



UNDERSTANDING GIRLS WHO SEXUALLY OFFEND: RESEARCH, ASSESSMENT, AND INTERVENTION STRATEGIES

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DISCLAIMER...

SEXUAL LAWS

You must be sixteen years old
The other person must be sixteen years old
They can not be related to you
The other person must say "yes"

(This is the law in Michigan, but it may not be the "law" in the home where you live. The adults who take care of you may hope that you choose to begin your sexual life later than sixteen years old.)

SEXUAL BEHAVIOR RULES

- It's OK to touch your own private parts when you are alone.
- It's NOT OK to touch other people's private parts, even if they ask you to.
- It's NOT OK for other people to touch your private parts.
- It's NOT OK to show your private parts to other people.
- It's NOT OK to tell people to touch each other's private parts.
- It's NOT OK to make others feel uncomfortable with your sexual language or behavior.
- It's NOT OK to take pictures of your privates or anyone else's.

- CSC I**
12 or younger with penetration
- CSC II**
12 or younger without penetration
- CSC III**
Between 13 and 15
- CSC IV**
Any unwanted sexual contact

RESEARCH...

It is crucial that a model of the female sexual offense process be developed using data from female sexual offenders themselves (adults and juveniles), rather than data or theory validated within the male sexual offender literature (Gannon, Rose, & Ward, 2008).

It is also important to not just take what we know about adults (men and women) and apply it to juveniles (boys and girls).

Literature that DOES focus on adolescent females compares them to adolescent males, not just to each other.

Apples to oranges?

There has been a lack of attention to female sexual offending as a result of sociocultural views that describe women as nurturing, protecting, non-aggressive, and most importantly non-sexual (Denov, 2004)

To accept that some women willingly and purposefully engage in sexual offending behavior against children or adults requires that perceptions about women be challenged.

This produces the idea that women sexually offend due to a major mental disorder, they are forced into it by a man, or a woman's sexual offending is harmless.

(Cortoni, Babchishin, & Rat, 2016)

ADULT FEMALE SEX-OFFENDING MAY NOT BE DISCOVERED OR REPORTED FOR A VARIETY OF REASONS:

Women sex offenders often go unnoticed because they can disguise sexual offenses while engaging in routine child-care activities such as bathing and dressing (Groth & Birnbaum, 1979).

Female sex offending is often considered to be less serious or harmless (Hetherington, 1999).

Victim reports may not be believed, even by professionals, especially when the identified abuser is the mother (Hetherington, 1999; Denov, 2004).

The victim does not always recognize the offense, such as an adult woman having sex with a teenager (Embry & Lyons, 2012).

Female sex offenders represent 5% of all known sex offenders and are implicated in up to 18.5% of all sex crimes committed in the United States (Bureau of Justice Statistics, 2010).

However.....

Anonymous survey results on sexual victimization report more female offenders than arrest records, up to six times higher than official data (Corbett, Babchishin, & Ral, 2016).

*When all variables were considered, the mean sentence length for men was longer than for women

(Embry & Lyons, 2012)

TYPLOGIES OF WOMEN WHO SEXUALLY OFFEND:

- those who engage with adolescent males
- those who offend in the presence of a co-offending male
- those who offend against pre-pubescent children
- those who offend as part of a wider criminal career

(Mathews et al., 1989)

Women engage in a broad range of abusive acts, with generally less penetrative behaviors than males. (exposing one's genitals, fondling, oral contact, vaginal and anal penetration, and the use of objects)

Adult female offenders are most likely going to be in their 20's or 30's, white, and rarely target adult victims. (Chen, 2007)

WHAT DOES THE RESEARCH SAY ABOUT JUVENILE FEMALE OFFENDERS...

