Adolescent females who have engaged in sexually abusive behaviour:

A survey for the STOP Adolescent Programme

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Contents

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Acknowledgements

We would like to acknowledge Don Mortensen and Maureen Lorimer for their continuing vision and commitment to best practice interventions with adolescent perpetrators. Thanks also to Michael Allen for his input into the early development of the questionnaire, Catherine Wood for administrative support and Elizabeth Rathgen for her invaluable editorial input.

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The STOP Trust, based in Christchurch, New Zealand, is a registered Charitable Trust which provides community-based treatment services for children, young people and adults who have engaged in sexually abusive behaviour.

Executive Summary

Purpose of the study

Research into the social issue of adolescent female perpetration of sexual abuse is scarce, and assessment tools and guidelines for interventions with this cohort are scarcer. Yet social workers, psychologists, counsellors and others find themselves, at different times in their careers, intervening with a female client who has sexually abused. The study described in this report was commissioned by the STOP Adolescent Programme with the following objectives: (a) to access the incidence of adolescent females who have engaged in sexually abusive behaviour in the Canterbury Region, New Zealand, (b) to assess the need for a specialist programme, and (c) to elicit some of theclinical characteristics of this cohort. The survey was the first of its kind to be undertaken in Aotearoa New Zealand and was intended to contribute to the emerging knowledge around clinical characteristics and treatment needs of this group of young people.

The research design

A questionnaire was sent to approximately 400 professionals working within health, mental health, and adolescent-related services in Christchurch. Just under 100 responded to the survey and eight adolescent females currently aged between the ages of 12 and 19 years known or suspected to have engaged in sexually abusive behaviours were identified. Some respondents referred to young women who could not be included in the study as they were now outside the 12 to 19 years age range. These young women were excluded from the results.

Despite the fact that this survey was administered to a large sample group, the findings relate to a small number of young women. The findings, therefore, need to be considered in the context of descriptive or qualitative data analysis.

The results

Although a small group, the young women identified in the survey share characteristics that are consistent with those noted in international research. The results reported here include descriptive summaries of the characteristics of the young women as reported by professionals.

Abuse history

A history of victimization is one factor that can contribute to a developmental trajectory leading to sexual offending, and abuse was commonly experienced by the young women identified by respondents to the survey. Seven of the eight young women were reported to have experienced emotional abuse, and half were noted to have a background of physical victimization. Six of the women were reported to have a history of sexual abuse. Two respondents were unsure whether their client had been sexually abused. In the six situations where abuse had occurred, the perpetrator of the sexual abuse was identified as male.

This finding is consistent with those of many researchers, with the majority of young women identified as perpetrators having experienced emotional and sexual abuse in their lives. Clearly, adolescent female perpetrators have strong victimization histories, especially those who abuse independently (Davin, Hislop & Dunbar, 1999). This history may, to some extent, also account for the number of adolescents identified in this survey who no longer reside with their family of origin. The histories of victimization can also be seen to be related to the extensiveness of mental health issues that these young women are reported to experience. Provision of sexual abuse specific interventions that include a focus on a history of sexual abuse as well as more general victimization issues is clearly supported by this data.

Mental health issues

The young women identified by the respondents were reported to have a high rate and range of mental health issues. This may be a function of the research design as respondents to this survey were health and mental health professionals working with the young women for reasons other than their sexually abusive behaviour. Then, too, the young women had multiple agency involvement, ranging from care and protection services to counselling services. Clearly, this indicates that more specialist services are needed so that professionals can refer clients to services that attend specifically to these needs. Families and concerned others also need to have an identifiable service to contact.

Sexual abusing patterns

The nature and extent of the sexual abuse perpetrated by the young women identified in the research were generally similar to that noted in other research. Five of the respondents understood that their client had engaged in contact offending towards a child. Coercion and physical force was reportedly used by some of the young women. Pressure or encouragement were used by three young women to engage in sexual behaviour with a person with a developmental or intellectual disability. It is important to note, however, that this information is likely to have limitations, as the respondents were not undertaking sexual abuse specific interventions with these young women. The rates reported may also be an underestimation of the actual abusive behaviours engaged in by these young women.

The number of people the young women had sexually abused was unknown by three of the respondents. For others, the number ranged from one to five, with one being most common (n=3). Three adolescents had abused children aged from one to five years. International research suggests that females tend, on average, to sexually abuse younger children than their male counterparts. In this study, three young women abused others who were aged over 12 years. Half of the adolescents identified abused males, while two abused against both genders and one sexually abused female(s) only. Notably, in nearly all the cases,

the adolescents abused people well known to them. The most frequent relationship was that of siblings, including foster and half siblings, but others included peers at school, and in one case, a neighbour's child.

Culture of denial?

Despite the fact that the young women were reported to have had multiple service involvement, not one of the young women was identified by more than one professional. This outcome could have been a function of the research design: some of the other professionals involved may not have received the questionnaire or may not have returned it. Alternatively, these professionals may not have been aware that the client had engaged in these behaviours. It would appear that the young women identified in this research were not referred, nor were inquiries made on their behalf, to the STOP Adolescent Programme, which is the only specialist agency in this field in the city surveyed in this project. The absence of inquiries or referrals may indicate a lack of awareness by professionals of the need for young women who have sexually abused to receive specialist treatment. It may reflect issues of specialist service provision for this cohort, or resourcing and/or funding issues. Equally, it may reflect a broader culture of denial in society about the existence of this behaviour.

Conclusions

The research described in this report established that there is a small number of young women in the Christchurch region who have sexually abused others. Early intervention is acknowledged as an important factor in securing a positive outcome from treatment for those who have engaged in sexually abusive behaviour. In the absence of access to a specialist treatment programme, it is doubtful whether these, and other young women, will receive the intervention required to enable them to stop their abusive behaviour. Such a treatment programme would be best delivered by organizations with specialist staff trained to provide interventions for perpetrators of sexual abuse. The report also advances ideas regarding the structure of treatment programmes for adolescent females that include individual, family, and dyad or group approaches.

