbers increased from 31 in 2005 to 56 in 2009. These low conviction rates are likely to reflect the fact that women commit fewer sexual offenses than males. The question remains, however, as to whether these offenses are as rare as these figures suggest or whether they are simply under-reported (Ford 2006).

Self-report data from survivors of sexual offenses certainly suggest that although female sex offenders represent a

minority, official data underestimate the prevalence of female-perpetrated sexual abuse (Denov 2003). Denov reported that though official data suggests a prevalence rates falling between 1.8% and 8%, self-report data suggest a prevalence rate of up to 58%. Recent data from Childline U.K. (2007) suggests that female victims who called their confidential hotline and specified the gender of their abuser, 5% reported a female perpetrator, and for male victims this figure increased to 44%. Similarly, Rallings and Webster (2001) found that of 144 U.K. male offenders *against adults* who reported being sexually abused as a child, 56 (39%) said the perpetrator was a female, and of 401 male offenders against children reporting being sexually abused as a child, 76 (19%) cited a female perpetrator. This suggests that the prevalence of female sexual abuse differs greatly across victim genders, and that the conviction rates of female offenders may specifically not reflect the prevalence of offending against male victims.

The relatively small numbers of detections or convictions means that there is a lack of data about: (1) the specific psychological profiles of female sex offenders; and (2) what factors link to re-offending and what should be targeted in treatment. There has recently been, however, an increased research interest in the characteristics and offense-processes of female sexual offenders. Both criminal justice agencies and those involved in providing services for female sex offenders are likely to be interested specifically in those psychological profiles and how these may relate to both the risk of recidivism and the targeting of treatment intervention (Cortoni and Hanson 2007).

Gannon and Rose (2009) discuss in-depth the potential pathological and cognitive factors that may be related to female sexual abuse. They noted that female offenders appear to display psychological deficits in similar domains to male sex offenders, although these deficits often manifest in ways specific to the nature of female-perpetrated abuse. They note that female offenders have been found to display deficits on those 'vulnerability' or dynamic risk factors typically related to male sexual offending (e.g., Beech and Ward 2004; Hanson and Harris 2000, 2001; Thornton 2002): interpersonal/social problems, cognitive distortions, deviant arousal and emotional regulation.

The following study examines potential risk factors, protective factors and treatment needs that are highlighted through the process of clinical intervention and assessment of female sex abusers with a view to indicate the extent to which these factors may be prevalent within the population. Given that assessment and treatment of female sexual offenders is in its relative infancy, we believe that examining the grounding of theoretical findings in clinical experience can be of great benefit to the development of assessment tools for this population.

Method

Sample

The sample includes 43 adult females who have been referred to the LFF on the basis of criminal convictions ($n=24$), or family court legal findings and/or admissions relating to child sexual abuse ($n=19$). These offenses involved a variety of abusive activities, including (but not limited to) gross indecency and indecent assault of children of various ages, allowing the sexual abuse of children in the care of the client by others, and the grooming of adolescent boys for sexual contact. Twelve percent of the sample had previous non-sexual, non-violent convictions, and 2% had previous violent convictions. The age of the offender, at which known or alleged abusive behaviors began, ranged from 18 to 42 years with an average age of 31.2 years.

The average number of victims of these offenders was 1.7, with 44% alleged to have offended against male victims, 40% against female victims, and 16% against a combination of both male and female victims. For those women for whom the data were available ($n=41$), victim ages, recorded as the age at which the abuse began, ranged from 6 months to 15 years with an average age of 9.0 years. Fifty-one percent of the sample offended against their own children, 7% against other children within their family, 35% offended against children outside of the family, and 7% offended against a combination of intra- and extra-familial victims.

Data Collection

Data were collected from the analysis of clinical files for all LFF female sex offender clients referred between 1998 and 2007. More specifically, data was primarily assessed from a combination of the following documents: (1) the therapist's clinical report—based on an extensive structured interview with the client on initial contact; (2) a psychometric report—a comprehensive discussion of the clients responses on a series of self-report psychological assessments (adapted for female offenders where necessary) of self-esteem, emotional loneliness, emotional self-management, general empathy, victim empathy, and cognitive distortion; (3) other relevant reports (i.e., psychiatric/psychological reports undertaken by other organizations). Clinical and psychometric reports were available for all clients (as they relate to LFF procedure), whereas other reports were analyzed where they were available.