- AFSSO's are younger at the time of offense and choose younger victims than AMSO's (Finkelhor, 2009)
- AFSSO's are more likely to co-offend and to be involved in incidents with multiple victims (Finkelhor, 2009)
- AFSSO's are more often considered to be victims and offenders at the same time (van der Put, van Vlag, Stams, & Hendriks, 2014)
- AFSSO's have more early childhood maltreatment, particularly sexual abuse (Mathews, 1987; Knopp and Lackey, 1987)
- AFSSO's have a higher rate of alcohol and drug use (Mathews et al. 1997)
- Victims are typically relatives or acquaintances of the AFSSO and often are molested in the context of babysitting. Victims are more often female.
- (There are similar rates of prior mental health treatment, runaway behavior, suicide attempts, and delinquency histories)

TYPOLOGIES OF ADOLESCENT FEMALES WHO SEXUALLY OFFEND:

Girls who abuse young children, often during babysitting situations

Girls who project their own experiences of sexual abuse on their siblings or peers

Girls with high levels of trauma, individual and family psychopathology, and early onset of severe abuse and neglect
(Wijman, Bijveldt, & Hendricks, 2014)

They do not use as much force or violence as males

Girls offend for different reasons—less about power or sexual gratification and more about connections or reactions to personal abuse

Sexual behaviors can be related to curiosity, anxiety, imitation, attention-seeking, & self-calming
(Ray & English, 1995)

OUR GIRLS

81 girls (7% of all youth referred to our program)

43 White
 25 African American
 13 Hispanic

They have touched girls, boys, and both genders. Sometimes one victim sometimes multiple victims.

Touching behaviors include:
 fondling over and under clothes
 humping
 penetration (oral sex, intercourse, digital and object)

Non-touching behaviors include:
 exposure
 showing porn
 instructing two children to touch each other
 sexting (nude photos)

33 had severe abuse and neglect histories (foster care and adoption)
 More than half were sexually victimized: of these...
1/3rd had more than one perpetrator
 8 had female abusers

6 girls had significant developmental delays

2/3rd were exposed to pornography

12 offended while babysitting

Dispositions.....

Individual treatment: 42
Group treatment: 21
SEO: 13

(3 went to residential, 1 stayed with current therapist, one referred for victim treatment.....)

(some came for treatment from residential placements)

INTERVENTION...

We want to have a service that is designed to meet the unique needs of females, value the female perspective, celebrate and honor the difference of female experience, that respect and take into account female development, that empowers females to reach their full potential.

(Most treatment approaches are borrowed from the male offender model)

We are not treating a *sex offender*, we are treating a *girl* first. This girl has many different parts to her. Only one of them is about her inappropriate or illegal sexual behaviors.

Why?

*Females tend to develop identities through relationships and care, versus males who tend to develop identities through independence and success

*Females tend to think in a contextual and narrative manner, while males tend to think in linear and abstract terms

*Females often engage in conversations to bond, while males engage in conversations to solve problems or give advice

*Females tend to learn better through collaboration and group work

*Females develop a sense of self-worth when their actions come from and lead back to connections with others

* Females are socialized toward interdependence and attachment

(Growing Beyond: A Workbook for Teenage Girls, Susan Robinson)

CREATE AN ENVIRONMENT THAT IS PHYSICALLY AND EMOTIONALLY SAFE . . .

Physical safety: from violence emotional abuse, verbal harassment, bullying, teasing

Emotional safety: nurturing, encouraging girls to express themselves, share feelings, develop trust and positive relationships

Have a **holistic approach** that addresses the whole girl within the context of her life

Be responsive to **past trauma** experiences

PROBLEMS TO ADDRESS
(BESIDES THE SEXUAL OFFENDING BEHAVIORS)

Victimization and Trauma
(sexual abuse, physical abuse, neglect, emotional/verbal abuse, domestic violence, grief and loss)

Cultural Background
(respect their cultures and give them opportunities to express and celebrate them)

Societal Issues
(body image, self-esteem, messages of sexuality, issues of violence against women, self-confidence, life skills)

Health Needs
(physical health, nutrition, sexual health, emotional and mental health)

THE THERAPIST SHOULD....

Work on a relational level

Make confidentiality important

Use language of relationship

Be a role model

Talk respectfully

Provide tactile experiences

Challenge negative attention seeking behaviors

Confront (gently) "I don't know" and "I don't care"

The Therapist should not....
over-protect or "mother"

What we **do** in treatment.....