The STOP Adolescent Programme currently offers limited services for this population, is working with government agencies to establish a best practice intervention for adolescent females, and is collaborating with other community-based sex offender treatment providers in the country to this end.

The widely discussed culture of denial highlights the need for education for community groups, community-based professionals, and the public about the seriousness of this issue and the need for adolescent females who have sexually abused to have access to specialist services. A treatment programme raises the profile of the needs of this population, enabling professionals and the public to understand that sexual abuse, regardless of gender, is unacceptable and worthy of serious attention.

Introduction

New revelations in child sexual abuse research have always encountered resistance (Saradjian & Hanks, 1996). For over 20 years there has been increasing social awareness of different forms of child abuse, and the role of women in the perpetration of child physical abuse has been increasingly recognised (Grayston & De Luca, 1999). However, the role of women in child sexual abuse has been slower to be acknowledged (Allen, 1990). Consequently, there is limited literature pertaining to this population, and information on adolescent females who have engaged in sexually abusive behaviour is even scarcer. However, recent high profile cases and resultant legislative changes in New Zealand have resulted in an increased social awareness and, over time, this may lead to a greater understanding in this country of the issues for, and needs of, this population

The comprehensive definition of sexual abuse used by Susan Lightfoot and Ian Evans in their investigation of the variables contributing to the occurrence of sexual offending in children and adolescents is adopted in this research. They defined child or adolescent sexual offending as:

> the initiation of sexual acts with another, either in a context where consent was not given and mutual exploration was not present, or by the use of force, threat, or coercion, or where the non-initiating child was subject to a power imbalance by virtue of significant age differential, mental or intellectual disability, lack of understanding or considerable lesser maturity (Lightfoot & Evans, 2000, p.1187).

Literature pertaining to the cohort of female perpetrators is characterized by an over-reliance on uncontrolled case studies and descriptive summaries of women who have come to professional attention (Grayston & De Luca, 1999). This means that early understandings in the area are based on small numbers that are unlikely to be representative of all women who engage in these behaviours. The limited material in this field means that research on adult females, that is of limited relevance in terms of the assessment and intervention needs of adolescent female perpetrators, is utilized. This is a critical issue for professionals and programmes in this field. This report covers the clinical characteristics of adolescent females that have been identified in recent research and clinical literature. The report also includes some discussion of intervention areas with this population.

Few studies have investigated the impact of perpetrator gender on experiences of sexual abuse (Saradjian & Hanks, 1996). Yet sexual abuse perpetrated by a female is unlikely to be any less traumatic than that perpetrated by a male (Allen, 1990; Mathews, 1997). Childhood experiences of abuse perpetrated by someone known to the victim often lead to poorer prognosis for the victim.

Those sexually abused by female perpetrators experience a similar range of psychological, behavioural, and physical symptoms as those abused by male perpetrators (Saradjian & Hanks, 1996). In fact, the experience of victims of female sexual abusers may be compounded by familial and societal gender stereotypes and attitudes in various ways (Blues, Moffat & Telford, 1999). For instance, disclosure may be more difficult, professionals may be disbelieving (Allen, 1990; Denov, 2001), and appropriate services may be difficult to access (Blues et al., 1999). Furthermore, there is a paucity of reference material available which deals with the experiences of victims of female sex abusers (Jennings, 1994). All of this suggests a need to better understand the issue. Knowledge is needed across the continuum from the pathway to perpetration to the experiences of victimization.

What do we know about female perpetration?

Does it really happen?

The question of whether or not females sexually abuse others is not new. Writing over two decades ago, Groth and Birnbaum stated:

> Although the sexual victimization of children by women is not as common as the sexual victimization of children by men, it may be not as infrequent an event as might be supposed from the small number of identified cases (Groth & Birnbaum, 1979, p.192).

Despite growing recognition of the prevalence of adult female perpetrators, there is little empirically validated research pertaining to the treatment needs of this cohort or to their adolescent counterparts. And the findings vary in the available reported research. The estimates of both incidence and prevalence rates in international research are divergent.

Much of the research in this area is case study research or descriptive summaries of women who have come to professional attention (Grayston & De Luca, 1999). The research described in this report also falls into this category. For a multitude of reasons, these women are likely to present somewhat differently than women who do not come to professional attention. All of this means that the early understandings that we have in this area are based on small numbers of women, and that the profiles of these women, while valid, are unlikely to be representative of all women who engage in these behaviours.

How common is it?

In clinical samples of victims, the reported incidence of females abused by females ranges from 5 to 25%, and the incidence of males abused by females ranges from 4 to 59% (Schwartz & Cellini, 1995). Other specialized samples have produced even more variable results (Bumby & Halstenson-Bumby, 1997). For example, 11 (1.1%) of a sample of 1000 male patients seen in an adolescent medicine clinic reported being abused by a female, and 1.4% by a male (Johnson & Shrier, 1987). In contrast, of the 8663 calls/letters to Childline (a UK telephone counselling service) between 1990 and1991 regarding sexual abuse, 780 (9%) cases involved a female who had sexually abused (Harrison, 1994). It is possible to argue that the greater anonymity may increase the likelihood of reporting of abusive behaviour perpetrated by young females.

Finkelhor and Russell (1984) summarized a number of victim self-report studies, and came up with slightly different figures to Schwartz and Cellini's. They argued that with few exceptions, sexual contact between a woman and a child accounted for about 20% (range 14-27%) of all adult to male child sexual contact, and about 5% (range 0-10%) of all adult to female child sexual contact.