An initial random selection of 13 files was analyzed, informing the production of a preliminary risk factor coding framework outlining a number of risk factors in each specific risk domain area (outlined in Beech and Ward 2004), with space allowed for additional potential factors specific to each woman to be added. Subsequently, each file (including the 13 files analyzed in the development of the

framework) was thoroughly examined using the coding framework (see Fig. 1).
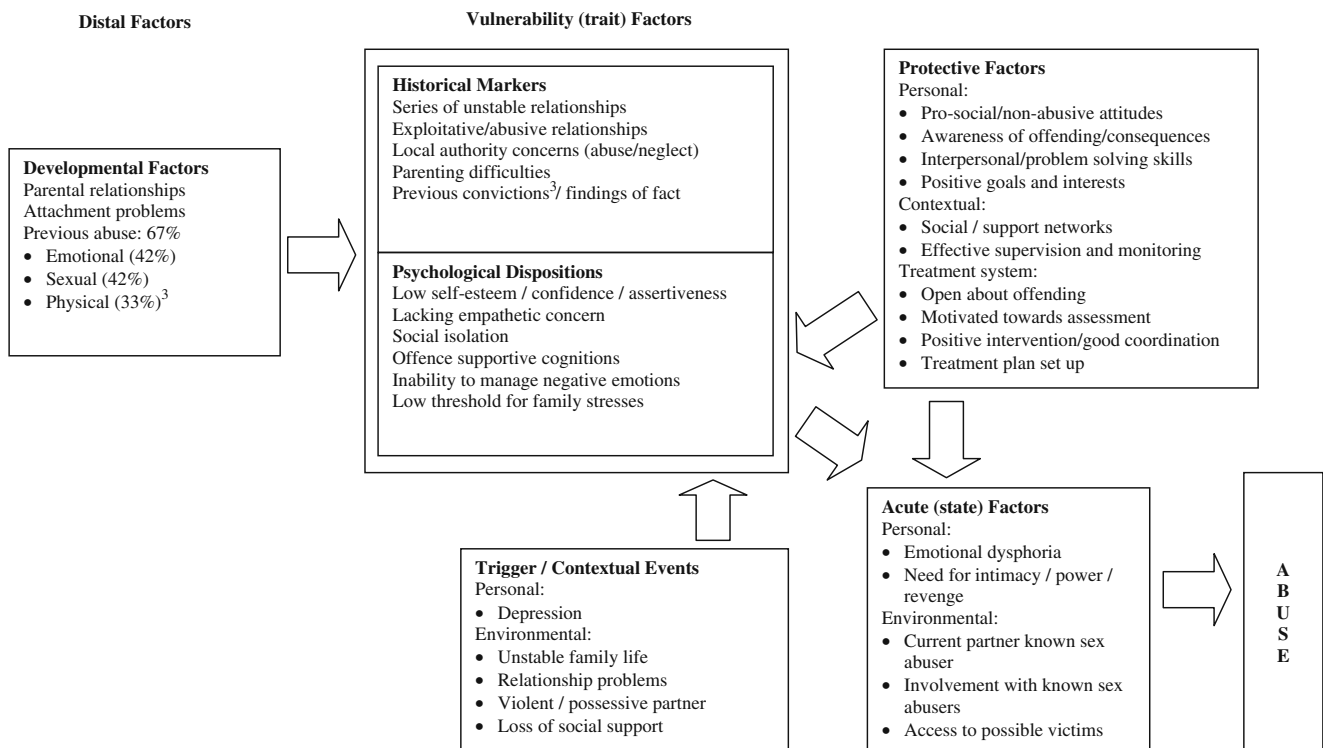
Group Typologies

Female sexual offenders have previously been separated into three types in research literature: (1) an *inter-generationally predisposed* group, who abuse their own young children, and are often regarded as replicating their own childhood abuse; (2) a *teacher/lover* group, who typically abuse adolescents of their preferred gender and see themselves as having an 'affair'; (3) a *male-coerced* group, who are initially coerced into sexually abusive behavior, and either cease offending after the departure of the coercive male or develop their own independent pattern (Matthews et al. 1991; Saradjian 1996). Increasingly, the 'coerced' category is expanded to include male-accompanied female offenders, who offend duplicitously with a male offender, without coercion (Nathan and Ward 2002).