•Assignments

Check-ins

Journaling

Role play

Graduations

Bonding activities

Art projects

Sand Tray

Assignments include offender therapy themes such as :

- accountability for behavior
- acknowledging own hurts/empathy
- learning about feelings, expressing them, feelings we hide
- understanding why the sexual offense happened
- understanding the victim
- triggers/unsafe situations (relapse prevention)
- letter to self from perspective of victim
- apology
- sexual attitudes and messages/healthy sexuality
- pornography
- social media

SAND TRAY THERAPY

The individual or group is directed to each create a tray using a particular theme. It may be general or specific; relating to themselves, their family, or their victim.

They choose from a wide variety of miniatures displayed for easy viewing and access. This is an intentional collection that represents as many themes and metaphors as possible.

When everyone is done they are given an opportunity to talk about what they created and title their tray.

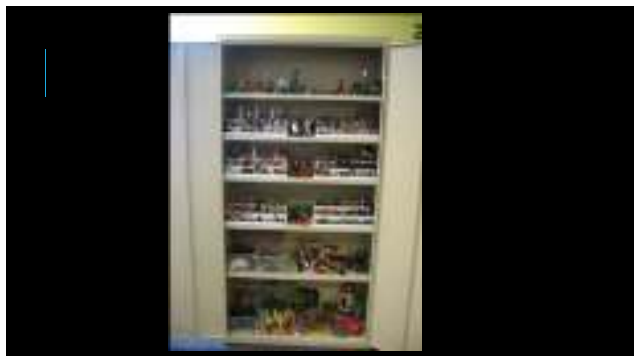
Sand Tray Therapy is used as an additional technique in our program with sexually acting out children and adolescents.

It gives the individual the opportunity to express themselves without relying on verbal language.

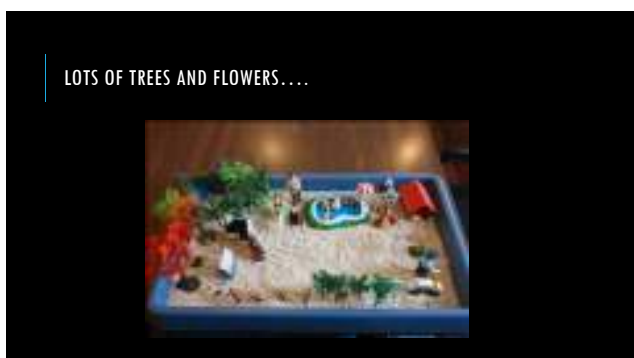
It also taps into the subconscious to bring out feelings the child "didn't know" was there or did not have the words to express.

It is so effective because:

- It does not depend upon artistic ability, cognitive ability, or verbal ability
- It is guided by the child and not the therapist
- One can use this with any age client
- It helps get around the one who does "not want to talk about it"
- "Play is a natural medium of communication for children"
- It gives expression to non-verbalized emotional issues
- It is a sensory experience







THIS ONE USES MANY PEOPLE AND IS VERY ORGANIZED....



WEDDINGS ARE COMMON IN GIRLS' SAND TRAYS....



THIS ONE SEEMS VACANT AND BARREN....



THIS IS ABOUT POLICE COMING TO THE HOME AND CHAOS....



DINOSAURS OFTEN REPRESENT THE PERPETRATOR....



THE DIRECTIVE WAS TO MAKE A TRAY ABOUT "HOW YOU THINK YOU AFFECTED YOUR VICTIM"



LOOK AT POSITION OF FIGURES.....



"I've always felt like something was stopping the good things from coming into my life...."



Girl, age 12

"...this is where my mom and grandmother are buried. The other side is where the happy is."



Girl, age 10

CASE EXAMPLE
"R"

"This is my house, my family, and my yard. There really is a fence. I chose the police car because there wasn't a regular one.....it has nothing to do with my family"



Girl, age 14

Notice anything different about the next five sand trays?

TANKS....



A BATTLE.....



SKELETONS.....



LOOKS A LITTLE SCARY OR UNSAFE....



KNIGHTS, AGGRESSIVE ANIMALS....



THANK YOU!!



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