

What's the Difference? A Comparison of the MSI II Protocols of Male and Female Sexual Offenders

by

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Dedication

This project is dedicated to my family, who make me proud every day to call myself “a Mackelprang”: my parents, Romel and Susan, who blazed an educational path before me; my older siblings, Rachel and Romel, whose achievements have been a continuing source of inspiration; my younger sister, Becky, who has provided endless encouragement; my siblings in-law, Scott, Ashley, and Ryan, who have enriched and bettered our family by their presence; my sweet little nibblings, Nora and Ito, who have provided many much-needed distractions from stress and, of course; my husband, Cameron, and our son, Ezra, who have given me the love and encouragement to weather the tough times and who have perpetually helped me to maintain balance—you are the best parts of my life.

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Abstract

Despite a substantial expanse of literature addressing male sexual offending, the phenomenon of female sexual offending has only recently garnered empirical attention. While research remains nascent in nature, considerable advances have been made in the study of demographics, criminal characteristics, and typologies of female sexual offenders (FSOs). Similarities and differences between male and female sexual offenders have been the source of much speculation; however, hypotheses arising from this speculation have rarely been subjected to empirical scrutiny. Similarly, there has been limited examination of intra-group differences among FSOs. While myriad actuarial assessments have been developed for use with male offenders, similar measures for female offenders are practically non-existent. One notable exception is the Multiphasic Sex Inventory II (MSI II), an instrument with both male and female forms. The present study analyzed, compared, and contrasted the MSI II protocols of 300 male and female adult sex offenders.

Keywords: female sexual offenders, Multiphasic Sex Inventory II, gender, sex offender assessment, child molester, adolescent molester

Introduction

Historical Overview of Female Sexuality

Historical views of female sexuality have consisted primarily of variations on one dichotomous theme; in various iterations, women have been depicted as both pure, virtuous virgins and unclean, nymphomaniacal harlots, frequently with little room for normal, healthy sexuality. In biblical times, men were instructed that any menstruating woman should be “put apart seven days” (Leviticus 15:19) because she was unclean. In Numbers 22:21, a woman who is found upon marriage to be non-virginal must be brought to her father’s house, where men should “stone her with stones that she die.” In contrast, the most revered female figure in all of Christianity, Mary, ascended to this veneration for achieving a physiologically impossible ideal: procreating without having ever engaged in sexual activity. For millennia, this virginal image of feminine perfection has persisted.

Women’s sexuality remained a forbidden notion throughout the Middle Ages. During this time, a woman’s perceived worth depended largely upon her virtue, and any violation of social sexual norms (e.g., sex before marriage, adultery) generally resulted in much harsher punishments for women than for men (Karras, 2005). Females who had not yet married were automatically referred to as “virgins” because of the implicit assumption that the initiation of female sexual activity always coincided with marriage (unmarried males were not referenced in this way). The sexual indiscretions of men were frequently blamed on the tempting wiles of women, in a time when desire was viewed as “a pollutant and a threat to the soul” (Karras, 2005; p. 2). As Studd and Schwenkhagen (2009) aptly state, “In medieval times people feared three things: the devil, hunger, and women” (p. 107).

Many of the same religiously-rooted attitudes toward female sexuality that permeated the Middle Ages remained stagnant even as society evolved and advanced through the Renaissance and Enlightenment eras (Karras, 2005). “Nymphomania” became a medical term frequently used to relegate healthy female appetites into the realm of disease. Female sexual feelings and expressions were

viewed as dangerous and damaging, ensnaring men in their trap (Studd & Schwenkhagen, 2009). Women who were considered “oversexed” were seen as “temptresses, not victims” (Groneman, 1994, p. 354). The natural role of women was that of wife and mother—they were not the highly sexual beings that men were (Groneman, 1994). The prevailing scientific viewpoint during this time was that women did not have the physiological resources to be both educated *and* able to fulfill their roles as mothers; the learning process was thought to cause blood to abandon the uterus in favor of the brain, resulting in emotional harm and infertility (Studd & Schwenkhagen, 2009). By the late 19th century, removal of the clitoris and other gynecological surgeries were accepted, even standard treatments for nymphomania and “excessive” masturbation (Groneman, 1994; Studd & Schwenkhagen, 2009). In Western culture today, such procedures are seen as nothing short of barbaric (e.g., Cameron, 2013).

The arrival of the 20th century marked a shift in the understanding and conceptualization of human sexuality. Freud emerged as the exemplar of this transformation, bringing sex to the forefront of public consciousness. Sex was suddenly understood as an underlying force in virtually every aspect of a person’s life, and puritanical attitudes began to give way to the notion that it may be “better to indulge this unruly desire than to risk the consequences of suppressing it” (D’Emilio & Freedman, 1997; p. 224). Despite the greater permissiveness toward sexual expression, the notion of female hysteria and the introduction of Freud’s theory regarding the nature of a “mature” (i.e., vaginal) orgasm and its superiority over the “immature” (i.e., clitoral) orgasm contributed to the continued sexual stereotypes of women and their sexual functioning (D’Emilio & Freedman, 1997).

Alfred Kinsey’s groundbreaking research into human sexuality in the 1940’s and 50’s struck down many barriers to sexual understanding. The first of its kind, Kinsey’s research brought to light the stark contrast between society’s sexual mores and the actual sexual behaviors in which male members of that society engaged (Irvine, 2005). His investigations into female sexuality, however, eventuated his downfall; the public support that had so championed his authorship of *Sexual Behavior in the Human*

Male fell apart with the publication of *Sexual Behavior in the Human Female*. Kinsey subsequently lost his funding from the Rockefeller Foundation in the wake of “moral and political outrage” (Irvine, 2005; p. 19). Although society may have been ready to accept explication of typical sexual behaviors in the male population, the same could not be said of female sexuality.

The sexual revolution of the 1960’s catalyzed significant social change in the area of female sexuality. Masters and Johnson’s seminal research into the physiology of sexuality opened up an entirely new world of knowledge, approaching sex from a measured, medical perspective that, among other achievements, struck down the notion that a clitoral orgasm was inferior to a vaginal orgasm (Irvine, 2005; D’Emilio & Freedman, 1997). The availability of the birth control pill allowed for a new degree of sexual freedom in women. Some have argued that much of the “revolutionary” aspects of this era were specific to female sexuality, changing the sexual culture for women significantly more than for men (Baumeister & Twenge, 2002).

Unfortunately, although feminism and evolving views on women have brought about significant change in multiple areas of society, the struggle for sexual equality did not end in the 1960’s or subsequent decades. While progress continues, there is still much to do. Among the most salient issues for women today are: confronting rape culture (Klaw et al., 2005); advocating for equality in employment and wages (White House, 2015); discarding or reclaiming historically derogatory terms such as “slut” and “bitch” (Reger, 2015) and; challenging the double standards applied to female sexual activity (Armstrong, Hamilton, Armstrong, & Seeley, 2014). The prevailing view of women as the kinder, gentler, and weaker sex persists, extending into all spheres of society. While there is widespread acknowledgement of many of the harms these stereotypes perpetuate, there remain a number of under-recognized areas in which subtle preconceived notions of women and femininity constitute a more insidious intrusion. This paper explores in depth one of these under-recognized areas: female sexual offending.

Criminality and Gender

Historically, studies of criminality have focused almost exclusively on males, long considered the more criminally-oriented, violent, and deviant of the sexes (Godfrey, 2014; Heidensohn, 2010). So foreign was the notion of female criminality that, in some jurisdictions, husbands who had knowledge of illegal acts committed by their wives used to be held legally responsible for them (e.g., the *feme cover* doctrine; Beattie, 1974; cited in Godfrey, 2014). In the 18th and 19th centuries, female crime was associated primarily with prostitution (Godfrey, 2014; Heidensohn, 2010), although there were also a number of infamous cases involving more serious crimes. While generally ignored in academic research, the media was not so quick to overlook such cases. Sensationalism abounded in many accounts of women brought before the courts, particularly those whose crimes went against societal notions of traditional gender roles (such as infanticide or other acts of aggression; Godfrey, 2014). Notorious female killers such as Lizzie Borden and Belle Gunness were the subject of intense scrutiny and curiosity for decades after their alleged crimes (Belle Gunness, 2015; Godfrey, 2014).

In some respects, the historically male-dominated focus of criminality is understandable; women *do* commit a minority of criminal acts and are therefore less visible and problematic for society (Heidensohn, 2010). Available data indicate that women commit significantly less crime than men, particularly violent crimes, while their rates for non-violent offenses such as larceny are closer (though still less) to those of men (Britton, 2014; Lauritsen, Heimer, & Lynch, 2009). While there is disagreement as to whether the rate of actual female criminal *behavior* is increasing (Lauritsen et al., 2009), statistics indicate that, at least for some offenses, rates of female *incarceration* are (Lo, 2004). Nevertheless, that females commit a minority of criminal offenses is no justification for the failure to engage in research of female criminality.

One consequence associated with the near-invisibility of female criminality in the empirical realm is that theories surrounding etiological factors in criminal behavior and other theories of criminality have been informed and instructed primarily or solely by research into *male* offending

(Heidensohn, 2010). Early attempts at building a framework for male and female criminality were based on the theory that criminal trajectories resulted primarily from different male and female biological and personality traits, a theory which was arguably more based on stereotypes than solid science (Naffin, 1985). Considered one of the “founders of modern criminology” (Britton, 2011, p. 30), Cesare Lombroso said of women and crime:

That women less often are engaged in highway robbery, murder, homicide, and assault is due to the very nature of the feminine constitution. To conceive an assassination, to make ready for it, to put it into execution demands, in a great number of cases, not only physical force, but a certain energy and combination of intellectual functions. In this sort of development women almost always fall short of men. (Lombroso, 1911, p. 185; cited in Britton, 2011).

Another theory argued that the different traditional social spheres of men and women (i.e., work vs. home) led to differences in criminality (Britton, 2011). Accordingly, proponents of this theory hypothesized that in the wake of the feminist and women’s rights movements of the 1960’s, as women began to increasingly occupy the roles in society once assigned solely to men, their rates of crime would subsequently rise and converge with those of men. Results for this hypothesis have been mixed at best (Britton, 2011).

In the absence of solid, empirically-supported theoretical frameworks of female criminology, females are frequently relegated to the position of proverbial “square peg in a round hole,” with researchers trying to make female criminal behaviors fit into already-established conceptualizations of male criminality. Even today, theories of female criminality are largely in preliminary, untested stages. As with any theory of human behavior, one given framework is unlikely to encompass all possible

avenues toward crime, and in the realm of female criminality, there remain many frameworks to be built (Heidensohn, 2010).

Criminality and Gender in a Sexual Offending Context

While research into general female criminality began gaining increasing recognition, examinations of female sexual offending remained virtually non-existent until late in the 20th century. Just a few short decades ago, the prevailing view of female sexual offending could be summarily expressed by Mathis' 1972 question: "[...] what harm can be done without a penis?" (cited in Deering & Mellor, 2007). It was thought that females either never engaged in sexual offending behavior or that, if they did, these anomalous incidents did not really cause harm (Deering & Mellow, 2007). As the thinking went, female anatomy prohibited women from committing acts of "rape" as it was traditionally defined and conceived (e.g., a man penetrating a woman); or, as Levine (2006) put it: "No penis, no problem." Instead, research and clinical attention focused almost exclusively on male sex offenders (MSOs), with areas of study devoted to offender and victim demographics, *modus operandi*, typologies, causal models of offending behavior, treatment implementation and effectiveness, and, more recently, risk assessment instruments (e.g., Cortoni, 2010b; Prescott, 2001; Schaffer, Jeglic, Moster, & Wnuk, 2010; Stinson & Becker, 2012; Ward, Gannon & Yates, 2008).