The women in the sample were divided into four categories based on those developed by Saradjian (1996) incorporating the distinction between male-associated and male-coerced offences (Nathan and Ward 2002): (1) Lone offender, victim over 12 years (LO>12) ($n=11$); (2) Lone offender, victim under 12 years (LO<12) ($n=9$); (3) Male-associated (MA) ($n=18$); (4) Male-coerced (MC) ($n=5$).

Women who fell into one of these male-related categories were assessed in terms of the perceived levels of coercion described in their offending behaviors. Therefore, if it was explicit in the file data that the woman was clearly forced into abusive situations by a violent, often sadistic, partner(s) she was placed in the male-coerced category rather than the male-associated category.

Theoretical Grounding

To give this investigation a coherent theoretical basis, we employed the Beech and Ward (2004) etiological model of risk, together with an assessment of protective and treatment factors based on a framework originally developed by Carr (1999). The Beech and Ward framework links contemporary theories of risk from the clinical and theoretical fields into a single comprehensive model, identifying four key etiological domains of risk: (1) *developmental factors*; (2) *vulnerability (trait) factors*, incorporating psychological vulnerabilities (*dynamic* risk factors) and historical markers (*static* risk factors); (3) *contextual triggering factors*; and (4) *acute (state)* factors. Although the model was not developed specifically for females, the broad domains provide a framework to understand any sexually offensive behavior (see Fig. 1 for our adapted model.)

Distal Factors   **Vulnerability (trait) Factors**

Historical Markers
Series of unstable relationships
Exploitative/abusive relationships
Local authority concerns (abuse/neglect)
Parenting difficulties
Previous convictions[3]/ findings of fact

Developmental Factors
Parental relationships
Attachment problems
Previous abuse: 67%
• Emotional (42%)
• Sexual (42%)
• Physical (33%)[3]

Psychological Dispositions
Low self-esteem / confidence / assertiveness
Lacking empathetic concern
Social isolation
Offence supportive cognitions
Inability to manage negative emotions
Low threshold for family stresses

Protective Factors
Personal:
• Pro-social/non-abusive attitudes
• Awareness of offending/consequences
• Interpersonal/problem solving skills
• Positive goals and interests
Contextual:
• Social / support networks
• Effective supervision and monitoring
Treatment system:
• Open about offending
• Motivated towards assessment
• Positive intervention/good coordination
• Treatment plan set up

Trigger / Contextual Events
Personal:
• Depression
Environmental:
• Unstable family life
• Relationship problems
• Violent / possessive partner
• Loss of social support

Acute (state) Factors
Personal:
• Emotional dysphoria
• Need for intimacy / power / revenge
Environmental:
• Current partner known sex abuser
• Involvement with known sex abusers
• Access to possible victims

A B U S E

[3] Though not over 34% (one-third) of the sample, these are still likely to constitute serious risk variables.

Fig. 1 An adapted version of the Beech and Ward (2004) model of risk/Carr's (1999) protective factors, outlining factors above 34%

Furthermore, within the dynamic risk factors, cognitive distortions have been categorized based on Ward and Keenan's (1999) five *implicit theories*. Ward and Keenan describe cognitive distortions as arising from a set of five core schemas that generate the beliefs and attitudes that are measured at surface level: (1) *children as sexual beings*—where children need and/or desire sexual contact with adults are able to consent to such contact; (2) *nature of harm*—that sexual activity is not harmful to a child; (3) *entitlement*—that the offender is superior to the child and deserving of special treatment; (4) *dangerous world*—that the world is an inherently hostile place and people are untrustworthy; (5) *uncontrollability*—that the world, including events, thoughts and emotions, are unmanageable and the individual's own behavior occurs due to the factors that they have little control over.