The dearth of studies with statistically meaningful sample sizes limits the extent to which prevalence can be estimated. However, these studies, along with anecdotal reports from therapists who work with people who have been victims of sexual abuse, confirm that women do sexually abuse.

Different types of data: Incidence & prevalence

The incidence and prevalence of sexual abuse and offending by females are very difficult to estimate due to a lack of research and to issues such as inconsistent definitions, legislation and under-reporting. The difference between incidence and prevalence data is a critical concept in interpreting survey results.

Incidence refers to the number of women known to professional agencies, including the police and the justice system, who have perpetrated sexually abusive behaviour. Statistics related to incidence include criminal justice statistics (offences which result in prosecution) and cases known to other professionals in clinical settings.

While easier to obtain, it is likely that incidence data provides a limited picture of the actual extent of abuse perpetrated by females. Women who have sexually abused and who are referred to specialized assessment and treatment programmes are likely to be at the severe and/or complex end of the spectrum and cannot be assumed to be representative of this population. Their behaviour may be more repetitive, conspicuous, or bizarre, they may have reported themselves due to feelings of guilt, and they are more likely to belong to a minority group and a lower socio-economic class (Finkelhor & Russell, 1984).

However, the small-scale studies based in these settings can produce more in-depth, informative findings than large surveys (Faller, 1987). Like sexual offenders seen in clinical settings, those who are apprehended or incarcerated are not likely to be representative of all sex offenders. There appears to be a very small number of women imprisoned for sexual violence in New Zealand. According to the prison census in November 1999, three female inmates had sexual violence as their major offence (1.5% of all female inmates), compared to 1,096 male inmates (23.3% of all male inmates) (Rich, 1999). Recent changes to legislation in this country, that enable women to be prosecuted for a greater range of sexually abusive behaviours, are likely to have an impact on these figures over time.

Prevalence, by comparison, refers to the proportion of the general population sexually abused by a woman. Ideally, both incidence and prevalence studies are employed in order to help estimate the extent of sexual offending by women. Victimization studies, however, are likely to provide a more realistic insight into the extent and nature of this behaviour, as well as eliciting other useful information, such as issues that are likely to limit reporting

rates (Young, Morris, Cameron & Haslett, 1997).

Studies using clinical and non-clinical victim samples confirm sexually abusive behaviour by female perpetrators. These studies suggest a greater prevalence of female sexual offending than criminal statistics provide. There are many possible reasons for this including a under-reporting and culture of denial.

In clinical samples of victims, the proportion of females sexually abused by females ranges from 5 to 25%, and the proportion of males abused by females ranges from 4 to 59% (Schwartz & Cellini, 1995). The limited number of clinical studies with statistically meaningful sample sizes limits the extent to which prevalence can be estimated.

Non-clinical or general population samples, on the other hand, reveal different patterns of female perpetration. Studies examined by Schwartz and Cellini (1995), for example, produced wide-ranging estimates of the proportion of females sexually abused by females, from 0 to 60%, while estimates of the proportion of males sexually abused by females ranged from 14 to 27%.

While low compared to the rates for adolescent males, it is likely that rates of sexual abuse perpetrated by females suffer from under-reporting by victims, families and professionals alike. Frustratingly, this leads to an existing body of information which is preliminary and conflicting, as well as to misconceptions about the extent of this problem.

Under-reporting and a culture of denial

It is generally accepted that victims of crime tend to under-report offences to the police. Victims of sexual crime tend to under-report to a greater extent than others. In a 1992 victimization survey of a number of countries including New Zealand, only 16% of victims reported sexual offences to the police or were aware of someone else who had. Reasons for this included the victim knowing the perpetrator and the belief that there was a lack of proof. This reporting rate is much lower than the overall average New Zealand crime reporting rate of 60% (Harland, 1995). Although the 1992 survey only included information from females who had been sexually victimized, it is known that males are likely to under-report sexual abuse at a similar or even higher rate. This has implications if, as seems to be the case, females are more likely to abuse males. A similar victimization study conducted in this country reported that the great majority of sexual violence is unreported, or reported to the police but not recorded (Young et al., 1997). Recent high profile cases involving female sexual perpetrators might create a greater public awareness of this issue, thereby, reducing the stigma for male victims of disclosing abuse by a female.

Patterns of abuse & victim-related factors

Societal perceptions that women don't sexually abuse are likely to inhibit victims' willingness to disclose abuse by females. It has been suggested that abuse perceived as extraordinary or different is less likely to be reported (Hetherton, 1999). In a clinical sample of 14 victims, Denov (2003) found that fear of not being believed was the greatest barrier to disclosure.

It has also been suggested that victims often perceive sexual abuse by females as less abusive than abuse by male perpetrators (Denov, 2004b). Male victims may be more reluctant to report these incidents, in part, due to society's denial of females as perpetrators and males as victims (Denov, 2004b; Jennings, 1994). Males, especially adolescents, tend to reframe such experiences in a positive light, placing themselves in the role of sexual aggressor, or minimizing the negative impact of the experience (Hunter, Lexier, Goodwin, Browne & Dennis, 1993; Saradjian & Hanks, 1996). This minimization may, in some instances, be due to physical arousal during abuse that can add to the shame and act as an additional barrier to disclosure (Holmes, Offen & Waller, 1997).

The findings of a survey of male victims in an adolescent medical clinic provide tentative support for the idea that males are less likely to report victimization by a female than that by a male. Five of those abused by males reported the incident compared with two of those abused by females (Johnson & Shrier, 1987). More empirical research and data is needed to determine the relative likelihood of male and female victims reporting these experiences.