Male sexual offending. While there are numerous stereotypes that seem to relegate all men classified as "sexual offenders" into a single schema, in reality these individuals compose a heterogeneous population with varying racial/ethnic characteristics, religious beliefs, socioeconomic statuses, ages, and mental health histories (Orlando, 1998; Veysey & Zgoba, 2010). A common misconception exists that MSOs offend solely for purposes of sexual arousal and gratification; however, other factors, including aggression, low self-esteem, depression, and difficulties with self-regulation are far more common motivators (Hilarski & Christensen, 2006). While these men are often viewed as

“specialists,” many are *not* limited to sexual offenses, demonstrating a broader pattern of anti-social behaviors that may include numerous other categories of criminal activity (Harris, Mazerolle, & Knight, 2009; Vesey & Zgoba, 2010).

Although less than 1% of all reported arrests are for sex crimes (Federal Bureau of Investigation, 2005), this is far from representative of the prevalence of sexual offending behaviors. With estimates that one in five females and one in seven males are sexually abused during childhood (CSOM, 2008a), sexual offending remains one of the nation’s most underreported violent crimes. Despite the millions of victims who never come forward, there are still more than 800,000 sex offenders currently registered in the United States (National Center for Missing & Exploited Children, 2014).

Although MSOs are a heterogeneous group with a wide range of criminal characteristics and demographic features, there are a number of general trends found in this population. MSOs are predominately Caucasian and tend to be in their mid- to late-30’s at the time of their arrest (Hanson & Morton-Bourgon, 2009; Kingston, Yates, Firestone, Babchishin, & Bradford, 2008; Lyn & Burton, 2005; Miller, Turner, & Henderson, 2009; Veysey & Zgoba, 2010). In their 2010 study of 550 New Jersey sex offenders, Veysey and Zgoba found that many offenders were married or had been married in the past. They also found considerable mental health and substance abuse problems in their sample, with one third having received prior mental health treatment, and approximately half having had a history of drug and/or alcohol abuse. Many studies have found a relatively high incidence of personality disorders, with antisocial and borderline personality disorders being most highly represented (Dudeck, Spitzer, Stopsack, Freyberger, & Barnow, 2007). The vast majority of sexual offenders perpetrate against a child to whom they are related or acquainted with (Kingston et al., 2008; Lyn & Burton, 2005), and although MSOs *are* more likely than non-offenders to have been sexually abused themselves as children (Dudeck et al., 2007), the majority were *not* victims of child sexual abuse (CSOM, 2000). Finally, meta-analyses

have indicated that the overall rate of sexual recidivism in MSOs after an average follow-up period of 5-6 years is approximately 13.7%, while recidivism of any kind (sexual or non-sexual) is approximately 36.2% (Hanson & Morton-Bourgon, 2005). This rate of recidivism is far more encouraging than pop culture and the media would have us believe, with news programs, social media, and popular television shows (e.g., *Law & Order: SVU*) giving the false impression that recidivism rates are closer to 90 or 100%.

Theories of male sexual offending. Numerous theories have been proposed over the years in an attempt to explain the motivations behind sexual offending behavior in males (Grady, 2009). Earlier formulations focused on psychodynamic origins of sexual deviance, using measures such as the Thematic Apperception Test (TAT), House-Tree-Person (H-T-P), and Rorschach to gauge psychopathology (e.g., Hammer & Glueck, 1957). Such studies posited that sexual offending occurred “as a reaction to a massive oedipal entanglements, castration fear or feelings and fear of approaching mature females psychosexually” (Hammer & Glueck, 1957, p. 344). Although these conceptions have since gone largely by the wayside, attachment theory and its influence on the development of empathy and social relationships remains a subject of empirical inquiry in the sex offending realm (Grady, 2009; Ward, Hudson, & Marshall, 1996).

More recent theories of male sexual offending have delved into family history, childhood trauma, and other social/environmental factors. Pithers and Gray (2008) posit that familial violence, sexual abuse, deficiencies in parent-child attachment, child maltreatment, and poverty may all contribute to the emergence of sexually inappropriate behaviors in preadolescents. Studies have consistently found that many sex offenders with child victims display social skills deficits and a lack of empathy, which may contribute to the initiation and maintenance of offending behaviors (Kirsh & Becker, 2006; Elsegood & Duff, 2010).

Currently, the most common theories of sexual offending are cognitive-behavioral in nature, with offense-specific cognitive distortions receiving particular attention (Elsegood & Duff, 2010). For example, a sex offender may tell himself that unless a child physically resists, fights, or calls for help, she must have “wanted” to engage in sexual activity with him. This writer once treated an MSO in his mid-30’s who told her that he was not to blame for his sexual encounters with a 14 year-old girl because she “aggressively pursued” him. Offenders utilizing such cognitive distortions may employ “confirmation bias,” in which they focus on cues and information supportive of their beliefs, while ignoring contradictory evidence. A related theory, offered by Ward, Keenan, and Hudson (2000; cited in Elsegood & Duff, 2010), hypothesizes that distorted cognitions may arise from a deficit in “theory of mind,” or the ability to adequately “attribute mental states to other people” (p. 113). Finally, Stinson, Sales and Becker (2008) propose Multimodal Self-Regulation Theory, which posits that sexual offending behaviors can be attributed to a deficiency in an individual’s ability to regulate emotions, thoughts, behaviors, and/or interpersonal interactions. The authors discuss myriad potentially causal factors for these deficiencies, including biology, family environment, and peer socialization. According to this model, when an offender is in a state of internal emotional discomfort, he may engage in impulsive behaviors that provide immediate gratification, including sexual offending behaviors.

Although many theories have been proposed, male sexual offending is a complex, multi-faceted puzzle of many pieces. More research is needed to examine how well these theories map onto the actual initiation and maintenance of sexual offending behaviors (Kirsch & Becker, 2006).

Female sexual offending. Around the 1980’s, research began to emerge from a number of sources detailing the phenomenon of female sexual offending. Increasingly, clinicians and academicians appeared willing to accept this type of research as valid, deserving of both consideration and concern. While available literature still pales in comparison to the robust corpus of male sexual offending,

researchers have acquired valuable insight into female sexual offending over the last 30 years (Gannon & Rose, 2008; Grayston & De Luca, 1999).

That females commit a relatively small percentage of sexual offenses (generally estimated between 1 and 8%) is a near-universal consensus (CSOM, 2007; Denov, 2004; Johansson-Love & Fremouw, 2009; O’Conner, 1987). However, there remains considerable speculation that female sexual perpetration is highly underreported, at rates likely even greater than those of male sexual offending (Finkelhor & Russell, 1984). Social schemas about women and perceptions regarding sexual aggression as a “male” crime make it probable that victims of female-perpetrated abuse are less likely to come forward or, if they do, are less likely to be taken seriously (Denov, 2004; Saradjian, 2010). The low base rate of detected/reported female sexual perpetration has proven challenging for investigators, whose studies have often been marred by structural and methodological weaknesses (Johansson-Love & Fremouw, 2006). Perhaps most notably, many early studies were restricted to sample sizes of only 10-25, greatly limiting the generalizability of findings (Mathews, Matthews, & Speltz, 1989; Nathan & Ward, 2002). Female sexual offenders (FSOs) are a heterogeneous population, with much variation in *modus operandi*, victimology, and demographic features (Grayston & De Luca, 1999). In their 2013 study, Colson, Boyer, Baumstarck, and Loundou aimed to paint a more comprehensive picture of female sexual offending by conducting a meta-analysis of 61 studies with 6,293 FSOs. They found a high prevalence of psychiatric disorders (49%) and substance abuse (33%), although the variety of instruments used to assess these characteristics across studies made more detailed information about the nature of the psychiatric disorders and types of substances abused difficult to determine. Approximately 64% of the offenders had experienced some form of childhood abuse (physical abuse, neglect, psychological abuse, etc.) while 61% had a history of sexual abuse, most commonly perpetrated by someone in their own family. Additionally, the authors found that approximately 39% had a prior criminal record.

In terms of offending behaviors, FSOs appear to engage in a wide variety of criminal actions. Matthews et al. (1989) found a broad range of behaviors among their sample of 16 female offenders, including oral sex, kissing, fondling, humping, and penetration with the tongue, penis (of the victim), and/or finger. In their survey of 471 registered FSOs in Texas, Vandiver and Kercher (2004) found that the most common charges were indecent sexual contact with a child (33%), aggravated sexual assault on a child (14%), and sexual assault (11%). In examining data from 1,466 convicted FSOs, Sandler and Freeman (2009) found that the most common convictions were for sexual abuse (36.4%), rape (18.8%), and criminal sexual act (including oral sex and sodomy without consent; 16.3%).

Previous research has concluded that the vast majority of victims of FSOs are children, with very few offenses committed against adults (Sandler & Freeman, 2009; Vandiver & Kercher, 2004). In their study of 111 FSOs in the Netherlands, Wijkman, Bijeveld, and Hendriks (2010) found that approximately 75% of victims were either related to or acquainted with the offender. In another study of 40 FSOs in Arkansas, Vandiver and Walker (2002) found that 94% of victims were related to the offender. While many reports have been inconsistent regarding victim gender, there is evidence that females tend to prefer males, with most studies indicating a higher percentage of male victims than female victims (Saradjian, 2010). Colson et al. (2013) found mixed results of victim gender in their meta-analysis and suggest that an FSO's choice of victim may be more related to opportunity than actual sexual preference.

There has been much speculation in the literature regarding the presence of an "accomplice" in female sexual perpetration. While it has been generally accepted that females who commit a sexual offense are more likely to do so in the presence of a male (usually a romantic or marital partner), reports of the exact prevalence have varied. O'Connor (1987) found that 36% of female sexual perpetrators offended with an accomplice, while Rosencrans (1997; cited in Vandiver & Kercher, 2004), found the prevalence to be twice as high (70%). In their meta-analysis, Colson et al. (2013) found

accomplice rates similar to that of O'Connor (33.5%). In spite of these disparate findings, there is a general consensus that FSOs commit their crimes with an accomplice at significantly higher rates than MSOs (Solomon, 1992; cited in Gannon & Rose, 2008). These rates of accomplice-accompanied offending have led some to conclude that the vast majority of female-perpetrated sexual offenses are committed under the duress of an abusive partner (Colson et al., 2013); however, Denov (2004) argues that this conclusion may have the unintended consequence of leading many mental health professionals to assume that a female sexual offender *must* have been an unwilling, coerced participant, without considering the possibility that her role may have been an active and consenting one.

With a few exceptions (e.g., Lewis & Stanley, 2000; Mathews, Hunter, & Vuz, 1997), research indicates that women are more likely than men to use persuasion and coercion in the commission of their offense, as opposed to the forceful or violent means more typical of MSOs (Grayston & De Luca, 1999; Hetherington, 1999; Robertiello & Terry, 2007). In their meta-analysis, Colson et al. (2013) found that approximately 44% of FSOs employed physical violence in the commission of their offense.

Available literature indicates that FSOs are significantly less likely to sexually recidivate than males. With one of the largest sample sizes in the available literature, Sandler and Freeman (2009) examined recidivism rates of 1,466 convicted FSOs in New York State and found that these offenders had much lower recidivism rates after a 5-year follow-up period than MSOs. This was true of both sexual (1.8%) and violent non-sexual (5.2%) crimes, as well as rearrest for any kind of offense (26.6%). This can be contrasted with Hanson and Morton-Bourgon's 2005 meta-analysis of MSOs, which measured recidivism rates for sexual rearrest and rearrest for kind of offense at 13.7% and 36.2%, respectively. In their meta-analysis of 10 studies ($N = 2,490$), Cortoni, Hanson, and Coache (2010) found a comparable recidivism rate for FSOs of between 1 and 3%.

FSOs tend to be predominately Caucasian, relatively uneducated, and of middle to low socioeconomic status (Faller, 1987; Johansson-Love & Fremouw, 2009; Lewis & Stanley, 2000). Based on their sample of 31 FSOs, Johansson-Love & Fremouw (2009) found that 55% had not finished high school. Similarly, Faller (1987) found that 65% of offenders in her study ($n = 40$) had not graduated. These offenders frequently have severely dysfunctional family histories, with research indicating that most have experienced abusive childhoods that included sexual and/or physical abuse (CSOM, 2007; Lewis & Stanley, 2000; Nathan & Ward, 2002). In their small ($N = 12$) study of FSOs, Nathan and Ward (2002) found that 75% had a history of sexual abuse and 58% had a history of physical abuse. Faller (1987) found that 47.5% of FSOs had been sexually abused in childhood. Additionally, FSOs may be at an increased risk of physical violence in adulthood, oftentimes as a result of entering into submissive relationships with dominant, abusive men (Lewis & Stanley, 2000; Nathan & Ward, 2002).