A further aim in the development of our framework is to incorporate assessment of the women's strengths and abilities in reducing their own risk, rather than simply focusing on deficits. This investigation assessed strengths based on a model developed by Carr (1999). This framework[1] takes into account both personal and contextual protective factors, focusing on offence-specific issues, sexuality, social functioning and support, and self-management, and environmental conditions.

Results

In the following section we outline some of the more important findings, where the factor is present in over one-third (34% and above) of the sample. Where proportions of the sample as a whole are reported they are given as percentages, but where we report proportions within groups we will report the actual numbers, given the smaller sizes of each group. A schematic representation of these factors and their relation to the Beech and Ward (2004) model can be seen in Fig. 1.

Developmental Factors

Parental relationships appear to be an important factor. Of the sample, 49% reported having a poor attachment to their primary caregiver; similarly, 51% reported parental rejection and/or neglect during childhood. This was consistent across the four groups. Childhood abuse was also highly prevalent within the sample with 67% of the sample reporting some form of emotional, physical and/or sexual abuse. Again, this was relatively consistent across the groups, although slightly more frequent in the LO<12 group where 7 out of 9 reported some form of previous abuse.

Forty-two percent of the sample reported having been a victim of sexual abuse during their childhood. Of these, 10 had been abused solely by intra-familial perpetrators, 4 solely by extra-familial offenders and 4 by a combination of intra- and extra- familial offenders. Of the 10 women who were abused solely by intra-familial perpetrators, 4 were abused by a primary caregiver alone, 3 were abused by a non-caregiver such as a sibling, step-sibling or other family member, and 3 were abused by a combination of primary caregivers and other family members. Interestingly, the LO< 12 group were not only proportionally more likely to have been a victim of childhood sexual abuse (7 out of 9), they were also much more likely to have suffered from intra-familial abuse, with 5 out of those 7 victims of sexual abuse in this group being the victim of solely intra-familial abuse.

Previous Convictions

In our sample, just 14% had previous non-sexual, non-violent convictions, 2% had previous violent offenses and 5% had previous convictions for sexual offenses. When assessing adult male sexual offenders, a key historical marker is previous criminal convictions for sexual, violent, and other types of offending. However, for female offenders, it is important to consider other markers, such as findings of fact in the family courts, previous serious allegations, and local authority concerns about risk to children. For example, 16% of the sample had been the subject of local authority concerns regarding possibly sexual abuse.

Vulnerability (Trait) Factors/Static Markers

In this section we will outline those static and dynamic found to be relevant for our sample of female sex offenders.

Interpersonal Functioning

Problems relating to interpersonal functioning were frequent within the sample. Eighty-one percent reported low self-esteem, 79% reported low confidence, 63% reported low assertiveness, and 86% reported being socially isolated. These findings are also fairly consistent across all four groups. There were a number of stable marker variables relating to interpersonal functioning frequently reported in the sample. Of the sample, 49% reported a series of unstable prior relationships. Similarly, 74% of the sample reported being in previous exploitative and/or abusive relationships, with all five of the MC group reporting this factor. Interestingly, 9 out of the 11 women in the sample who reported large age discrepancies in their current and/or previous relationships were from the MA group.

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[1] Based on a version adapted for adult male sexual offenders by James Bickley for the LFF.

Offense-Supportive Cognitions

Ninety-three percent of the sample displayed some form of offense-supportive cognitions. These cognitive distortions revealed a number of subtle differences between the four groups. For example, there was a demonstrated lack of empathetic concern for the victim reported in the LO>12 group (7 out of 11) and the MC group (3 out of 5) in comparison to the other groups. Also, 5 out of 11 of the LO>12 group report a high level of emotional congruence with children—a high frequency compared to the sample as a whole (16%).

