

13: Treatment Considerations For Females Who Engage In SABs



NOTE:

This guide should be read in conjunction with the following guides:

- **7: Assessment and treatment for SABs: An overview**
- **11: Assessment of females who engage in SABs**
- **12: Treatment: The *Four Pillar* model**

Introduction

Females and young women who engage in sexually abusive behaviours (SABs) present unique challenges to our treatment system, our services and our clinicians. This is due to a number of issues. Girls currently comprise less than 10% of the referrals received by Sexually Abusive Behaviour Treatment Services (SABTS). This percentage has not altered significantly over the past ten years of TTO service across Victoria.

Historically, our theoretical knowledge about youth who sexually harm comes from studies of **male** sexual offenders undertaken from the 1970s through the 1990s. From mid-1980s onwards, practitioners such as Gail Ryan, Sandy Lane and others began to highlight the large number of adolescent males who were coming into the system after sexually assaulting (mainly) other children. Adult females hardly formed more than a ‘blip’ on the system’s radar, and no-one thought that adolescent females would engage in sexually abusive behaviours.

From the late 1990s through the early 2000s, researcher/practitioners, such as Jim Worling, Tracy Curwen, Robert Prentky and Sue Righthand ‘translated’ what they saw in the literature and in their practices. They analysed adult sex offender research findings, adolescent therapeutic practice wisdom, and issues arising in the – mainly – adult literature, which also looked as if it fitted with adolescent practice, to compose remarkably similar assessment tools.

These assessment tools – namely the J-SOAP II, and the ERASOR, have since come to be the most widely used adolescent assessment tools across the western world. Over the past decade and a half, their strengths and their weaknesses have been well identified through research. They “...do the job they were intended for”. Additionally, there is a body of literature dedicated to the treatment of adolescent males who engage in SABs. (These assessment tools, as well as their development, are discussed in other tip sheets in greater detail).

13: Treatment Considerations For Females Who Engage In SABs



But what about the assessment and treatment of young women who sexually harm others? What do we know about them, in terms of ‘why’ they engage in these behaviours? How do we assess these behaviours, and how do we treat them? This guide looks at the issues related to treatment, how they have emerged over time, and how we might consider females who sexually harm within the Victorian TTO context.

Why do adolescent females engage in SABs?

American therapist and writer Susan Robinson provides a good introduction to the complexities of working with adolescent females. She writes:

Learning that the treatment of female sexually abusive youth differs from the treatment provided to sexually abusive male youth, was a difficult lesson that came with a price in my clinical practice. The price: I lost the girl's trust. The therapeutic relationship was irreparably damaged and my error was confronting her too strongly. I confronted this particular girl to take responsibility for sexually abusing two young children before she was ready or willing. Because I, in effect, destroyed our relationship, my future efforts to work with her proved fairly futile. I learned that with girls, the therapeutic alliance is often fragile and due to a female adolescent developmental trait – all or nothing thinking – either there is a relationship or none at all; without one, no meaningful work will be done.

(Robertson, In Longo & Prescott, 2006, p.273)

Robertson went on to write that the “...masculine epistemology...subsumes females” (p.273). For Robertson, there are significant markers of unique development for adolescent females that *must* be attended to for treatment to be successful.

She notes that:

- Female development is relational,
- Girls derive their identities through relationships and meaningful connections,
- Female moral development is often based on the ethics of care and relational bonds,
- Females are biologically driven by an ‘intimacy imperative’ (Gurian, 2002), and as such are more naturally inclined towards connectivity, empathy and conciliation,
- In particular, females are predisposed towards empathy, a “...distinct attribute of their relational development”.

13: Treatment Considerations For Females Who Engage In SABs



Developmental issues confronting adolescent females

Adolescent females may struggle to find an 'authentic self', due to adapting themselves to their environments and the people they are with. They may genuinely not know who they actually are underneath these multiple masks. As such in some situations, part of therapy may be to assist young a female client to find out *who* she actually is, assisting her to "...resist such [multiple] scripts and develop her identit[y] without succumbing to cultural pressures or losing [her] voice".