Measurements of psychological disorders among FSOs have varied widely across studies. While there is disagreement as to the prevalence and nature of these disorders, most agree that they occur at relatively high rates. While depression and personality disorders have been consistently identified in numerous studies, serious mental illnesses such as psychosis appear to be rarer (CSOM, 2007; Grayston & De Luca, 1999; Lewis & Stanley, 2000; Nathan & Ward, 2002; O'Connor, 1987). Several studies have also found that FSOs are more likely to have mental retardation, borderline IQ scores, or other intellectual impairments; for example, Lewis & Stanley (2000) found that approximately 27% of the offenders in their sample were mildly intellectually disabled, while 20% had "borderline intellectual functioning" (p. 76). Faller (1987) found that approximately 33% of women in her sample were either intellectually disabled or brain damaged. Although they did not specifically measure IQ, Matthews et al. (1989) reported that 56% of their sample had performed poorly in school. It is important to note, however, that these studies involved relatively small sample sizes ($N = 15, 40,$ and $16,$ respectively) and may not be reflective of the larger population of FSOs.

The presence of paraphilic disorders and sexually deviant fantasies in FSOs has been the subject of some debate. Historically, the overwhelming majority of paraphilic disorders have been diagnosed in males. Females are far less likely to be diagnosed with pedophilic disorder than their male counterparts, although there are scattered cases of female pedophiles in the literature (see Chow & Choy, 2002). Some have argued that the extreme rareness of female pedophilia diagnoses may be partly influenced by the bias of clinicians, who would be far more likely to ask male clients questions concerning pedophilic tendencies than they would females (Becker, Hall, & Stinson, 2001). Alternatively, the scarcity of this diagnosis in females could reflect a real difference, with females simply being unlikely to have an enduring attraction to children (Nathan & Ward, 2001).

Typologies in female sexual offending. The development of female-specific sex offender typologies has been a primary focus for researchers. The first of these typologies emerged in the late 1980's and early 1990's (see Matthews, Mathews, & Speltz, 1991), and they have since been the subject of ongoing expansion and modification. While detailed typologies for MSOs based on considerable empirical data are readily available, these are generally considered non-applicable to females (Robertiello & Terry, 2007). Although some have expressed reservations about the utility of typologies, particularly for FSOs (e.g. Gannon & Rose, 2008), most agree that accurate typologies have the potential to inform both research and practice, shedding light on offender characteristics and motivations, pointing toward appropriate treatments, and informing correctional policy and practice (Turner, Miller, & Henderson, 2008; Vandiver & Kercher, 2004).

Mathews, Matthews, and Speltz typology. The first and most oft-cited typology of FSOs was established by Mathews et al. in 1989. Based on detailed clinical interviews with a small ($N = 16$) sample of incarcerated FSOs, these authors delineated three separate groups: (a) predisposed/intergenerational offender, (b) teacher/lover offender, and (c) male-coerced offender. The first group reported extensive

histories of childhood abuse and tended to have initiated their sexual perpetration against their own children or other family members, generally without an accomplice. They also had numerous emotional and psychological problems, including low self-esteem, distorted cognitions, and deviant sexual arousal to children. The second type was also likely to have experienced childhood abuse. These offenders tended to offend against adolescent males, viewing their victims as fully willing participants and denying that they had caused their victim harm. They viewed themselves as teachers, educating these boys about love and sex. Finally, the third type of offender generally committed their offenses with an accomplice, usually a spouse or romantic partner. They were more likely to ascribe to traditional views of gender roles, often deferring to the authority of their accomplice. While some of these females did appear to reluctantly submit to their accomplice due to force or coercion, others were active participants in the offending behaviors.

The Mathews et al. study was important in that it marked the first attempt to construct a classification system of FSOs. While their typology continues to be cited frequently in sex offender research, the small sample size on which it is based limits the extent to which one can generalize these categorizations.

Vandiver and Kercher typology. Although several other researchers have proposed typologies of FSOs (e.g., Faller, 1987; McCarty, 1986; Syed & Williams, 1996), Vandiver and Kercher's 2004 study is especially important in that it utilized a significantly larger sample than previous investigations. The authors collected data for 471 registered FSOs in Texas and used hierarchical loglinear modeling and cluster analysis to analyze various characteristics of the offenders and their crimes. These analyses revealed six classifications of offenders which, while similar to those categories put forth by Mathews et al. (1989), were more detailed and robust. These categories included, in order of prevalence: (1)

heterosexual nurturer; (2) noncriminal homosexual offender; (3) female sexual predator; (4) young adult child exploiter; (5) homosexual criminal and; (6) aggressive homosexual offender.

The first and largest group ($n = 146$), heterosexual nurturers, were comparable to Mathews et al.'s *teacher/lover* classification. Primarily victimizing young males (average of 12), these women did not view their actions as exploitative or wrong; rather, they may have been motivated by a desire for emotional intimacy, believing that they were in love with their victim (Gannon & Rose, 2008). The second group ($n = 114$), noncriminal homosexual offenders, victimized young females (almost exclusively; 96%) with an average age of 13. Although the authors did not have access to information about co-offenders, they speculate that the high number of female victims was indicative of a high percentage of male accomplices. The third group ($n = 112$), female sexual predators, had young male victims (average age of 11) in 3 out of 5 cases. The authors speculated that women in this group may have had a "criminal disposition," of which sexual offending is simply one part. Women in the fourth group ($n = 50$), young adult child exploiters, were the most likely to have committed a sexual assault, but also had the smallest average number of arrests. They offended against both male and female children, and in approximately half of cases, the offenders had victimized their own relatives. The fifth group ($n = 22$), homosexual criminals, offended predominately (73%) against young females, with an average age of 11. This group was unique in that offenders were likely to use force in the commission of their offense. The authors speculated that, similar to the female sexual predators group, these women may have committed their sexual offenses as part of a general criminal disposition. The final group ($n = 17$), aggressive homosexual offenders, comprised the only women likely to offend against adults, primarily (88%) females, with an average victim age of 31. The offenders themselves were also likely to be older, with the highest average age at arrest.

Although FSOs are a heterogeneous group, increasingly advanced research methods and statistical techniques continue to inform ways in which they may be meaningfully divided into distinct types. These typologies may one day advance to the point where they are able to significantly enhance research, clinical, and policy practices.

Theories of female sexual offending. Although theories of male sexual offending are abundant and detailed, theories of female sexual offending are comparatively scant. Several studies have attempted to incorporate female sexual offending under the umbrella of an existing theory of male sexual offending, yet results have been mixed at best (Harris, 2010). Additionally, many theories of male sexual offending are grounded specifically in a gendered perspective (e.g., rape is a means by which men control women, men are inherently violent while women are inherently passive, etc.; Anderson, 1998), making it virtually impossible to derive from them a theory of female sexual offending. It is becoming increasingly clear that the substantial differences between male and female sexual offenders necessitate separate theories.

Some of the primary tools available for constructing a female-specific theory are typologies, which may provide insight into the motivations for and causes of sexual offending behaviors (Gannon & Rose, 2008). Within a given typology, one subgroup may be motivated by completely different factors than another subgroup: for example, a woman who offends in concert with a romantic partner may be timid, passive, and more likely to subscribe to traditional gender roles—these characteristics could serve to make her more susceptible to engaging in abusive behaviors at the behest of her partner. Alternatively, a woman who offends alone against multiple victims and has deviant sexual fantasies about children may be aggressive, manipulative, and less likely to ascribe to gender stereotypes. As mentioned previously, advancements have been made in the formulation of female typologies, yet these are still primarily descriptive in nature and many years behind the more advanced, empirically-supported typologies of MSOs (Harris, 2010).

In examining overarching guiding characteristics of male typologies, Anderson (1998) suggests that social learning theory may be the best method by which we can create a theory of female sexual offending, as it leaves biology out of the equation and emphasizes the role of a person's social environment. A relevant focus in both male and female sex offending literature relates to the intergenerational transmission of abuse, which postulates that children who are sexually abused go on to become sexual perpetrators themselves. This has been an especially popular area of study given that histories of sexual abuse have been found at significantly higher rates in both male and female sex offenders than in both the general population and in offenders who have committed non-sexual crimes (Ford, 2010). The usefulness of this concept within a theory of sexual offending, however, is highly debatable, for two primary reasons: although rates of prior sexual abuse are higher in sexual offenders, by no means are all sexual offender previous victims of sexual abuse, nor do all victims of sexual abuse go on to become abusers. Additionally, female children are sexually abused at significantly higher rates than male children; if the intergenerational transmission of abuse theory were true, we would expect to see many more sexual offenses committed by women than by men (Anderson, 1998; Harris, 2010).

In her 1993 work, Wolfers proposed several causal elements of female sexual perpetration. Working from her viewpoint that women *do*, in fact, frequently utilize violence in the commission of their offenses, she posits that these episodes of sexual abuse are prompted by overall feelings of powerlessness. Women who feel powerless may engage in sexually abusive behaviors as a way to exert dominion and control in the home, which may be the only sphere in which these women feel they have any. Substance abuse may function as a coping mechanism for these unpleasant feelings. Finally, Wolfers touches briefly on intergenerational abuse as it relates to women's denial of sexual offending, stating that in this context, "a process of normalization will probably have taken place, making it extremely difficult for children and perpetrators to extricate themselves" (p. 97).

Perhaps the most important recent theoretical development is Gannon, Rose, and Ward's (2008) Descriptive Model of Female Sexual Offending (DMFSO). In their original study, the authors utilized grounded theory to analyze interviews of 22 FSOs and develop a model describing the female offense process. This model consists of three primary elements, referred to as "phases": (1) the offender's history and background (background factors); (2) influential events occurring around the time of the offense (pre-offense period) and; (3) the offense behavior itself as well as events immediately afterwards (offense/post-offense period). The DMFSO provides an intricate, detailed description of the progression from early childhood through adolescence and young adulthood, speculating at how components of these stages ultimately lead to the commission of a sex crime.

Gannon, Rose, and Ward followed up with an additional study in 2010 aimed at identifying specific pathways to sexual offending for the 22 participants in the previous study (the necessary information was only available for 18 of the original 22 subjects). They identified three distinct pathways: (a) *Explicit Approach* offenders, who fully intended to sexually perpetrate and planned their offenses in advance; (b) *Directed Avoidant* offenders, who committed their perpetration in concert with a coercive male accomplice and did not want to engage in the offending behavior and; (c) *Implicit Disorganized* offenders, who intentionally perpetrated against a victim but did so impulsively and without forethought or planning.

In a subsequent study, Gannon et al. (2014) utilized a new sample of 36 FSOs from the United States and Canada to further investigate the validity of the DMFSO and associated pathways. They concluded that the DMFSO represented "a reasonable descriptor, overall, of the offense styles of this North American sample of incarcerated women who have committed sexual offenses" (p. 220). Two independent raters agreed in 100% of cases in which the offender followed the Directed-Avoidant pathway. Although agreement was only 60% for both the Explicit-Approach and Implicit-Disorganized pathways, no additional pathways emerged in the course of experimenter interviews. Thus, the study

provided support for the validity of the three pathways as an overarching framework of female sexual offending behavior (Gannon et al., 2014).

Gender disparities in sex offender assessment instruments. As research into male sexual offending has increased, so too have the number of assessments developed specifically for use with this population. These instruments evaluate an assortment of offense-related factors, including recidivism risk, offense denial, paraphilic disorders, and sexual preferences. The Abel Assessment for Sexual Interest (AASI), Colorado Sexually Violent Predator Assessment Screening Instrument for Felons, Facets of Sexual Offender Denial (FoSOD), Minnesota Sex Offender Screening Tool (MnSOST), Multifactorial Assessment of Sex Offender Risk for Recidivism (MASORR), Sexual Violence Risk-20 (SVR-20), and STATIC-99 are just a few of these instruments (Bureau of Justice Assistance, 2014).