Of the sample, 72% displayed cognitive distortions relating to viewing *children as sexual beings*, these distortions being especially common in the LO groups, with all 11 of the LO>12 group and 7 out of 9 of the LO<12 group demonstrating these schemas. Here, the most common distortion relates to the offender imbuing the child with adult characteristics (44% of the sample). Of particular interest, in the LO>12 group 9 out of 11 displayed distortions regarding a child's ability to consent to sexual activity, 5 out 11 reported a belief that abuse is either the child's fault or not always the adult's fault, and all 11 in this group reported imbuing a child with adult characteristics.

The majority of the sample (70%) displayed cognitive distortions regarding the *nature of harm*. These distortions were particularly frequent among the LO>12 group, as 7 out of 11 thought that their abuse was not harmful, and 6 out of 11 suggesting that their victim experienced some level of enjoyment from the abuse. Also, 6 out of 9 of the LO<12 group displayed some belief that sexual abuse was not harmful.

Sixty-seven percent of the women in the sample displayed cognitive distortions relating to *entitlement*. Interestingly, the women in the LO groups frequently placed their own needs above the child's (6 out of 11 in the LO>12 group and 5 out of 9 of the LO<12 group) and the women in the co-offender groups frequently placed their partner's needs above the child's (10 out of 18 in the MA group and 4 out of 5 of the MC group). *Dangerous world* and *uncontrollable* distortions were less common within the sample, except in the lone offender (victim over 12) group where 5 out of 11 reported feeling that a relationship with a child is easier and/or safer than with an adult, 8 out of 11 blamed external factors for their offending behavior 5 out of 11 saw themselves as a victim.

Emotional Self-regulation

Emotional self-regulation was frequently highlighted in this sample, with 49% of women reported having problems dealing with negative emotions. Parenting issues seemed to be a concern, as 44% of the sample reported an inability to cope with their children, 60% were said to have an inattentive and/or neglectful parenting style, and 37% had been the subject of local authority concerns. The majority of those concerns were regarding actual sexual abuse or the risk of sexual abuse, neglect and/or emotional abuse of children, physical abuse of children and poor domestic conditions.

Sexual Self-regulation

Very few *sexual self-regulation* factors were frequent within the sample. Only 5% of the sample was found to have previous sexual offences. The 4 who reported viewing relationships with children as the ideal sexual relationship were all in the LO>12 group. Also, 8 out of 11 in the LO>12 group and 5 out of 9 in the LO<12 group reported using grooming techniques in their offending, higher proportions than in the other two groups.

Environmental/Trigger Factors

Depression was frequently reported in the sample across all of the groups, with 42% of the sample being prescribed anti-depressant medication at the time of their offence. A number of environmental trigger factors were also frequently reported. Of the sample, 53% reported an unstable family life, which was consistent across all four groups. Relationship problems were also frequent in the sample, with 74% reporting possessive and/or violent partners and 74% reporting relationship problems. Perhaps unsurprisingly, the majority of the co-offender groups frequently reported violent partners, with all 5 of the male-coerced group and 15 out of 18 of the male-associated group reported a possessive or violent partner, compared with 6 out of 11 in the LO>12 group and 6 out of 9 in the LO<12 group.

Acute Factors

Although few acute factors were reported within the sample, there appear to be subtle differences between the four groups concerning which factors are reported, specifically between the LO and male-related groups. Dysphoric mood states are reported by 7 out of 11 of the LO>12 group and 5 out of 9 of the LO<12 group compared with only 3 out of 18 of the MA group and none of the MC group. Seven out of the 11 LO>12 group reported a need for intimacy and 7 out of 11 reported a need for power or control as acute factors in their offending. Similarly, 6 out of 9 of the LO<12 group a need for power or control. These compared with lower frequencies in the male- related groups. The male-related groups seemed to report more environmental acute factors, for example 11 out of 18 in the MA group and 3 out of 5 of the MC group reported a

current partner who is either a Schedule 1 offender or has previous allegations of sexual abuse against a child, compared with much lower frequencies in the LO groups.