Media depictions of the 'right look' can also be an issue that impacts the therapeutic sphere. Research suggests that as females enter adolescence, their self-confidence declines - in comparison to males, whose self-confidence increases. Confidence is often managed via having the 'right look', and being the 'right weight'. Adolescent females may spend much of their time trying to live up to the 'idealised self'.

Because females internalise problems and feelings, eating disorders, substance abuse and suicide attempts are far more common than for boys. Depression and anxiety are also more common than for males of similar age. Anger tends to be managed and expressed differently by females and males. Socialisation teaches girls to hide or deny their anger, whilst males have far more latitude to express anger openly. Females use relational aggression, indirect aggression and social exclusion to express anger.

Adolescent female sexual desire

Female sexual desire presents dilemmas for adolescent females. They are supposed to be "desirable yet not desire" (Tolman, 2002). If they take responsibility for sexual desire, demonstrate sexual initiative and have multiple partners - as male adolescents do - girls are labelled sluts and whores, and said to be "cheap". There are no male equivalents for these names.

Additionally, female adolescents are often 'made' to be the gatekeepers of male sexual desire. Debold, Tolman and Brown (1996) write that "...In a socially condoned construction of sexuality, agency is all male and female sexuality seems limited to looking good" (p.109).

Adolescent females internalise the importance of male desire as well as the fact that male desire must be privileged over their own experience. Males are overwhelmed by sexual desire, females are the gatekeepers. 'Good girls' manage males, 'bad girls' go along. The result of this is that adolescent females are often, at best, left confused, inhibited and insecure regarding their sexual feelings and their sexual desires. At worst, they ignore their own desires and do not readily explore their own sexuality or their own bodies.

13: Treatment Considerations For Females Who Engage In SABs



In an example of gendered differences in sexual exploration and satisfaction, Leitenberg, Detzer and Srebnik (1993) reported that in their studies, young males masturbated at three times the frequency of young women during the same age period. They concluded that masturbation may not be as reinforcing for adolescent females as it is for males, and also that females are more attuned and socialised to link sex to romance, relationships and emotional intimacy.

Adolescent females develop their sexuality within a male sexual culture of male sexual imagination. (Young-Eisendrath, 1999, p.82). Pornography is *the* 'great example' of this. Pornography develops a sexual script completely in tune with male desire, with no discussion of female sexual desire.

How does this assist us in understanding how adolescent female sexuality relates to adolescent female sexually abusive behaviours? Let's look at female pathways into delinquent (and delinquent sexual) behaviours.

Delinquent adolescent females

Whilst it is clear that a significant proportion of boys and adolescent males who are sexually victimised go on to re-enact that victimisation in their own sexually abusive behaviours, there has never been a view that victimisation is critical to the SAB pathway for males. Approximately 40% of SABs are believed to be re-enactment driven.

In comparison, victimisation "...appears to be a key pathway for females' criminal behaviour. PTSD, more common in females than male victims, appears to lead to high distress levels and low self-restraint, which in turn increases the risk of behavioural problems and offending behaviours" (Cauffman et. al., 1998; p.279).

Internalised disturbances appear to be linked to female adolescent aggression, and unlike male aggression, also linked to depression, suicidal ideation and generalised anxiety disorders (i.e.: internalised aggression). Young, depressed females are almost four times more likely to act aggressively than boys (Leschied et. al., 2000).

Zoccolillo and Rogers (1991), noted that the majority of conduct-disordered females in their sample had anxiety disorders. They concluded that "...specific to females, depression and anxiety disorders often coincide with conduct disorder and anti-social personalities." This is an important finding in regards to 'decoding' the 'whys and whats' of female SABs in our Victorian TTO system. Do we see the same pattern of quite unwell adolescent females managing these PTSD, anxiety, depression and conduct-disordered symptoms via the sexual abuse of others? If we conclude 'yes', then we come closer to understanding these girls through almost a 'common lens' with male adolescents. How they got there is markedly different - however, the journey from there on may be similar.