While a diverse array of assessments are available to clinicians and academicians evaluating and/or studying MSOs, the development of similar tools for females is lacking. Those who work with this population frequently find themselves in uncharted territory when faced with empirical evaluation of their clients. One notable exception to this dearth of female-specific instruments is the Multiphasic Sex Inventory, Second Edition (MSI II; Nichols & Molinder, 2000), an empirically validated, normed, self-report assessment for sexual offenders with forms for *both* males and female perpetrators.

The Multiphasic Sex Inventory. Similar in structure to the Minnesota Multiphasic Personality Inventory (MMPI), the MSI II contains 560 true/false questions that measure “a variety of constructs related to sex offending behavior, including cognitive distortions, sexually deviant behavior, substance use, antisocial attitudes, and psychological characteristics common to individuals who have committed sexual offenses” (Stinson & Becker, 2008, p. 382). The development of the original MSI began in the 1970’s at Western State Hospital in Lakewood, WA. Data were collected for both inpatient and community MSOs, as well as a sample of “normal” males (Nichols & Molinder, 2000). This original

version, made available in 1984 for adult males, contained 20 scales as well as several questions related to the test-taker's social history (Nichols & Molinder, 2010).

Eight years of additional research, revisions, and expansions culminated in the development and publication of the MSI II in 1994 (Nichols & Molinder, 2010). At this time, an Adult Female Form was introduced, having been normed using a sample of 60 admitting FSOs, 60 non-admitting but guilty FSOs, and 60 "normal" females (Nichols & Molinder, 2010). Though not as empirically robust as its male counterpart, the female form of the MSI II nevertheless represents an important advancement in the study of female sexual deviance: an objective assessment measure for FSOs that has been normed on an actual sample of FSOs.

Although numerous studies have investigated the use of the MSI and MSI II with male populations (e.g., Clark & Grier, 1995; Jung & Nunes, 2012; Kalmus & Beech, 2005; Stinson & Becker, 2008, etc.), very few have utilized the female form. Using several MSI II subscales, Strickland (2008) compared woman incarcerated for either a sexual offense ($n = 60$) or a non-sexual offense ($n = 70$). She found that FSOs had significantly higher levels of childhood abuse (physical, emotional, and sexual) and physical neglect, as well as significantly higher scores on the Social Sexual Inadequacies scale than did non-sex offenders. In her 2007 dissertation, Fintel set out to investigate the criterion-related validity of the MSI II female form. Utilizing MSI II protocols from 45 FSOs and 45 females convicted of non-sexual offenses, Fintel compared subject scores on a variety of scales, finding that FSOs scored significantly higher than female non-sex offenders on the Molester Comparison, Social Sexual Inadequacies, and Treatment Attitudes scales. While FSOs scored significantly higher on the Molester Comparison scale than did non-sex offenders, the Justifications, Denial, Treatment Attitudes, and Social Sexual Inadequacies scales were better predictors of sex offender status. This writer was unable to find any studies that compared male and female sexual offenders using the MSI II.

Present Study

Although female sexual offending research has proliferated in recent years, it is far surpassed by investigations of male sexual offending, and there remain many unanswered questions. When faced with cases of female sexual perpetration and in the absence of adequate information, common practice has been for researchers and clinicians to simply apply to FSOs the theories, treatments, and policies developed for use with MSOs (Ford, 2010; Harris, 2010). The literature is replete with conflicting findings regarding the associated criminal, background, demographic, and victim characteristics of female sexual offending (Johansson-Love & Fremouw, 2006).

One of the central questions for researchers concerns the degree of similarity between male and female sex offenders (Gannon & Cortoni, 2010). Investigators have wondered: How much do these two groups have in common? Do women offend for the same reasons that men do? Do the typologies constructed for male offenders apply equally well to females? Should treatment be different for women and men? Finding the answers to these queries has proven problematic. In general, inquiries have compared results from a small (oftentimes incarcerated or inpatient) sample of FSOs to general findings in the literature about male offenders. The few studies that *have* used matched samples of male and FSOs have tended to focus on rates of recidivism (e.g., Freeman & Sandler, 2008).

Additionally, numerous typological constructions of FSOs seem to suggest fundamental differences between females who perpetrate against adolescents and those who perpetrate against younger children, yet this has received little to no empirical attention. While numerous studies have surveyed a group of female offenders and subsequently divided them into typologies of which victim age is a component (e.g., Vandiver & Kercher, 2004; Matthews et al., 1991), this writer is aware of no studies that have specifically compared adolescent molesters and child molesters to examine whether the choice of victim may be a distinguishing factor in and of itself. A number of typologies developed for use

with FSOs seem to delineate a difference between women with child victims and women with adolescent victims (e.g., the “heterosexual nurturer” and “teacher/lover” types).

This project sought to increase knowledge of FSOs and their offenses using a rich, previously-untapped data source. Specifically, this study examined the MSI II protocols of a sample of 150 adult MSOs and 150 adult FSOs in order to: (1) obtain measures of the degree of similarity between FSOs and MSOs; (2) attain objective measurements of some typical characteristics of FSOs and; (3) investigate differences between females who have perpetrated against children versus females who have perpetrated against adolescents.

Examination of these areas resulted in the following hypothesized and associated explanations:

- (1) Child molesters (regardless of gender) will score higher on the Child Molest and Denial scales and will be less likely to blame their victims than adolescent molesters.

The Child Molest scale score is heavily influenced by an offender’s willingness to admit to their molesting behavior. Offenders who have perpetrated against an adolescent may be more easily able to convince themselves that the sexual relationship was wanted, non-coercive, and that their victims were old enough to consent. Hence, an adolescent molester would likely be less admitting of his or her behavior (thus, a lower score on the Child Molest scale) and more inclined to blame the victim for the sexual behaviors that took place (thus, a higher score for victim-blaming justifications). Because of the extreme violation of social norms inherent in molesting a child, the cognitive dissonance created by having perpetrated against a child may increase an offender’s need to engage in denying behaviors (thus, a higher score on the Denial scale).

- (2) FSOs will have more pathology, less sexual knowledge, more extensive treatment histories, and more negative childhood and adult life events than MSOs.

Previous research has already indicated that FSOs may have a higher incidence of trauma, mental illness, and intellectual disability. It is also the case that females are sexually abused at a significantly higher rate than males. Additionally, females are generally more likely to seek help from a mental health professional than are males (Winerman, 2005). However, as indicated previously, the research has rarely utilized matched samples of MSOs and FSOs and has certainly not made comparisons using sex offender assessments. This study is unique in its ability to do both.

- (3) Female child molesters will have more negative life history events than female adolescent molesters, including a greater likelihood of having been raped, sexually abused as a child, and physically abused by a partner. Additionally, they will be significantly more likely to have perpetrated against a family member and will have higher levels of both cognitive distortions and offense justifications.

While previous typological research has not looked at victim age specifically, there have been numerous typologies in which a specific victim age or age range appears to be associated with a specific “type” of offender (see description of typologies above). Broadly, women who perpetrate against adolescents have been described in numerous typologies as wanting to “teach” their victim about sex, viewing the relationship as consensual, and being in love with their victim. Anecdotally, popular news reports of female teachers engaging in sexual relationships with their adolescent students seem to suggest that these kinds of perpetrators are educated, financially stable women with little or no criminal background. Women who molest children, conversely, appear more likely to perpetrate against their own children and to have more extensive trauma histories (e.g., Mathews et al.’s “predisposed/intergenerational offender”). This study examines these characteristics from a new angle, breaking the offenders into groups based on the age of their victims.

Additionally, this project investigated differences between male and female “guilty deniers.” Although this last analysis was exploratory in nature, it was an invaluable opportunity; as denial is a primary focus of many sex offender treatment programs, the ability to compare male and female sex offenders with extensive patterns of denial may be very informative in examining differences in treatment needs for male vs. female sexual offenders.

Methods

Participants

The developers of the MSI II, H.R. Nichols and Ilene Molinder, generously provided the protocols of 300 sexual offenders, drawn from a sample of 1100, for use in this project. Protocols were administered between the years of 2004 and 2011, with a median and modal year of 2008. Although any clinician with appropriate training can administer the MSI II, all protocols must be sent to Dr. Nichols and Ms. Molinder’s offices in Washington State for scoring. The protocols provided by Dr. Nichols and Ms. Molinder were evenly divided into six groups: Male Child Molesters (MCMs), Female Child Molesters (FCMs), Male Adolescent Molesters (MAMs), Female Adolescent Molesters (FAMs), Male Guilty Deniers (MGDs), and Female Guilty Deniers (FGDs). The child molester groups comprise offenders whose victim or victims were aged 12 and under, while the adolescent molester groups offended against children aged 13-15. “Guilty deniers” are offenders who, while admitting to “engaging in some level of sex offense behavior,” do not admit to deviant or molesting acts, instead making “a number of excuses and justifications” (N. Nichols, personal communication, July 17, 2014). Offenders in the child molester and adolescent molester groups were mutually exclusive, in that none had molested both a child *and* an adolescent. All protocols were deemed reliable and valid. Dr. Nichols and Ms. Molinder matched the protocols according to the 2000 U.S. census on age, ethnicity, education, and marital status, stating that

“this procedure is useful in establishing the ‘generalizability’ of research findings of different samples between male and female molesters” (H.R. Nichols, personal communication, July 17, 2014).

Consent. Although subject consent was not obtained specifically for this project, all individuals who are given the MSI II assessment are provided with a consent form, which includes the following: “I understand that I will be administered the Multiphasic Sex Inventory (MSI). The purpose of the testing is to help identify psychological/sexual problems, if any, that may exist. Specifically, the test is used [...] *to provide ongoing research data which is used to better understand individuals who may have problems*” [emphasis added]. Additionally, the protocols provided contained only the initials of subjects, with no personal identifying information (e.g., address, social security number, location in which the assessment was given, etc). According to human subjects research specifications, the fact that the protocols contain no identifying information and that consent has already been obtained negate the need for approval from the Institutional Review Board (IRB; University of Arizona Institutional Review Board, 2014). The researcher contacted the IRB specifically to ensure that this research did not qualify as “human subjects research” and therefore did not require IRB approval. Representatives at the IRB confirmed that approval was not needed (Alix Encinas [IRB Coordinator], personal communication, July 16, 2014).

Variable Selection

Perhaps the most significant challenge to comparing male and female offenders using the MSI II is the non-identical nature of the protocols. While the male and female versions of this assessment are highly similar and overlapping, there are also numerous differences in scale construction. Additionally, information is available concerning the composition of many, but not all scales, making it impossible to determine precisely how similar these scales are. Because the male and female forms of the MSI II are not identical, several tactics were employed in order to create and maximally utilize variables for analysis:

1. *Identical or Virtually Identical MSI Scales*: These scales are identical on both the male and female forms, with the exception of slightly different wording on some items (for example: An item on the male form reads: “I have sexually molested a child in my family,” while on the female form, the statement is: “I have molested a child in my family”). Applicable scales used in analyses were Treatment Attitudes, Treatment History, and Child Molest.
2. *Identical Experimenter-Created Scales*: Two scales, Negative Childhood History and Negative Adult History, were constructed by aggregating various individual identical items common to both versions (see Appendix A for a complete list of these items).
3. *Identical Cut-Off/Item Number Scales*: These are scales that have the same number of items on both the male and female form, as well as the same cut-off point, but for which the experimenter was unable to determine the exact match between the scales (e.g., the Sex Knowledge & Beliefs Scale is comprised of 24 items on both forms, and on each, a score of 17 or less “indicates a need for more accurate information about sexual anatomy and physiology”). Applicable scales used in analyses were Sex Knowledge & Beliefs and Denial.
4. *Descriptive Grouping*: This was done for the Justifications Scale, a highly similar but non-identical scale across both male and female versions. The various possible justifications an offender could endorse were grouped into “justification types” (e.g., Victim Blaming, External Forces Blaming, Ignorance, etc.) in order to measure the patterns male and female offenders use when attempting to justify their offending behavior. For actual analyses, only the “Victim-Blaming” categorization was used, as this constituted the largest grouping and had an identical number of items (9) on both the male and female forms.
5. *Identical Individual Items*: These are individual items found on both the male and female version for which endorsement was compared across the groups.