Protective and Treatment System Factors

In terms of offense-specific protective factors, 42% of the sample displayed attitudes contrary to sexual offending behavior, 72% showed a raised awareness of offence patterns, and 67% showed an awareness of the consequences of offending. Effective social functioning skills were frequently observed within the sample, as 81% of the sample was judged to have effective interpersonal skills and 67% displayed pro-social attitudes and behaviors. Self-management skills were also apparent, with 37% displaying adequate problem-solving and decision-making skills, and 60% identifying positive goals and interests. Contextual protective factors were also reported within the sample, with 44% reporting a good level social support and 93% benefiting from effective supervision and monitoring.

Treatment system factors were also measured in the sample. Motivation towards assessment and treatment was frequent in the sample, with 79% reporting a motivation to engage with these and 79% being open about their offending behavior during assessment. This may be related to the finding that 60% of the sample reported a positive and consistent experience of intervention and good co-ordination between professionals being reported in 95% of the cases.

Discussion

This paper aimed to elucidate risk and strength/protective factors from the clinical case histories of female sex offenders referred to the Lucy Faithfull Foundation. The sample was divided into four categories: two lone offender groups (<12 and >12 years of age) and two co-offender groups (associated and coerced). These groups allowed the investigators to assess subtle differences between those female offenders making independent and co-dependent decisions on their offending behavior. A number of researchers have outlined the need to address the women's background experiences and the subsequent effects on their attitudes and beliefs, their potential dependence on males, and their strategies for achieving goals and meeting needs (Eldridge and Saradjian 2000; Matthews et al. 1991; Sorbello et al. 2002).

The majority of the sample can be described as having experienced a great deal of development adversity, characterized by poor parental relationships and a considerable amount of emotional, physical, and sexual abuse. Over two-thirds had suffered some form of abuse, and 42% had experienced sexual abuse, often perpetrated by a primary caregiver or other family member. The prevalence of

childhood sexual abuse has been noted previously in female sex offender samples (Christiansen and Thyer 2003; Fromuth and Conn 1997; Lewis and Stanley 2000). There have also been suggestions that this abuse is often more severe and frequent than for male offenders (Allen 1991; Gannon and Rose 2008; Mathews et al. 1997; Miccio-Fonseca 2000; Pothast and Allen 1994). Although we can only speculate the causal nature between sexual abuse and offending behavior (not all victims of sexual abuse will inevitably go on to perpetrate sexual offenses of their own), it could be suggested that this may explain how many of these women find themselves in similarly chaotic adult lives characterized by feelings of inadequacy, and subsequently tolerate abusive relationships.

The females in this sample often report low self-esteem, low confidence, and social isolation and are frequently receiving treatment for depression. Self-management problems are frequently reported and are manifested in dysfunctional lifestyles, poor and negligent parenting skills, and relationship instability. A variety of cognitive distortions are endorsed related to the behaviors and victims, and these potentially indicate subtle difference between the groups that we will outline below. These findings suggest that female sex offenders do indeed display deficits in the same risk domains as their male counterparts, and, therefore, endorse approaches towards the assessment of risk and treatment targets through the adaptation of frameworks that have been developed for male sex offenders.

It has been suggested, however, that the focus of sexual offender treatment should not be based *only* on the identification and management of risk factors but should also incorporate goods promotion and more strengths-based approaches (e.g., Ward et al. 2007; Ward and Stewart 2003). These approaches are concerned with the enhancement of the offender's innate capabilities, rather than simply focusing on preventing further negative behavior, whereby there is increased focus on positive states of mind, personal characteristics and personal experiences that provide a viable alternative to a criminal lifestyle and reduce the likelihood of committing further offences (Ward and Stewart 2003).

The women in our sample appear to display a range of social, self-management and interpersonal skills that would appear to conflict with our earlier findings regarding the problems these women appear to have in these areas. We would, however, note that these skills are assessed based upon client behaviors during their engagement with trained clinician and clients might not have the ability or indeed confidence to utilize them in the context of their day-to-day lives, for example alongside the presence of a domineering or violent partner. Certainly, powerlessness has been noted as a specific difficulty when working with female sex offenders, who have often experienced high levels of

victimization themselves, whereby it is important that the therapist does not create a sense that they wield the power in the client-therapist relationship (Ford 2006; Marshall and Serran 2000; Saradjian 1996). However, our findings suggest that if there is effective and positive intervention coupled with motivation and open communication between the women and their therapists, we can be optimistic about these women's ability to successfully manage their behavior.