Gender roles may serve to disguise and render invisible the sexual abuse of children by women. Due to their traditional care-taking role, women partake in a wide range of physically intimate behaviour, making it difficult for the child and other adults to recognize sexually abusive behaviour (Schwartz & Cellini, 1995). Sexually abusive behaviour may, therefore, be more easily hidden by women or masked as appropriate behaviour (Jennings, 1994; Groth & Birnbaum, 1979). Indeed, in a qualitative study by Denov (2004a), many of the 14 adults interviewed, who had experienced female perpetrated sexual abuse, were abused by their mothers.

Finkelhor and Russell (1984) acknowledge the vast opportunities women often have to sexually abuse children, and discuss the overlap between sexual and nurturing activities, such as breast feeding. Consistent with the ideas promoted by Finkelhor and Russell, four incidents of sexual abuse disguised as personal care behaviour were identified in a study of 40 female sexual abusers seen at a child abuse and neglect project (Faller, 1987).

Turner and Turner (1994) also give an example of a mother's description of her daughter's attempt to force her cousin to have sexual intercourse; she claimed this was an age-appropriate episode of 'playing doctor'. The parental response can be seen as denial or collusion in much the same way that parents of adolescent males can engage in these responses.

Non-contact offending, such as indecent phone calls or peeping, is even more likely to be labelled differently and tolerated when committed by females (Fehrenbach & Monastersky, 1988). Victim's reports of sexual abuse by females may even be dismissed as fantasy (Elliott, 1994). In a clinical sample of 14 people receiving therapy for female perpetrated abuse, two people reported experiencing negative professional responses to their disclosure and six reported both positive and negative

professional responses (Denov, 2003). Furthermore, Hetherton and Beardsall (cited in Denov, 2003) reported a gender bias operating in child protection services whereby police officers and social workers were less likely to follow up on allegations of sexual abuse by females. These and other system issues meant that female perpetrators were also able to drop out of the investigative process of the child protection system because of their gender.

Professional-related factors

Professional denial of the existence of female sexual perpetrators is demonstrated by the exclusion of female perpetrators from rape statistics in many countries (Minasian & Lewis, 1999). Resistance is reflected in anecdotal reports of mental health professionals' denial or dismissal of the topic (Turner & Turner, 1994). Minimization is evident in the way this behaviour is sometimes labelled as 'distorted nurturing' or as exaggerated symptoms of emotional illness (Denov, 2004b; Turner & Turner, 1994). Denov (2001) found, in a study of police officers and psychiatrists, that female sexual assaults were reconstructed to fit within traditional sexual scripts. Similarly, social workers and other professionals are often reluctant to use descriptive words such as 'coercive', 'overpowering' and 'controlling' to refer to females (Denov, 2004b; Scavo, 1989). As well as minimizing the possibility of the occurrence of the abuse (Denov, 2004b), professionals can also minimize long-term impacts of the experience on the individual (Denov, 2004a).

The power of sex-role stereotypes is such that incoming information which does not fit within that schema is altered, minimized or denied, in order to be accommodated (Hetherton, 1999). For example, females are not perceived as capable of using threatening behaviour. Such minimization stems from a belief that abuse by women is not as harmful or traumatic as that perpetrated by men. Behaviour is reframed into an acceptable stereotype, or, if this is not possible, the perpetrator is labelled as more deviant and treated accordingly.

The sexual offences of young female perpetrators are often ignored by the criminal justice system (Johnson, 1989). In instances where the behaviour of a female sex offender cannot be denied, reconstructed, or minimized, she may more likely be construed as 'evil', attracting more hatred and anger from society than male sexual offenders (Saradjian & Hanks, 1996).

Certain offences are considered to be primarily the domain of men and have largely been ignored in the research on female sexual offenders (Minasian & Lewis, 1999). Offences like exhibitionism, frottage, and bestiality committed by women may go unreported, thus contributing to misleading information and prevalence rates. Similarly, certain non-contact sex offences may not be regarded as such when perpetrated by adolescents (for example, showing pornography to a child), and intervention may not be considered necessary (Mathews, 1997; Fehrenbach & Monastersky, 1988). Research is needed to investigate the range of sexually abusive behaviour engaged in by females, using types of offending by males as a comparison and contrast.

Reduced responsibility

An over-emphasis on extenuating circumstances may lead to the perceived responsibility women play in their abusive behaviour being reduced to their status as victims, for example, by emphasizing male coercion, past abuse, mental illness, low intelligence, and substance use (Saradjian & Hanks, 1996). Nathan and Ward (2001) stress the importance of viewing female sexual abusers as perpetrators, not just as victims. These descriptive factors are insufficient to account for all incidents of sexual abuse by females.

Who are abused?

Those sexually abused by adolescent females tend to be their siblings, cousins, or babysitting charges, who are often under 13 years of age (Fehrenbach & Monastersky, 1988; Turner & Turner, 1994). Up to 60% of sexually abusive young women are non-specific with regard to the gender of those they abuse. Commonly, sexual abuse perpetrated by youth is less likely to be gender specific, and victim selection is more likely to depend on accessibility (Blues et al., 1999).

Like other groups, young women commit a wide range of sexually abusive behaviours. Unlike adult females, it appears that adolescent females do not typically sexually abuse others in the company of a co-offender (Fehrenbach & Monastersky, 1988; Hunter et al., 1993). Similarly, in contrast to their adult counterparts, up to 40% of these young women use force when sexually abusing others (Hunter et al., 1993; Johnson, 1989; Matthews, Hunter & Vuz, 1997), although some research suggests that use of force is not related to sexual gratification (Blues et al., 1999).

Most victims of sexual offences committed by females are children (O' Connor, 1987). The children are, on average, younger than those abused by male perpetrators (Faller, 1987) tending to be aged between four and 15 years with some exceptions (Johnson & Shrier, 1987; Kaplan & Green, 1995; Kalders, Inkster & Britt, 1997).

What are the effects on those abused?