13: Treatment Considerations For Females Who Engage In SABs



Other important points to note from the research;

- Chesney-Lind (in Funk, 1999) suggest an origin of female delinquency in family problems,
- Day, Franklin and Marshall (1998) found girl's aggression was correlated with a history of exposure to family violence,
- Saner & Ellickson (1996) found a strong correlation between low parental-support and violence amongst girls compared to boys,
- Liu & Kaplan (1999) found that criminal values and peer-influence on criminal behaviour was more important for boys than girls, and that criminal behaviour by family members resulted in greater antisocial values being taken on by girls than boys,
- A girl's problematic relationship with her mother can significantly influence the development of delinquent behaviours (Osborne, & Finsham and Paskaslahti et. al., In Levene et. al., 2001),
- Early maturation (more common in girls than boys), can result in "not fitting in" with a previously close peer group after becoming different. This can result in peer ostracism, and seeking relationships with older peers, who might also be delinquent,
- Often this leads to sexual affiliations with older and potentially delinquent males, who take advantage of the young women, and their emotional insecurity,
- Delinquency is "...an effective means of knifing off childhood apron strings".

What do we know about sexually abusive adolescent females?

Unfortunately we do not know very much, because few studies have been completed, and those that have, generally had very small sample sizes. As a result, we often generalise from these small numbers, and make 'grand statements' that cannot be backed up. We must be careful not to over-generalise.

The most consistent themes emerging from the small body of literature are that:

- Females who sexually harm have been sexually abused themselves. This is "...perhaps the greatest gender difference [seen] in the literature on sexually abusive youth" (Robinson, 2006, p. 282). In their study of sexual abuse dynamics, Matthews et. al. (1997) noted that 77.6% of girls versus 44.3% of boys who sexually abused had their own abuse history.
- Additionally, girls who go on to sexually abuse others appear to have been sexually victimised by more than one perpetrator in greater numbers than sexually abusive boys.
- Other maltreatment is common. Sexually abusive girls generally have more extensive histories of abuse than boys.
- Mental health problems are more common in girls than boys. Substance abuse is common, as well as other delinquent behaviours such as stealing, truancy and absconding from home or placement.
- Robinson (2006) noted that in her clinical practice, sexually abusive girls tend to be more dependent in their (romantic) relationships than boys.

13: Treatment Considerations For Females Who Engage In SABs



- They are also more often physically and or emotionally abused in their intimate peer relationships than boys who harm sexually. Robinson notes that “Many girls stay in unhealthy relationships because, from their perspective, it is better than being alone” (p. 285). They sacrifice their emotional well-being for unhealthy and abusive relationships to mollify their internal states of emptiness and loneliness. Given their backgrounds, it is not surprising they find themselves in re-victimising relationships.
- Academic problems and learning disorders appear to be endemic in the samples of girls who sexually abuse and have been studied. 83% of girls in one study were noted as experiencing academic difficulties, whilst Bumby and Bumby (1997), noting similar issues for a significant percentage of their sample also wrote that “...only one had a diagnosis as learning disabled”.
- Females were also found to abuse at a younger age than males, with 50% of Ray and English’s (1995) sample being aged 12 or under when they first abused, compared to 30 % of boys in the sample. Other studies have similar findings, with Kubic, Hecher and Righthand (2002) noting that in their sample, sexually abusive girls offended at a significantly younger age (11.18 years) than delinquent (non-sexual) females (14.45 years at age of first offence).

Victim selection

Girls tend to abuse a family member or someone they are looking after – known as “the babysitter phenomenon”. They are generally less likely to abuse strangers than boys are. This is also consistent with the literature on adult female offenders. Residential care situations may skew this finding, with co-residents being classified as non-familial even though they make take on – in ‘our’ system, the traits and roles of a family member.

No differences were found between boys and girls about their gender selection for victimisation. Like adolescent boys, girls were found to most likely offend against the opposite sex. Different to males however, girls were more likely to abuse younger children. Robinson (2006) notes that this is also her experience in clinical settings. She also noted that boys were more likely to abuse peers in her practice.