Differences were noted firstly between the two lone-offender and the two co-offender groups, and secondly differences were noted within these two super-ordinate groups (i.e., between the LO<12 and the LO>12 groups, and between the MA and MC groups). For example, both sets of groups displayed attitudes of entitlement. However, for the lone offender groups this manifested as a feeling that sexual contact was justified because their own needs came before the needs of the child, whereas in the co-offender groups this belief manifested as a feeling that sexual contact was justified because their partner's needs came before the needs of the child.

The lone offender groups appeared to be characterized by prior childhood sexual abuse, a greater frequency of cognitive distortions, and by low mood states immediately prior to their abusive behaviors. Within the lone-offender group, the LO<12 group were noted to be more likely to have been victims of intra-familial sexual abuse, suggesting that their offending behavior could represent a replication their own abusive experiences. Both of the lone-offender groups were found to hold cognitive distortions that children were sexual beings and that sexual contact between adults and children was not harmful, though these attitudes appeared though appeared to develop and manifest in different ways. For the LO<12 group, this may be linked to their own victimization, in that they have not been able to recognize their own past victimization and as such see sexual contact as a 'normal' part of adult-child relationships. Conversely, though both groups were likely to imbue their victim with adult characteristics, those in the LO>12 may be less likely to identify their victim as a child and believe them to be willing, eager and appropriate recipients of their sexual advances. Beech et al. (2009) found that female offenders often see their victim as older and more mature, believe that the child enjoys and benefits from sexual activity, and often frame their behavior in the context of 'loving relationships'.

The co-offender groups were characterized by dysfunctional relationship and possessive, often violent partners, to the extent that a considerable minority of these women has partners with a history of sexual offending and in some cases partners who were Schedule 1 sex offenders. The MA group was noted to more frequently have a greater age discrepancy between themselves and their partners that indicates a power imbalance and may explain why their relationships are often based on control and domination,

which in turn could explain why explicit violence was not required for these women to co-engage in sexual abuse.

Matthews (1993) suggests that the major aim for treatment with co-offending women is to reduce their dependency on males, and to promote feelings of empathy that may have been suppressed by cognitive mechanisms designed to cope with the trauma of their role in the abuse. This may explain the lack of victim empathy noted in the MC group, in that their ability to empathize with their victim is diminished by the fact that to do so might require them to recognize their own experiences of victimization, something they may not be motivated to do, especially if they feel trapped in that relationship. Similarly, Gannon and Rose (2008) note that the low self-esteem, passivity, and dependence related to the range of developmental adversity they have experienced may explain how female sex offenders become trapped in possessive and abusive relationships. It could also be suggested that a subset of predatory male sex offenders are likely to identity and target women in crisis for the purposes of grooming them and their children for their own sexually abusive behaviors.

This analysis, however, does have limitations. As this was conceived as a simple exploration of clinical files, the data have not been subjected to formal multiple-marking and is mined from secondary sources, such as psychological and psychiatric reports. Therefore, there is a heavy reliance on the quality of those reports to ensure the quality of the data as well as the quality of self-report from the women themselves. Also, many of the factors, such as sexual interest or some cognitive distortions for example, rely on the women being completely open about their abusive behavior. Also, the sample size is small, which makes it difficult to translate these findings to a wider population of female sex offenders, though a sample of this size given the small size of the known population of female sexual offenders would be common to any study of this type.

In conclusion, our analysis has highlighted that the types of psychological vulnerabilities outlined by both the research base of male sex offenders, and also the developing research base into female sex offenders, can also be identified in the past clinical assessments in the population. Our aim to elucidate these factors and to provide further understanding of how prevalent they may be, both in the population in general and in the various types that have been proposed in the past. Although the evidence suggests that these women are characterized by dysfunctional and abusive childhoods, subsequent problems with self-management and self-esteem, chaotic lives and abusive relationships, there is still reason to be optimistic that if we can develop quality assessment and intervention tools to assist these women with their problematic behavior, they appear to have the skills and motivations to carry these through.

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