Additionally, several analyses examined differences between female groups only, negating the need to identify scale similarity for these specific variables. Scales used only in female-only analyses included Body Image, Cognitive Distortion Immaturity, Emotional Neediness, Family Violence, Justifications, Scheming, Social Sexual Inadequacies, and Substance Abuse.

Table 1 (see next page) offers a description of each MSI II scale used in analyses.

Results

Assumptions of Normality

A search for univariate outliers revealed one mistaken data entry, which was corrected. Additionally, a check was done to ensure that all dichotomous variables utilized in analyses (other than descriptive statistics) had less than 90% of responses in any single category, as dichotomous splits greater than 90/10 can pose problems for certain analyses (Tabachnick & Fidell, 2007). Finally, multivariate outlier analyses revealed a single female outlier in the Child Molester group, who had an unusual combination of scores on Sex Knowledge & Beliefs, Negative Childhood History, and Family Violence. Closer inspection revealed that this participant had a very low score on the Sex Knowledge & Beliefs scale, 6 points below the next-lowest score. Although a check of her protocol revealed that this score was not a mistaken datum entry, the score was subsequently altered, substituted with the next-lowest score. This change removed the case as a multivariate outlier.

Although the experimenter had planned to utilize both the Scheming and Superoptimism scales in analyses, scores on these measures were found to be highly correlated; thus, Superoptimism was omitted from analyses and Scheming retained. Additionally, scores on the Scheming scale revealed significant skewness and kurtosis; a logarithmic transformation of this variable resulted in a significant

Table 1

Descriptions of MSI II Scales Used in Analyses

MSI II Scale	Descriptions
Body Image	High scores indicate marked body image problems and possible need to have treatment objectives developed to assist with body image and self-esteem.
Child Molest	Highly subject to respondent's openness about molesting behavior. Assists clinician in identifying how disclosing or non-disclosing the person is about the offense. Not affected by IQ, education, or age.
Denial	Relatively pure measure rationalizations/justifications. Reveals how much the sex offender thinks in terms of "degrees of offending" rather than the absolute reality of whether an assault was committed or not.
Emotional Neediness	Measures deep-seated emotional problems and the degree to which a person is affection starved, emotionally lonely, and needy. Elevated scores may indicate a person suffering from "deep-seated character disturbance."
Family Violence	Assesses a pattern of increased physical violence toward a child or mate. Elevated score on this scale suggests risk assessment of family violence needs to be addressed.
Justifications	Rationalizations/excuses as to why the person committed the offense. Measures an offender's range and types of excuses. Can also be used as a measure of treatment progress.
Molester Comparison	May be associated with psychologically unhealthy response patterns. Appears to measure the degree of a child molester's sexual deviance disorder. Unlikely to be affected by IQ, education, or age.
Scheming	Designed to assess an offender's recognition that the offense was purposely planned and was not an accident or split second impulse. Higher scores are associated with greater awareness/admitting of this planning behavior.
Sex Knowledge & Beliefs	Measures subject's level of sexual knowledge. Also positively correlated with IQ. Can be used as a measure of acquired sex knowledge for individuals participating in treatment programs.
Sexual Inadequacies	Identifies offenders who report feelings of apprehension around members of the opposite sex. Can help assess the need for offender treatment focusing on gaining better confidence around adults of the opposite sex.
Substance Abuse	Measures alcohol and drug use, both past and present.
Treatment Attitudes	Assessment of motivational level regarding engaging in a treatment program.
Treatment History	Identifies past involvement with treatment, ranging from prior treatment for sexual deviance to placement in a mental hospital.

Note. Descriptions are all taken from the MSI II Handbook

reduction in these values, making the variable suitable for use in analyses. Analyses showed weak reliability for the experimenter-created Negative Adult History scale ($\alpha = .54$), but much stronger reliability for the experimenter-created Negative Childhood History scale ($\alpha = .78$).

Descriptive Statistics

Basic demographic features. The average age of the MSOs was 37 (range 19-85), while the average age of females was 34 (range 18-58). The majority of male offenders were White (71.3%), Latino (13.3%), or Black (9.3%). This was also true of female offenders, who were 69.3% White, 9.3% Latino, and 9.3% Black. Males and females had similar levels of education (see Figure 1). The majority of men were never married (41.3%), married (25.3%), or separated/divorced (31.3%). Rates were similar for women, with 32.7% reporting never being married, 30.7% currently married, and 28% separated or divorced. There were no questions on the MSI II addressing whether those individuals not currently married were in a romantic relationship. The majority of men and women were not employed outside the home (“Unemployed” on the male form, “Homemaker” on the female form), although for some participants, this may have been related to incarceration. Men who were employed were most likely to work in unskilled labor positions, while women were most often engaged in sales or clerical work (see Figure 2).

Incarceration. In terms of prior commitment or incarceration, 8.7% of men and 13.3% of women reported having been committed at some point to a mental ward/hospital, while 11.3% of men and 2.7% of women reported incarceration as a youth. MSOs and FSOs had approximately equal rates of incarceration as adults (i.e., in a state or federal prison; 37.3% of men and 36% of women).

Sexual deviance. Interestingly, scores on sexual deviance scales were quite low across both males and females, with the vast majority of subjects endorsing 0 or 1 items for most scales (see Tables 2 and 3).

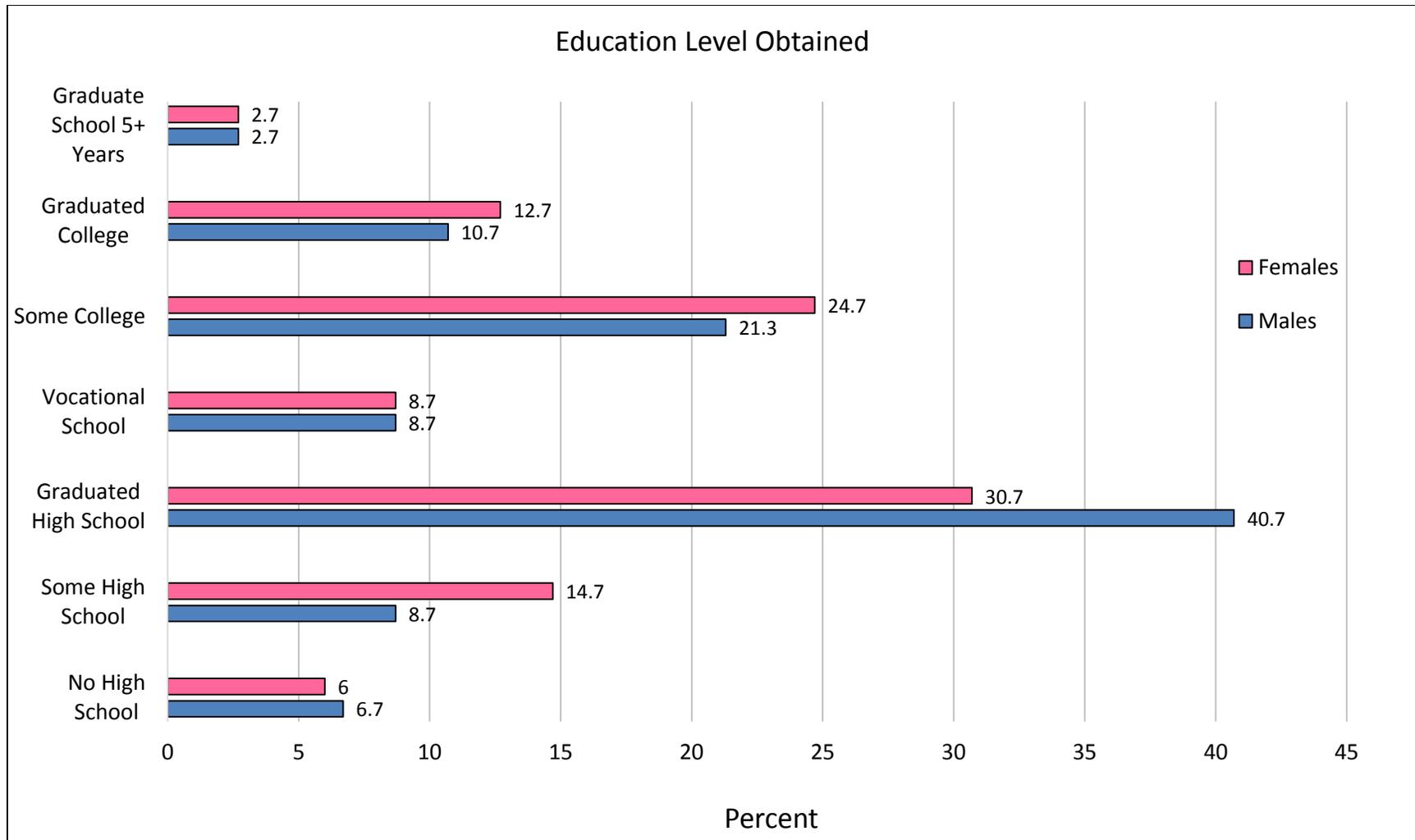


Figure 1. Level of education obtained by participants.

Table 2

FCM and FAM Scores on Sexual Deviance Scales

Scale	<i>M</i>	<i>SD</i>	Range		% Endorsing "0" Items
			Possible	Actual	
Rape	.80	1.22	0 – 8	0 – 5	59
Exhibitionism	.63	.95	0 – 6	0 – 5	58
Voyeurism	.17	.49	0 – 4	0 – 3	87
Obscene Call	.29	.82	0 – 4	0 – 4	85
Pornography	.25	.63	0 – 4	0 – 4	82
Fetishism/NOS Paraphilias	.28	.53	0 – 9	0 – 2	76
Bondage/Discipline	.82	1.73	0 – 10	0 – 10	65
Sexual Sadism	.15	.59	0 – 11	0 – 4	92
Masochism	.82	2.22	0 – 15	0 – 13	72

Note. Data from FGDs are not included in this table, as FGDs would be especially likely to deny any sexual pathology.

Table 3

MCM and MAM Scores on Sexual Deviance Scales

Scale	<i>M</i>	<i>SD</i>	Range		% Endorsing "0" Items
			Possible	Actual	
Rape	1.00	2.08	0 – 40	0 – 13	66
Exhibitionism	1.92	2.56	0 – 20	0 – 15	42
Voyeurism	.95	1.86	0 – 13	0 – 10	65
Obscene Call	.11	.57	0 – 5	0 – 4	96
Pornography	.83	1.53	0 – 8	0 – 7	63
Fetishism/NOS Paraphilias	.48	.97	0 – 7	0 – 6	72
Bondage/Discipline	.42	.79	0 – 6	0 – 4	72
Sexual Sadism	.15	.58	0 – 5	0 – 4	91
Masochism	.10	.41	0 – 5	0 – 3	93

Note. Data from MGDs are not included in this table, as MGDs would be especially likely to deny any sexual pathology.

Victim gender. As one might have expected from their defining response style, very few guilty deniers of either sex endorsed having perpetrated against a victim, whether male or female. MCMs appeared to have a strong preference for female victims, with 96% indicating they had perpetrated

against a female child, while only 22% endorsed perpetration against a male child. MAMs showed similar preference patterns, with 86% perpetrating against a female child and only 8% perpetrating against a male child. Females evidenced a fascinating pattern of significantly greater heterogeneity: FCMs had identical endorsements of male and female victimization (54% each), while FAMs showed a strong preference for male victims (60%) over female victims (32%).

Logistic Regression

A forced-entry method logistic regression was conducted to assess the relationship between FCMs and FAMs on several scales and item endorsements. The model included scores on the Cognitive Distortion Immaturity, Emotional Neediness, Family Violence, and Justifications scales as well as three dichotomous variables representing whether the participant endorsed: (a) having been a victim of rape; (b) having molested a family member, and/or; (c) blaming her mate for her sexual offending behavior (see Appendix B for an explanation of how these three dichotomous variables were derived).