There is little research investigating the impact of sexual abuse according to perpetrator gender. However, what is known is that sexual abuse perpetrated by a female is unlikely to be any less traumatic than that perpetrated by a male (Allen, 1990; Mathews, 1997). Subjective experiences of shame and stigma may be increased when the perpetrator is a female, given that women are socially understood to be nurturing and trustworthy (Jennings, 1994). Both males and females may consequently feel a greater sense of guilt, shame, and betrayal subsequent to the abuse (Saradjian & Hanks, 1996).

Female victims may experience sexual issues, identity confusion, and avoid close relationships with women (Denov, 2004a; Schwartz & Cellini, 1995; Sgroi & Sargent, 1994). Additional effects can include avoidance of relationships with either gender, difficulty becoming aroused, and a fear of parenting (Sgroi & Sargent, 1994). Most females perceive the experience of sexual abuse as negative; however, a small number may report

that it 'felt good' (Elliott, 1994). Sexual arousal to victimization experiences may be more impacting and disturbing for females abused by females (Hunter et al., 1993).

Male victims may process their experiences quite differently and according to social expectations (Turner & Turner, 1994). For instance, a male who subscribes to gender stereotypes (such as that a male is in control of all sexual encounters), may find it painful and difficult to accept that an encounter was in fact unwanted, intrusive, and shameful (Schwartz & Cellini, 1995). Males may re-construe themselves as the aggressor or at least an equal partner in the sexual activity (Saradjian & Hanks, 1996). Some will perceive the experience of being sexually abused by an older woman as positive, and in some cases sexual contact has continued into their adult lives(Elliott, 1994). In a high profile New Zealand case, a boy who had been sexually abused by a woman considered the experience 'highly arousing and pleasurable'(Stirling, 1996). A more recent equally public New Zealand case involved an adolescent male who described the experience as painful and traumatic, deriding suggestions that it may have been enjoyable. Harrison (1994) reported that some of the male callers to a telephone counselling service for children in the UK reported feelings of guilt related to sexual feelings induced by the abuse.

In some studies, adolescent male victims of sexual abuse were more likely than control subjects to experience some form of sexual dysfunction. This was the case when the perpetrator was male or female (Johnson & Shrier, 1987). Victims reported a similar level of traumatic impact on their lives at the time of the abuse and several years later. Boys sexually abused by females were noted to be less likely to identify themselves as homosexual/bisexual than those molested by males (28% and 57% respectively).

Other sequelae of sexual abuse committed by a female can equally apply to male and female victims. If, for instance, the abuser is the victim's mother or sibling, the impact may be even greater as the abuse has occurred within the context of this relationship, and the victim may still love and want to be loved by the mother or the sibling (Elliott, 1994). In addition, these children and young people are more likely to experience feelings of powerlessness and a greater sense of betrayal (Saradjian & Hanks, 1996).

It would seem that those abused by female perpetrators experience a similar range of psychological, behavioural, and physical sequelae to those abused by male perpetrators (Denov, 2004a; Saradjian & Hanks, 1996). In fact, the experience of victims of female sexual abusers may be compounded by familial and societal gender stereotypes and attitudes in various ways (Blues et al., 1999). For instance, there is little reference or 'self-help' material available that addresses the experiences of victims of female sex abusers (Jennings, 2000). Disclosure may also be more difficult; professionals may be disbelieving (Allen, 1990; Denov, 2001, Denov, 2004b). For these reasons, and others, appropriate services may be difficult to access (Blues et al., 1999). Another problem potentially compounding the experiences of those abused by female sexual perpetrators is that targeted services may not be available (Blues et al., 1999; Sgroi & Sargent, 1994). Some research indicates that when victims of sexual abuse by females seek treatment, they may initially present with other problems, or claim to be victims of male perpetrators (Sgroi & Sargent, 1994).

Clinical characteristics of adolescent female perpetrators

Problems faced by adolescent females who have sexually abused include loneliness, low self-esteem, lack of ability to form healthy peer relationships, anxiety, depression, PTSD symptoms, promiscuity, food abuse, and self-harm. There is insufficient evidence to suggest that substance abuse is frequently an issue for this group, or whether sexual abuse is related to other delinquent behaviour or conduct disorder. There are no empirically validated typologies developed for adolescent females who have sexually abused. Differences in life stage, developmental needs, patterns of abusing, access to potential victims, victim selection and duration of abusing behaviour mean that existing classification schemes developed with adult female sexual offenders are probably of limited use with adolescent populations.

Factors that have been presented in the literature as important in the development of sexual offending by adolescent females include, the desire for power and control, the desire for intimacy, disrupted attachment, dysfunctional family systems, history of sexual victimization, intergenerational history of sexual abuse, and the experience of an extreme, emotion arousing event immediately prior to offending. None of these factors in an individual's developmental trajectory is necessary or sufficient to account for sexually abusive behaviour committed by adolescent females. Further research is needed in order to develop an integrated theory of the etiology of this phenomenon.

Research design

This study was designed to access information about prevalence as well as to elicit clinical characteristics and treatment issues for young women identified in the survey. Designed as an incidence study, it was intended to consider the need for specialist programme development for this cohort. The small number of women identified by respondents to the survey meant that data analysis was of a descriptive nature.

The survey material was sent out to approximately 400 Christchurch professionals working within health, mental health, and adolescent-related services in four separate mail outs and included an information sheet for participants, a consent form; and a quantitative questionnaire.

Respondents were asked to record the initials of the young women that they identified as having engaged in sexually abusive behaviour. This information was recorded to ensure that respondents were not all reporting the same client(s). No identifying information was recorded relating to the young women who were known to, or suspected to have engaged in sexually abusive behaviour.