An examination of residuals found two cases with Cook's Distance values slightly greater than 1 (1.15 and 1.07). Additionally, three cases showed leverage more than three times the expected value (Stevens, 1992; cited in Field, 2005). An investigation of casewise diagnostics revealed 5 cases falling outside of two standard deviations (an acceptable number given that 5% of cases would be expected to fall outside of 2 standard deviations in a sample of 100). Although two of these five cases contained the Cook's Distance values above 1, none had leverage values greater than three times the expected value. Additionally, collinearity diagnostics showed no evidence of multicollinearity problems among variables, with all tolerance values greater than 1 and all VIF values less than 10. Thus, the model was considered acceptable for interpretation.

The logistic regression revealed that the full model (containing the seven predictor variables) was significantly better at predicting group membership than the constant. In fact, the model was highly accurate, correctly predicting to which group a woman belonged in 90% of cases.

Table 4

Logistic Regression Classification Table

Observed		Predicted			
		Group		Percentage Correct	
		Child Molester	Adolescent Molester		
Step 1	Group	Female Child Molester	46	4	92.0
		Female Adolescent Molester	6	44	88.0
Overall Percentage					90.0

Note. The cut value is .500

Table 5

Summary of Logistic Regression Analysis in FCMs & FAMs

Variable	B	S.E.	Exp(B)	95% CI for Exp(B)	
				Lower	Upper
CogDistort	-.370*	.146	.691	.519	.921
EmoNeediness	.055	.101	1.057	.867	1.288
FamViolence	.203	.189	1.225	.846	1.774
Justifications	.190	.17	1.210	.963	1.520
Rape Victim	1.565*	.727	4.782	1.151	19.862
Related Victim	3.194**	.712	24.379	6.036	98.468
Blames Mate	.887	.780	2.428	.527	11.193
Constant	-2.688*	1.202	.068		

Note $R^2 = .54$ (Hosmer & Lemeshow), $.53$ (Cox & Snell), $.70$ (Nagelkerke). Model $\chi^2 (7) = 74.494$, $p < .001$.

* $p < .05$; ** $p < .001$

Three variables in the model emerged as significant: Cognitive Distortion Immaturity Scale scores ($p < .05$), being a victim of rape ($p < .05$), and endorsing one or more items on the Intrafamilial Victim subscale ($p < .001$). Additionally, scores on the Justifications Scale approached significance ($p = .10$). A female who reported having been a victim of rape in the past was 4.8 times more likely to be a Child Molester than an Adolescent Molester, while a female who endorsed at least one item related to

perpetrating intrafamilial molestation was *24.4 times* more likely to be a Child Molester. All R^2 statistics were greater than .50, signifying a large effect size.

Multivariate Analysis of Variance (MANOVA)

Because it was not feasible to implement the number and type of comparisons of interest within a single model, four multivariate analyses of variance (MANOVAs) were undertaken in order to examine differences by gender and group membership (i.e., child molester, adolescent molester, or guilty denier). The independent variable in each of the first three MANOVAs was related to group membership ("Group"). The first and second analyses (MANOVA 1 and MANOVA 2) utilized the division of these groups to test for between-sex and between-group differences, but each did so in a slightly different way, using planned contrasts.

There were five continuous variables that, while empirically interesting, could not be included in either the logistic regression (because of the limited recommended number of dependent variables based on sample size; Field, 2005) or MANOVAs 1 and 2 (because the female versions of these scales are significantly different from the male versions, thus making a direct comparison involving both sexes untenable). MANOVA 3 was undertaken to investigate differences between the female offender groups across these variables. This analysis had the added benefit that variance could be partitioned so as to include FGDs along with FCMs and FAMs.

Because of the differences in response style that define guilty deniers, the inclusion of this group in MANOVAs 1 and 2 violated assumptions of normality (including homogeneity of variance) and was thus inappropriate for use in these analyses. Thus, MANOVA 4 was implemented to investigate differences between MGDs and FGDs on all variables utilized in MANOVAs 1 and 2.

MANOVA 1. The first MANOVA examined scores on the Child Molest and Denial scales, as well as the number of Victim-Blaming Justifications made by the offender (out of 9 possible) for child and adolescent molesters (both male and female). Although Box's M was significant ($p < .001$), this test was

disregarded, as sample sizes were equal and this test is “notoriously sensitive” to even slight variations (Tabachnick & Fidell, 2007, p. 254). Levene’s test was significant for both the Child Molest and Victim Blaming variables, indicating a violation in the assumption of homogeneity of variance. Although MANOVA is robust to such violations of normality (Horn, n.d.), the researcher opted to use a more conservative alpha of .025 to assess significance of these variables (Tabachnick & Fidell, 2007).

Omnibus tests revealed a significant multivariate main effect of Group, $F(9, 588) = 6.04, p < .001$ (two-tailed), $\eta_p^2 = .085$. Subsequent univariate tests revealed a significant effect of Group on Child Molest, $F(3, 196) = 9.15, p < .001, \eta_p^2 = .123$ and Victim-Blaming Justifications, $F(3, 196) = 9.96, p < .001, \eta_p^2 = .132$. There was no significant effect for the Denial scale.

The first planned contrast, comparing all Child Molesters to all Adolescent Molesters, showed significant differences for both the Child Molest scale ($p < .001$) and Victim-Blaming Justifications ($p < .001$). The second planned contrast, comparing MCMs to FCMs, was significant for Child Molest ($p < .001$) but not for Victim-Blaming or Denial. The third planned contrast, comparing MAMs to FAMs, was significant for Victim-Blaming Justifications ($p < .01$) but not for Child Molest or Denial.

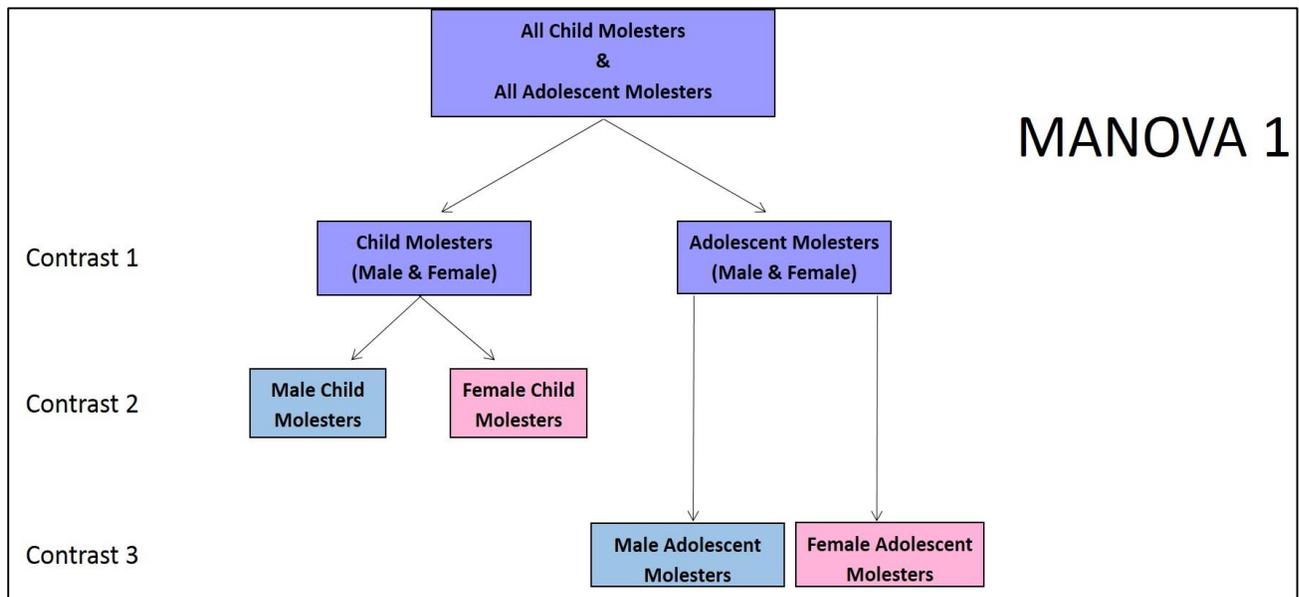


Figure 2. Planned contrasts undertaken in MANOVA 1.

MANOVA 2. The second MANOVA examined scores for child and adolescent molesters (both male and female) on the following scales: Sex Knowledge & Beliefs, Treatment Attitudes, Treatment History, Negative Adult History, and Negative Childhood History. Omnibus tests revealed a significant multivariate main effect of Group, $F(15, 582) = 2.61, p < .01, \eta_p^2 = .063$. Univariate tests showed a significant effect of Group on all variables: Sex Knowledge & Beliefs, $F(3, 196) = 2.88, p < .05, \eta_p^2 = .042$; Treatment History, $F(3, 196) = 3.16, p < .05, \eta_p^2 = .046$; Treatment Attitudes, $F(3, 196) = 3.65, p < .05, \eta_p^2 = .053$; Negative Childhood History, $F(3, 196) = 6.83, p < .001, \eta_p^2 = .095$; and Negative Adult History, $F(3,196) = 3.31, p < .05, \eta_p^2 = .048$.

The first planned contrast, comparing all males to all females, showed a significant difference only for Negative Childhood History ($p < .05$). The second planned contrast, comparing male child molesters to male adolescent molesters, revealed no significant differences. The third planned contrast, comparing female child molesters to female adolescent molesters, found significant differences on all variables: Sex Knowledge & Beliefs ($p < .05$), Treatment History ($p < .05$), Treatment Attitudes, ($p < .05$), Negative Childhood History, ($p < .001$), and Negative Adult History, ($p < .05$).

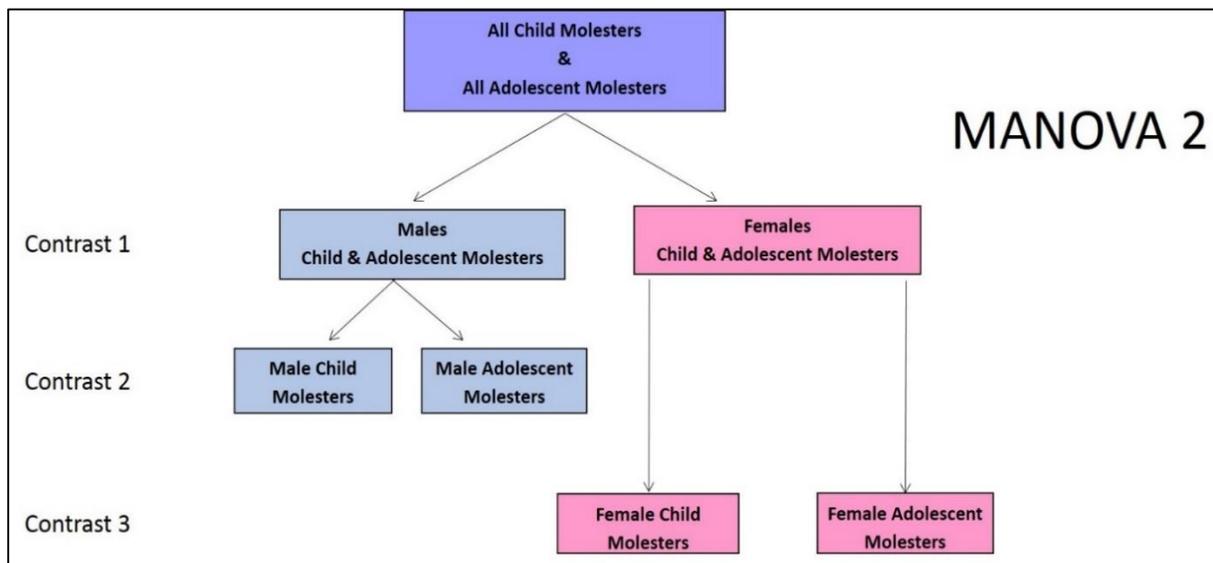


Figure 3. Planned contrasts undertaken in MANOVA 2.

MANOVA 3. The third MANOVA examined differences between FCMs, FAMs, and FGDs on the following scales: Body Image, Molester Comparison, Scheming (log transformation), Social Sexual Inadequacies, and Substance Abuse. Box's M was non-significant (i.e., $p > .001$), Levene's Test was significant for Body Image ($p < .01$) and Scheming ($p < .001$). Thus, a more stringent alpha level of .025 was used for these variables (Tabachnick & Fidell, 2007).