Methodological issues

The difficulty of securing up-to-date mailing addresses is an ongoing issue for populations that are highly mobile. This is also an issue when surveying health and mental health professionals. Staff turnover can be very high in this population (general practitioners excluded). While a number of surveys (14) were returned undelivered due to out-of-date addresses, or because the worker was no longer working at the agency, it is impossible to know the exact number of surveys that did not reach the intended recipient.

Information elicited via a postal survey is more restricted than that of other survey methods (De Vaus, 2002). Questionnaire relevancy as well as clarity of items can discourage respondents from participating. A further feature of postal surveys is that respondents are not prompted as they are in interview situations, nor can they ask for or receive clarification on questions from an interviewer (De Vaus, 2002).

This was a problem with the Christchurch survey, where item non-response, which featured for some questions, particularly those relating to the sexually abusive behaviours of the adolescents, could not be followed up. It is possible this was due to the workers' mandates or interventions with clients focusing on issues other than sexually abusive behaviour so that specific details of this behaviour were not known.

Findings

Respondents identified eight adolescent females currently aged between the ages of 12 and 19 years known or suspected to have engaged in sexually abusive behaviours. Some respondents referred to young women who could not be included in the study as they are now outside the 12 to 19 years age range. These were excluded from the results.

The eight young women were either New Zealand European (n=5), or New Zealand Maori (n=3), with a current mean age of 16 years. Their age at the time of abusing was not always known, but appeared to range from 11 to 16 years, with a mean of 13 years.

Number of victims & relationship context

The number of people sexually abused by the young women identified by respondents to the survey was unknown by three of the respondents. For others, the number of victims ranged from one to five, with one being most common (n=3). Three adolescents abused very young children aged from one to five years. Three others abused individuals aged 12 years and over. Half the adolescents abused males, while two abused against both genders, and one abused against a female(s) only. In nearly all cases, the adolescents abused people well known to them. The most frequently noted relationship was that of sibling, including foster and half siblings. Others included peers at school and a child of family friends' living in the neighbourhood.

Detailed knowledge of the nature of the abuse perpetrated by their clients was often not held by the survey respondents, although some general information was. Five clients had engaged in contact offending towards a child. Perpetrators used coercion in half the cases, while they used physical force and threats in three and two cases respectively. Three young women used pressure or encouragement to engage in sexual behaviour with a person with a developmental or intellectual disability. Three had engaged in exposing behaviours, another three were known to engage in frotteurism, and one in bestiality.

The duration of the sexually abusive behaviour was not always known by respondents, but it appeared that some young women had engaged in this behaviour for prolonged periods of time.

History of victimization

Abuse was commonly experienced by clients of respondents. Seven reported a history of emotional abuse and four noted a background of physical abuse. Six of the young women had disclosed a history of sexual abuse, and the perpetrator of the sexual abuse was identified as male in all six cases. In the other two cases, the respondents were unsure whether the adolescents had been sexually abused.

The incidence of the abuse/trauma experienced by the young women referred to in this study was very high. This is consistent with findings of many researchers, where adolescent female

perpetrators have strong victimization histories, especially those who abuse independently (Davin et al., 1999). The majority of the eight young women had experienced emotional and sexual abuse in their lives. These experiences may be part of the reason that six of the eight of young women no longer resided with their family of origin, and it could also be related to the level of mental health issues they are reported to experience.

Interventions clearly need to attend to victimization issues. However, there is debate about how and when these might occur. Two respondents identified the need for treatment of past sexual abuse as well as for the family of the adolescent to acknowledge her abusive behaviours. The relationship between past experience of abuse, and present offending in female adolescents is one that requires more research in order to provide evidential clarification of its link.

Family therapy is a vital component of the therapeutic process in working with adolescents who have sexually abused. This needs to be a carefully managed process, especially when issues of intra-familial abuse have not been dealt with. Blues et al. (1999) note the significance of an unstable attachment with primary caregivers in the lives of adolescents up to the age of 17 years who engage in sexually abusive behaviour. In the case of the adolescent who has a child, it may be especially important to provide a parenting skills programme in order to encourage them to develop a secure attachment with the child, as well as to ensure the child is safe from sexual abuse.

Mental health presentation

A high rate of mental health issues was reported for these young women. While one of the eight was reported as having no mental health issues, this young woman was also reported to have attended assessment at Youth Specialty Services for depression, anxiety, and antisocial behaviour. A wide range of mental health issues was noted, including depression, anxiety, substance abuse, conduct disorder, post-traumatic stress disorder, attachment disorder and cognitive difficulties. Commonly listed concerns for all the young women included, low academic achievement (n=5) and poor social skills (n=3). Alcohol and cannabis-related issues were present in three of the adolescents, as were school attendance and expulsion issues. Other issues noted were compulsive behaviours, including shoplifting, spending, and eating, as well as promiscuous behaviour and poor affect control.

The most striking feature in this group is the high rate of mental health issues. All the females are reported as having, or having been assessed for, mental health problems (including substance abuse). It is not always clear, however, whether the mental health problems had been professionally diagnosed or whether these were the opinions of the respondents. The mental health status and presentation of female perpetrators attending an intervention programme undoubtedly have implications for the nature of the intervention and the modalities employed. The high levels of mental health issues noted may be a function of the research design. As noted earlier, respondents were health and mental health professionals working with the young women for reasons other than their sexually abusive behaviour. It is impossible to know how this compares with the prevalence of mental health issues for those who have not been involved in formal helping systems.

Davin et al. (1999) suggest higher rates of mental health disorders may be present for females who abuse independently. Whilst the question of independent versus co-offending was not specifically addressed within this survey, no mention of an accomplice was made by any of the respondents, and most of those the young women had abused were siblings.

Social service involvement

Respondents were asked to identify the agencies that the young women were or had been involved with. Multiple agency involvement was noted. Child, Youth and Family, including a residential facility operated by this service, was the agency that featured most prominently; six of the young woman had had contact with this service. Three had been involved with mental health services and two with the Department of Corrections. Maori social services had been accessed by two young women, and three were noted to be receiving counselling.