Omnibus tests revealed a significant multivariate main effect of Group, $F(10, 288) = 4.16, p < .001, \eta_p^2 = .126$. Subsequent univariate tests revealed significant results for all variables, with the exception of Social Sexual Inadequacies ($p = .087$), including: Body Image, $F(2, 147) = 8.88, p < .001, \eta_p^2 = .108$; Molester Comparison, $F(2, 147) = 10.44, p < .001, \eta_p^2 = .124$; Scheming, $F(2, 147) = 5.11, p < .01, \eta_p^2 = .065$, and; Substance Abuse, $F(2, 147) = 3.47, p < .05, \eta_p^2 = .045$.

The first planned contrast compared FGDs to FCMs and FAMs, finding significant differences for Scheming ($p < .01$) and Substance Abuse ($p < .023$). No significant differences were found for Body Image or Molester Comparison.

The second planned contrast compared FCMS to FAMs, finding the opposite of the previous contrast: specifically, there were significant differences for Body Image ($p < .001$) and Molester Comparison ($p < .001$), but no significant findings for Scheming or Substance Abuse.

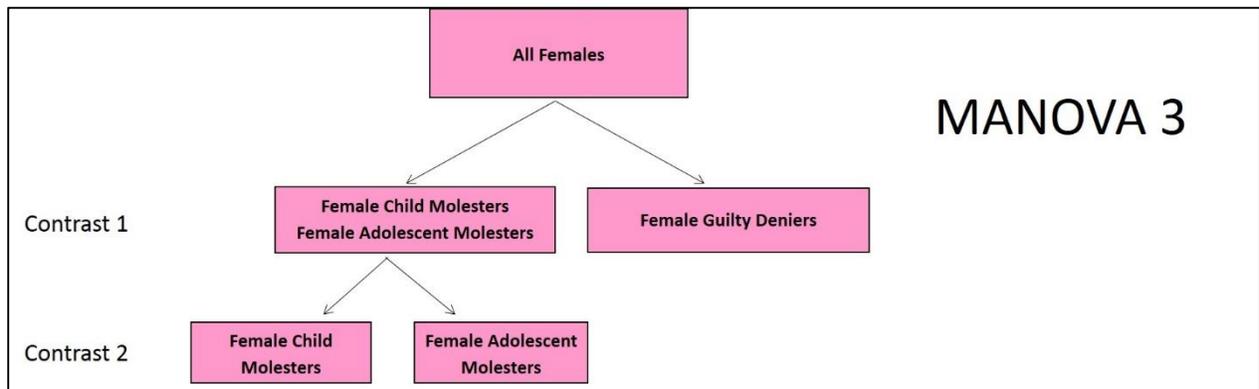


Figure 4. Planned contrasts undertaken in MANOVA 3.

MANOVA 4. The fourth MANOVA examined differences between male and female guilty deniers on all dependent variables from MANOVAs 1 and 2 (i.e., Child Molest, Denial, Victim-Blaming Justifications, Sex Knowledge & Beliefs, Treatment History, Treatment Attitudes, Negative Childhood History, and Negative Adult History), using Sex as the independent variable. The data yielded a significant multivariate main effect of Sex, $F(8,91)=2.18$, $p < .05$, $\eta_p^2 = .161$. Interestingly, the only follow-up univariate test that proved significant was the Negative Childhood History scale ($p < .05$), although Victim-Blaming Justifications and Treatment History approached significance ($p = .061$ and $.060$, respectively). As this analysis was concerned only with differences by Sex, no planned contrasts were necessary.

Chi-Square Analysis

Because of recommendations regarding the number of variables that should be included in Logistic Regression based on sample size (Field, 2005), there were two dichotomous variables that, while of interest to the researcher, were not entered into this analysis (because the variables are dichotomous, they were also not appropriate for the MANOVA analyses). Chi-Square analyses on these two dichotomous variables tested for differences specifically between FCMs and FAMs. The first variable concerned whether the female endorsed at least one of two items indicating that her partner had hit her. The second variable concerned whether the female endorsed any of several items indicating a past history of child sexual abuse (as a victim).

There was no significant association between type of molester (i.e., child or adolescent) and whether the person endorsed having been previously hit by their mate. There was, however, a significant association between whether a female was a child or adolescent molester and whether she had been a victim of child sexual abuse $\chi^2(1) = 8.73$, $p < .01$, Cramer's $V = .296$, indicating that FCMs were significantly more likely to have been victims of child sexual abuse than FAMs (although it should

be noted that child sexual abuse was by no means uncommon in FAMs either, with 39% endorsing victimization).

Discussion

The hypothesis set forth in this study were generally supported. Results indicate few appreciable differences between child molesters and adolescent molesters when genders were grouped together. While an initial contrast in MANOVA 1 showed that individuals who have molested children scored significantly higher on the Child Molest scale, subsequent planned contrasts showed that it was the *male* child molesters who scored especially high on this scale, while females had similar scores to the adolescent molesters of both sexes (see Figure 5). There was no significant main effect of Denial across the four groups, and the only significant difference to emerge in comparing male and female adolescent molesters was in victim-blaming justifications (i.e., females had significantly more).

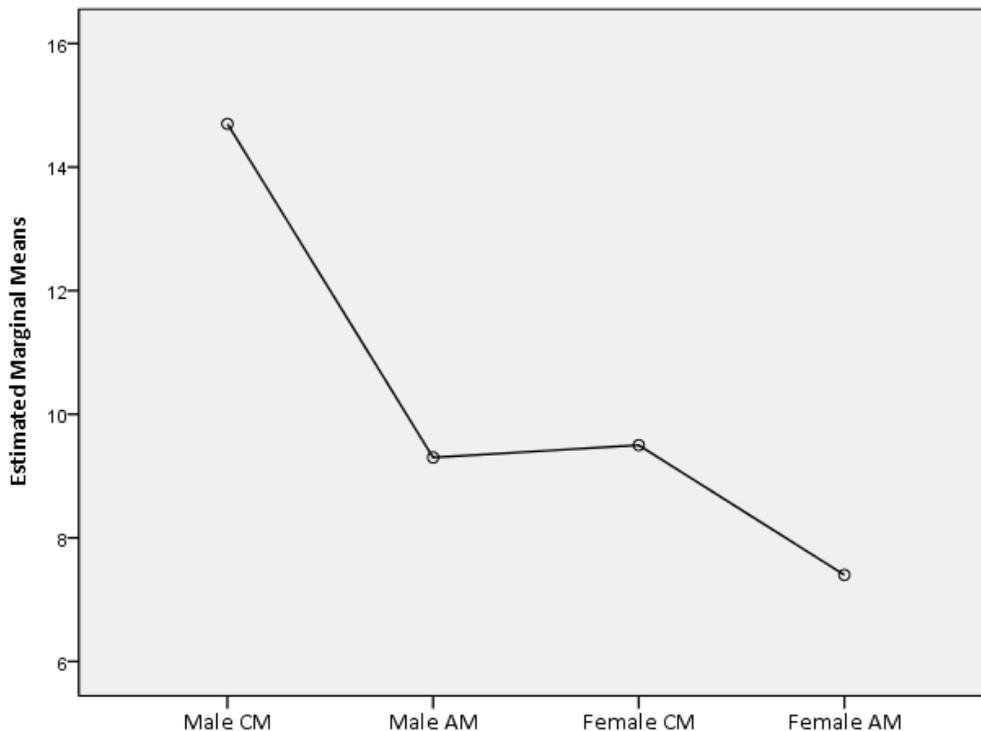


Figure 5. Estimated Marginal Means of Child Molest

An entirely different picture emerged when comparisons were made by group within the genders. Perhaps the most significant finding in this study is the considerable heterogeneity between females who sexually perpetrated against children and females who sexually perpetrated against adolescents. Specifically, this research suggests that, relative to FAMS, FCMs: (a) have more extensive histories of trauma in both childhood and adulthood, including child sexual abuse and rape; (b) are far more likely to perpetrate against children to whom they are related; (c) have less knowledge about human sexuality and anatomy; (d) are more likely to have received treatment for mental/psychological problems; (e) are more likely to have a negative body image and self-esteem, and; (f) are more likely to have distorted cognitions related to their crimes, including taking on a “victim” role. While planned contrasts in MANOVA 2 revealed *no* significant differences between MCMs and MAMs, there were significant differences between the two corresponding female groups on *all* variables tested. Additionally, a logistic regression model was able to predict with 90% accuracy whether a given female sexual offender fell into the child victim(s) or adolescent victim(s) category, based in large part on just three predictor variables: (a) her score on the MSI II Cognitive Distortion Immaturity scale; (b) whether she endorsed having been a victim of rape, and; (c) whether she endorsed 1 or more items on the Intrafamilial Abuse subscale, indicating she had molested members of her own family. Finally, descriptive statistics revealed a very interesting pattern regarding victim gender: while FCMs had equal rates of male and female victimization (54% for both), FAMS were the only group with a clear preference for male victims, with 60% of FAMS endorsing perpetration against a male versus 32% endorsing perpetration against a female.

While much of the extant literature suggests that FSOs likely have more extensive histories of trauma, abuse, and psychological problems, this study goes a step further, indicating that there are measurable, concrete distinctions in these same areas between FCMs and FAMS. Previous typological research lends support to a possible distinction between these two groups; for example, Mathews et

al.'s (1989) "teacher/lover" offender type appears to be more in line with the findings for FAMs, while the "predisposed/intergenerational" and "male-coerced" offenders may be more representative of FCMs. Similarly, the characteristics and victims of the FAMs seem to most closely match Vandiver and Kercher's (2004) "heterosexual nurturer" offender, while "young adult child exploiters" and "homosexual criminals" may be more illustrative of FCMs. While these and other typologies have organized and categorized FSOs based on numerous criminal features and victim demographics, to this author's knowledge none have posited such defined differentiating characteristics based solely or primarily on the age of victims. If victim age can truly be predictive of these numerous characteristics of an offender, this may be the most useful starting point for treatment and management of these offenders.

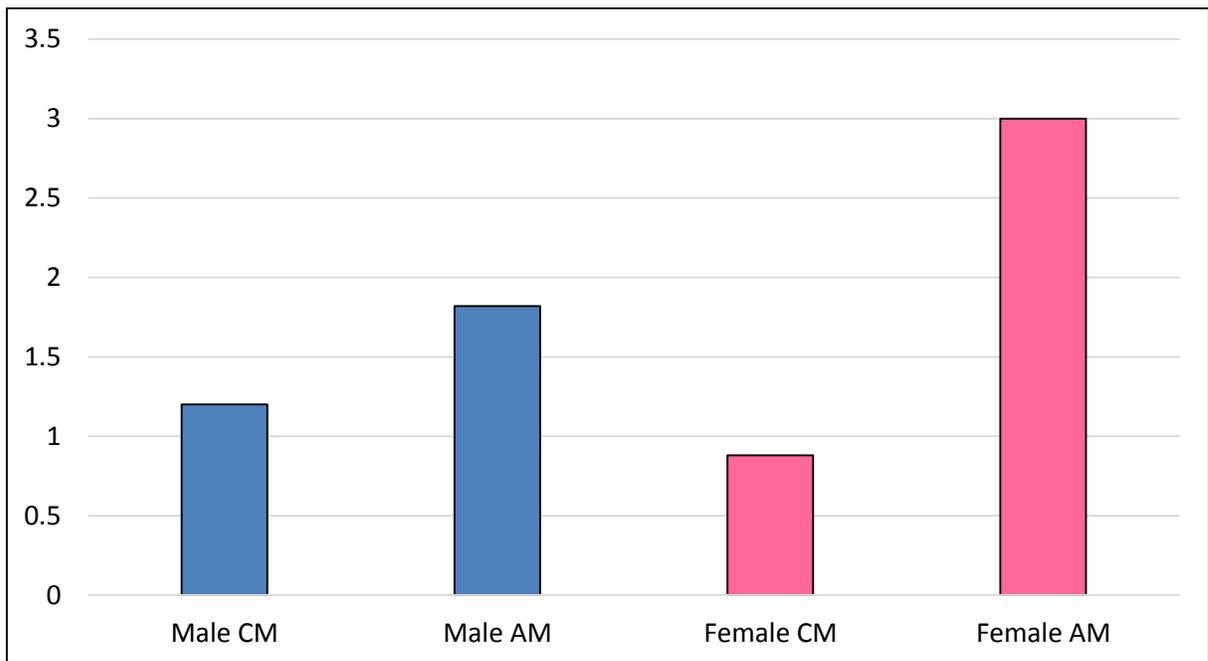


Figure 6. Average number of Victim-Blaming Justifications

Treatment Implications

Previous studies using some of the largest sample sizes in the literature have found that the rate of sexual recidivism for FSOs is very low, between 1 and 3% (e.g., Cortoni et al., 2010; Sandler & Freeman, 2009). While recidivism is a major focus of treatment for MSOs and the primary (sometimes only) measure used in assessing whether or not a treatment is “successful,” FSOs may be best served by a different definition of success.