Despite the fact that the young women were reported to have had multiple service involvement, not one of the young women was identified by more than one professional. This outcome could have been a function of the research design. Other professionals involved may not have received the questionnaire, or if they did, may not have returned it. Alternatively, these professionals may not have been aware that the client had engaged in these behaviours.

Current residential circumstances

Living arrangements of the young women varied. Two resided within their family of origin, while one was in a foster family and one lived in a group home. Three of the adolescents flatted, including one who lived with her partner and child. One respondent did not know the young woman's living situation.

The information about living circumstances of the young women is important, particularly in relation to the provision of specialist interventions focusing on their sexually abusive behaviour. A proportion of young people who have engaged in sexually abusive behaviour are identified, through an assessment process, as needing to be removed from their homes and/or communities due to risk of recidivism. Locally and internationally, it is acknowledged that there are limited placement options for these young people.

Residential care facilities (e.g. group homes or foster placements) are often inhabited by adolescents with a history of abuse/neglect and challenging behaviour. Professionals making placement recommendations often highlight concerns about availability, drawing attention to the vulnerability of 'looked after children' who may be in the same residence and, therefore, at risk (Masson, 1997-1998).

Other features of placement in relation to treatment interventions include the issue of locality. It can be difficult engaging family in treatment when treatment and placement are geographically distant (for instance, young people might live on the West Coast, in Southland, or Timaru). Longer term interventions, such as programmes addressing sexually abusive behaviour, can also mean placement breakdown and frequent moves (Bankes, Daniels & Quartly, 1999). However, when a young person is placed outside of the family home, reunification is most often seen as an important goal. And the provisions of the Children, Young Persons and Their Families Act (1989) promote this outcome within the New Zealand context.

What does this all mean in relation to the nature and extent of the problem?

This research provides a descriptive summary of the characteristics of eight female adolescent sexual perpetrators that fits comfortably within the existing literature relating to this population. Because the information was obtained through respondents who are professionals not necessarily intervening with the adolescents in relation to their sexually abusive behaviour, there are some obvious limitations to the data reported. However, a general picture emerges of the young women referred to that is consistent with the small body of available research.

The current study is comprised of incidence data. Had the survey focused on people who had experienced sexually abusive behaviour and identified the gender of the perpetrator, it is likely that a greater number of female perpetrators would have been identified.

In a 2003 article in a Christchurch newspaper, ***The Press***, Ken Clearwater, Co-ordinator of Male Survivors of Sexual Abuse Trust in Christchurch, was quoted as claiming that as many as 40% of clients of that service had been sexually abused by females. This is likely to be much higher than the rate that is based on the disclosure of the female adolescents themselves, particularly in the absence of being caught, and especially in a society that perceives females as nurturers more readily than perpetrators. The questionnaire used for this study did not ask whether any of the young women had been involved in the justice system for their sexual behaviour, nor whether the people that they had sexually abused had disclosed the offending to anyone. It can be assumed, therefore, that this research has only identified a proportion of the population of adolescent female perpetrators of sexual abuse in the Christchurch area.

The results of the survey do, however, concur with that of other research. Though the small sample size and the sampling method employed mean that there are limitations to the ability to generalize from these findings. Based on international incidence rates and population data for the region, the predicted number of young women known to the police and social service agencies in Christchurch was 10 to 20. The finding of eight perpetrators is, therefore, similar to the expected range.

Ultimately, further research into this area is required within this country. Replication of this research in other regions may facilitate a broader understanding of the nature and extent of the problem.

Implications for interventions

Although eight female adolescents who have sexually abused is not a large sample, it is, nonetheless, large enough, and reason enough, to develop an intervention programme. Obviously this survey did not include professionals working in other regional catchments that are currently serviced by Christchurch based programmes run by the STOP Trust. The programme for adolescent males includes as many as 50% of clients from outside the Christchurch area. A more extensive survey is likely to have identified more young women engaging in sexually abusive behaviour from these regions.

Assessment is a vital part of any intervention process. A comprehensive assessment would ascertain the suitability of any young women for intervention. Aspects of the intervention, such as a group programme, would require matching individuals according to their intellectual functioning, developmental needs, and abuse-specific treatment needs to ensure that the group would be a therapeutic environment for all participants. Too great a diversity between the adolescents could act as an obstacle for group work.

Pragmatically, any provision of group therapy, in addition to individual and family therapy, would involve relatively small groups of participants. Smaller groups are arguably appropriate given the potential for this cohort to present with mental health problems. Literature in this area suggests that clinicians have tended to work in a more intimate and nurturing way with young female offenders (Schwartz & Cellini, 1995; Mathews, Matthews & Speltz, 1989). Although this approach has not been empirically validated, it may be that there is some therapeutic value to this and that smaller groups could be useful in this regard.

Research with male adolescents shows that the younger they are when they receive treatment the more positive the treatment outcome may be. This is because the offending behaviours have not yet become too entrenched into the self concept of the young person, enabling change to progress more easily. The difficulty lies in identifying the young person who is engaging in this behaviour. And, as previously stated, this relies, to some degree, on changing the perceptions of professionals and the public to accept the fact that young females can and do sexually abuse.

Poor social skills and low academic achievement were commonly identified issues for these young women, characteristics that again fit within the available literature for this population. Sarajian and Hanks (1996) highlight low self-esteem as an etiological factor in the development of sexually abusive behaviour. This suggests the need for a treatment programme to include a strong focus on assertiveness training, emphasizing self-esteem, and teaching social skills. Mathews et al. (1989) stress the need for teaching young women skills to aid in their development, improve their self awareness and self worth, as well as addressing issues of parenting and male dependency.