Andrews and Bonta’s Risk-Needs-Responsivity (RNR) model may represent a viable option for the treatment of FSOs. Although originally developed as a framework for treating criminal offenders in general, it has been adopted within (male) sexual offending treatment programs for years (Harkins & Beech, 2007). While not a stand-alone therapy in and of itself, the model provides a framework for treatment, emphasizing three elements: (a) interventions should be tailored according to risk of future offending, with more treatment at greater intensity being provided for those at the greatest risk; (b) treatment efforts should be specifically targeted toward the dynamic risk factors, or “criminogenic needs,” of the offender, such as substance abuse, thinking errors, and poor familial relationships; and (c) professionals should provide “the right treatment at the right level” (Department of Corrections Washington State, n.d.), taking into account different learning styles, motivation for change, intellectual functioning, and/or treatment progress (Andrews, Bonta, & Wormith, 2006).

The individualized nature of this framework fits with what are probably quite divergent treatment needs of FCMs and FAMs. FCMs likely require treatment more intensely focused on previous trauma, sexual knowledge, social skills, self-esteem, and healthy relationships. Given their higher levels of victim-blaming, FAMs may benefit more from a CBT-oriented approach with a particular focus on cognitive distortions and psychoeducation about relevant laws in their state as well as adolescent sexual and cognitive development.

Except in the most severe cases, perhaps those involving multiple victims and severe personality disturbance, this writer submits that recidivism should *not* be a focus of treatment for FSOs. Unlike MSOs, FSOs generally do not appear to be motivated by sexually deviant preferences, and it appears exceptionally rare for women to be exclusively attracted to children or exclusively aroused by deviant sexual acts involving minors. While only 1-3% of FSOs sexually recidivate, approximately one fourth engage in some form of criminal recidivism, the vast majority of which is non-violent. The RNR framework has shown success with general criminal offenders, with evidence indicating a significantly positive effect particularly when all three elements are included (Harkins & Beech, 2007). Treatment time for FSOs may be much better spent targeting general criminogenic factors rather than sexual offending behaviors specifically. Additionally, given the relatively minimal number of detected FSOs and the extremely low recidivism rate, it would be tremendously challenging for outcome research to detect an effect of treatment on sexual recidivism rates, particularly a small one. Similarly, this writer is aware of no recidivism risk assessments that have been normed on FSOs; again, this is likely due to the fact that the base rate of sexual recidivism in females is so low, obtaining the sample size needed to validate a risk assessment in this population would be virtually impossible. While numerous assessments exist for MSOs, it would be unethical to apply these measures to females. Cortoni (2010a) reminds us that with an average recidivism rate between 1 and 3%, technically there *is* no FSO who is at a “high risk” of sexually recidivating, only those at a higher risk relative to other FSOs. Cortoni further suggests that evaluators of FSOs should utilize risk assessment for general criminal recidivism, given that this is much higher in females than sexual recidivism, and assessments are available that have been normed on women.

Limitations

There are limitations inherent in using self-report data, as respondents are not always truthful. The likelihood of deception may be increased for self-report assessments undertaken within a sexual

forensic context. However, the MSI II is equipped with over half a dozen different measures of reliability and validity, and the protocols provided were considered valid. Because the protocols were U.S. census-matched for age, race, ethnicity, and marital status, generalization of these results to the general sex offender population may be somewhat limited. However, average ages in the sample correspond roughly to previous research indicating that FSOs are generally in their early thirties, while MSOs tend to be a few years older on average. Previous research has also indicated that sexual offenders are primarily Caucasian, which is also true of the protocols in this sample. An additional problematic element concerns the female form of the MSI II; although scores on these scales have been normed, this was done using a total of 180 females (only 120 of whom were sexual offenders), as contrasted with the thousands of subjects in the construction of the male form. Extensive psychometric data is readily available for the male version of the MSI II; conversely, the creators state that “a select number of internal consistency coefficients were undertaken” (Nichols & Molinder Assessments, Inc., 2010) for the female form, no further psychometric information is available at this time.

Additionally, due to the archival nature of the data, there was no way to receive additional information or clarification about the offenders or their victims. While information regarding precise victim age, offender incarceration status (e.g., jail vs. prison, length of sentence, etc.), and the presence of an accomplice would have added much to the study, it was simply not available. Complete information was also not available as to the composition of certain scales on the MSI II, thus limiting the number of known variables appropriate for analyses.

Because the data provided for this study include only protocols completed by actual sexual offenders, there is no “control group” per se. This negates comparisons between sexual offenders and the general public. Although protocols completed by non-sexually offending males and females would have offered a rich source of additional information, this study is concerned specifically with measuring

differences between male and FSOs. Thus, a lack of “control group” protocols has little impact on the primary purpose of this research.

The protocols provided for this study comprised “mutually exclusive” offenders who had *only* perpetrated against one age group or the other. While this was very advantageous in making comparisons across these groups, it may also limit the generalizability of findings for sexual offenders who have perpetrated against both children and adolescents. The narrow age range of the adolescent victims (13-15 as opposed to 12 and under for the child victims) may also limit the generalizability of findings to those offenders who perpetrate against older adolescents. As all protocols included in this study were considered “valid” by the test creators, results may not generalize to offenders with a response style that renders their protocol invalid.

There were many analyses undertaken in the course of this project, using numerous variables and groupings of data. While it is appropriate to use multiple MANOVAs according to desired comparisons and group together dependent variables according to predictions/hypotheses (Tabachnick & Fidell, 2007), it is conceivable that, in such an expansive project, a Type I error may have occurred.

Future Directions

Continued research into distinguishing characteristics of FCMs and FAMs is warranted, particularly in the context of current typologies and theories of female sexual offending. Investigations into the motivations behind FCM and FAM sexual offending behaviors would be a fruitful area of exploration, with possible lines of inquiry including: the role played by feelings of powerlessness and control in initiating sexual offending behavior; differing social environments and socialization in the two groups as a pathway toward offending; the presence and involvement of an accomplice and, relatedly; the role of sexual attraction in victim selection.

Previous psychophysiological studies have shown that a significant proportion of adult males exhibit sexual arousal to erotic images of adolescents. This is widely considered to be a normal response, and while sexually *acting* on this arousal with an adolescent is illegal, the arousal itself is generally not considered indicative of sexual deviance (Doren, 2002). Comparable investigations in females would provide fascinating insights into normative sexual arousal patterns. Much of the current psychophysiological research into female sexuality concerns subjective vs. objective arousal, with numerous studies showing that there is little correlation between women’s reported subjective arousal and actual genital response (Suschinsky, Bossio, & Chivers, 2014; Vilarinho et al., 2014). Looking at measurements of arousal specific to FCMs and FAMs could offer vital insight into the extent to which sexual arousal served as a motivating factor in their offenses. If, like many “normal” adult men, FAMs evidence arousal to adolescents, then their offenses may be more motivated by sexual attraction to their victims, who ostensibly would have attained or nearly attained a more sexually “mature” physical body. Anecdotally, this has often been the story presented by the media in teacher/student relationships (e.g., Mary Kay Letourneau and Debra LeFave in the United States, Karen Ellis in Australia, etc.). These relationships may be akin to that of an adult male having sex with an adolescent—illegal and immoral, but not deviant per se. FCMs, on the other hand, may utilize the sexual perpetration for purposes *other* than sexual gratification (particularly given the rarity of documented cases of female pedophilia and other paraphilic disorders), such as power, control, or as a reaction to their own traumatic sexual experiences.

As recognition of female sexual offending continues to expand, there is a growing need for female-specific treatment. Results of this study indicate that therapeutic needs may be fundamentally different for FCMs and FAMs. A fully-developed, manualized treatment for FSOs would be a major step forward in this area of research. Ideally, a formalized protocol that employs an RNR framework and accounts for potential differences between FCMs and FAMs can be implemented in a large population of FSOs and

subjected to empirical study of effectiveness. This treatment should focus on general criminogenic risk factors, psychoeducation, and addressing current mental health issues and prior traumas. This latter emphasis is particularly important for FCMs, for whom traumatic history and mental health issues may be a greater problem. Again, this writer submits that FSO-specific treatment should not include sexual recidivism prevention as a primary focus.

Conclusions

The results of this study indicate that females who have sexually perpetrated against children between the ages of 0 and 15 are a significantly more heterogeneous group than their male counterparts. Specifically, when compared to females who have perpetrated against adolescents, FCMs have greater cognitive distortions, are more likely to take on a “victim role”, are much more likely to perpetrate against family members, are more likely to have received psychological treatment in the past, and have more extensive histories of trauma. FAMs, on the other hand, are significantly more likely to blame the victim for the sexual activity and have more negative attitudes toward treatment than FCMs. These findings appear to map onto a number of typological descriptions of FSOs, and suggest that there may be fundamental differences in motivation, pathology, and victimology between women who perpetrate against younger children vs. those who abuse adolescents. Thus, additional research into offender motivation, particularly sexual arousal, is warranted.

Historically, views of sexuality, criminality, and sexual offending have been extensively filtered through a gendered lens. These restricted views have obstructed legitimate scientific inquiry and impeded progress. Fortunately, the tide has slowly been turning, and areas of inquiry that were once considered taboo have slowly opened up for scientists. Although we have learned a tremendous amount about female sexual offending over the last three decades, this remains a nascent area of study, and there is still much to do. It is my hope that the results of this study will stimulate investigation into

different characteristics of FCMs and FAMs and point the way toward potential treatment foci for FSOs as a whole, with each group able to receive the treatment they need.

Appendix A

Composition of Negative Childhood & Adult History Scales

Scale	
Negative Childhood History (14 items)	Negative Adult History (7 items)
<ul style="list-style-type: none">• My parents often said I was no good• My upbringing left me with problems• As a kid I was teased and picked on• As a kid I was put in a group home• As a kid I was put in a group home• As a kid I lived with several families• My parents quarreled and fought a lot• I was a loner while growing up• I got failing grades in school• I was held back a grade at least once in school• I dropped out of school before graduating• When I was growing up I was molested by more than one person• An older male touched me sexually when I was a child• An older female touched me sexually when I was a child	<ul style="list-style-type: none">• I am in poor health• I have gotten a lot of bad breaks• I have suffered more hurt than most• I have or have had a sexually transmitted disease• My children have been taken away for a time because I have not been able to care for them properly• The police have been called to my house at least one time because of a family fight or argument• I have had trouble keeping a job or I have been without a job for several months because I did not like any of the jobs I could have had

Appendix B

Logistic Regression Dichotomous Variable Determination¹

Variable	Items
Prior Rape Victim	I have been raped by my mate I have been raped by a friend, relative, date or acquaintance I have been raped by a stranger Two or more males or a gang have forced me to have sex with them
Molestation of a Family Member	I have molested a child in my family Sometimes I have not been able to stop myself from fondling one or more of the children in my family I have had thoughts about fondling a child (children) in my family
Blaming Mate for Offense	My life has been ruined because I went along with my sex partner's sex fantasies and behavior My sex offense happened because my husband/mate/boyfriend made me do the sexual things that happened

¹ For the purposes of analyses, a person who endorsed one or more items was scored as a "Yes," while a person who did not endorse any items was scored as a "No"

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