The details of the behaviours perpetrated by the young women were not known by a number of respondents (the answer 'don't know' featured at times). This is not surprising, perhaps, given that the respondents were not exclusively working with these young women because of their sexually abusive behaviours. Some respondents, however, were aware of specific details relating to the behaviour. The fact that coercion, physical force and threats were reportedly used by a number of the young women, highlights the need for this issue to be understood as a serious behaviour that has a multiplicity of impacts on those they abuse:

- There is an emerging body of literature regarding the assessment and treatment of adolescent females who have sexually abused. Available research and clinical experience indicate that key treatment areas are likely to involve:
- Assessment and intervention relating to emotional and behavioural problems faced by the young women, in addition to sexual abuse-specific intervention needs, developmental needs, social skills and sexual education.
- Targeting treatment interventions to the needs of the individual, and matching the nature and level of intervention to the level of risk of recidivism.
- An acknowledgement of sexual victimization, or past trauma and its sequelae. Related issues contributing to the abusive behaviour (e.g. identification with the aggressor, abnormal sexual development, symptoms of post-traumatic stress disorder). Appropriateness, and the nature and extent of this work, are based on an assessment of treatment needs for the individual.
- Parental and familial involvement in the process, including addressing parenting issues, grief, parental psychopathology, or abuse supportive beliefs and attitudes.
- Assessment and intervention regarding mental health issues.
- Consideration of residential placement.
- An awareness of the inappropriateness of relying solely on treatment models drawn from the male sex offender literature. For instance, some of these young women are likely to be young mothers.

Research suggests that early intervention is an important factor in securing a positive outcome from treatment (Blues et al., 1999). In the group of young women represented in this survey, a significant amount of time had passed since the sexually abusive behaviour was reported, for many this was about four years. Furthermore, a number of the adolescents identified were also very young at the time of the onset of their sexually abusing behaviour; two were under 12 years of age and another was aged between 12 and 13 years.

A time lag, especially a prolonged time lag, can negatively influence the effectiveness of any intervention process. It can also mean that more children are abused by the young women who have not accessed specialist interventions. The

fact that these women were not referred, nor were inquiries made to the STOP Programme, which is the only specialist agency in Christchurch, where the survey was carried out, providing interventions for adolescent perpetrators, may also indicate a lack of awareness by professionals of the need for young women who have sexually abused to receive specialist treatment. However, this may reflect issues of service provision, resourcing and funding. It may also reflect societal responses to this issue that are often related to the broader culture of denial and minimization.

Denial serves many purposes on individual and collective levels. Denial allows the status quo to continue, and it allows people to avoid embarrassment, shame, guilt and discomfort. Alan Jenkins, an Australian author/practitioner in the area of sexual abuse, describes four levels of denial in terms of the cognitive processes of perpetrators of abuse. Jenkins' four-level framework, can be adapted and used to understand a culture of denial, evident in societal responses to this issue:

Level 1: Denial of the existence or extent of the abuse
MYTH: Females are nurturers and caregivers, they do not sexually abuse. Girls cannot physically sexually abuse, nothing really happened. It hardly ever happens.

Level 2: Denial of the significance of the abuse
MYTH: It doesn't really matter. It's been blown out of proportion – what young guy doesn't want an older girl to be sexual with him.

Level 3: Denial of responsibility for the abuse
MYTH: The girl would have had nothing to do with it. Or, they might act like that because of what happened to them.

Level 4: Denial of the likelihood of recurrence of the abuse
MYTH: If a girl actually did sexually abuse, she wouldn't do it again once she knew it was wrong.

When a culture of denial allows acts of sexual abuse by adolescent females to continue, social and legal consequences to be avoided, community safety to be compromised, and a comparative silencing of victims, there is a major problem for society.

Societal responses to this issue both influence and are influenced by service provision issues. In the absence of publicly recognized specialist treatment programmes, it is doubtful whether young women will receive the intervention required to enable them to stop their abusive behaviour. A treatment programme can raise the profile of the needs of this population. Rates of detection can be improved along with greater acceptance that females do commit sexual offences. With training, mental health and law enforcement professionals can ask the right questions (Minasian & Lewis, 1999).

This, in turn, enables professionals and the public to understand that acts of sexual abuse, regardless of the gender of the perpetrator, are unacceptable, have impacts on those who are abused, and are worthy of serious attention. Without such services, and as a consequence of not knowing how to address it, it may that it is easier to turn a blind eye or minimize such behaviour. The challenge for us all is to shift that culture of denial into a culture of intervention.

Conclusions

In the first survey of its kind in New Zealand, eight young women, aged between 12 and 19 years of age, were identified by professionals in Christchurch as having engaged in sexually abusive behaviour. While useful in considering service provision issues, incidence data provides a limited picture of the extent of the problem. Ideally, future research into this issue will combine incidence and prevalence data. This research undoubtedly reflects but a fraction of the actual number of young women in the Christchurch region who are perpetrators of sexual abuse. The young women who were identified, however, display many of the characteristics that have been highlighted by international research in this area.

In the absence of a specialist treatment programme it is doubtful whether these, and other young women, will receive the intervention required to enable them to stop their abusive behaviour. Such a treatment programme would be best delivered by organizations with specialist staff trained to provide interventions for perpetrators of sexual abuse. The STOP Adolescent Programme, which currently offers limited services for this population, is working with government agencies to establish a best practice intervention for adolescent females, and is collaborating with other community based, sex offender treatment providers in the country.

The widely discussed culture of denial highlights the need for education for community groups, community based professionals, and the public about the seriousness of this issue and the need for adolescent females who have sexually abused to have access to specialist services. A treatment programme can raise the profile of the needs of this population, enabling professionals and the public to understand that sexual abuse, regardless of gender, is unacceptable and worthy of serious attention.

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