The use of force or violence

Currently, it is unclear as to what extent girls use force or violence, compared to boys who abuse sexually. Ray and English (1995) found girls in their study to be less coercive and sophisticated in their grooming techniques than boys were. In Robinson’s (2006) clinical experience, girls tended to be less violent in achieving what they wanted sexually than boys. One difference she noted is that girls were less likely to coerce another girl (or boy) to co-offend, noting that co-offending was rare.

13: Treatment Considerations For Females Who Engage In SABs



Offending behaviours: What they do

Of the limited research on this topic males and females were noted to engage in similar patterns (types of) offending behaviours. Kubic et. al., (2002) found no differences in specific offence behaviours between males and females in their sample, with the girls exhibiting similar frequency and magnitude of abuse to males.

Cognitive distortions

In her article, Robinson (2006) provides several examples of the ways in which adolescent females engage in cognitive distortions, including these three:

1. The girl who abused her sister to prepare her for the abuse she had herself experienced from their stepfather,
2. The girl who 'helped' her sister overcome inappropriate masturbation, and
3. The adolescent girl who touched her younger nephew's genitals and got him to touch hers to demarcate that "...these are my private parts and those are your private parts and you don't let anyone touch them".

Robinson (2006) further notes that adolescent female motivations to abuse differ from adolescent male motivations, with girls being found to be more likely to abuse for reasons other than sexual arousal and wanting sexual stimulation. Howley (2001) found that for the majority of females in their study, abuse was more about anger than arousal.

Robinson believes that offending behaviour reflects 'relational aggression', which is not generally defined as physically or sexually abusive. Robinson contends that sexual abuse is a form of aggression that is by definition, relational. Salzman (1990) contends that when a young girl's attachment system is compromised, their 'sexual system' becomes a substitute venue in which to form attachments. Sexual abuse then is used as a means of re-establishing, or establishing, a connection with that other (the abused).

A female's own victimisation can also lead to compulsive abusing. Arousal to their own victimisation, particularly without an understanding that this physiological response is 'normal', however the abuse is not, can serve as an impetus for cognitive distortion as well as sexual abuse behaviours. They then justify the offence by believing that their victims, like themselves in the past, will enjoy the abuse.

Abusing others can also be a powerful weapon against being a victim, the distortion being that "...I will not be a victim or place myself in a position where I will be victimised". In this way, the young adolescent female uses her sexual aggression to ensure (in her mind at least) that she will never be abused again because she has adopted a position of power.

13: Treatment Considerations For Females Who Engage In SABs



In summary

Robinson (2006) notes that there is still much we do not know about the phenomena of female adolescent sexual abusers. The relationships between adolescent female sexually abusive behaviours which occur in adolescence, along with the use of co-occurring violence and coercion remain unclear in terms of what the abusing adolescent might be trying to achieve.

Further, it is also unclear to what extent drugs and alcohol contribute to the motivation to abuse, to the abuse scenario itself, nor how physical aggression is linked to engaging in SABs. Similarly unclear is how sexual desire, arousal and sexual stimulation motivate young females to abuse. Robinson (2006) suggests that rather than arousal not being a contributing factor in female SABs, it might be equally likely that females are less likely to report sexual arousal than boys due to lack of awareness of their own sexuality and arousal response.

Clinician bias may also impact research that views girls as less sexually driven than boys, and as such, Robinson (2006) recommends that more studies take place overall, but also studies that consistently look at variables such as:

- History of abuse,
- Family relationships,
- Mental health issues,
- The use of larger sample sizes,

...and their relationship to sexually abusive behaviours occurring. In the meantime, best practice involves being cognisant to the research to date, understanding its limitations, and;

"...listening with keen ears to the stories girls share."

References

Belenky (Eds.), Knowledge, difference, and power: Essays inspired by women's ways of Knowing (pp. 85-125). New York: Basic Books.

Bumby, K.M., & Bumby, N.H. (1997). Adolescent female sex offenders. In B.K. Schwartz & H.R. Cellini (Eds.), The sex offender: Vol. 2. New insights, treatment innovations and legal developments (pp. 10.1-10.16). Kingston, NJ: Civic Research Institute.

Cauffman, E., Feldman, F., Waterman, J., & Steiner, H. (1998). Posttraumatic stress disorder among female juvenile offenders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(11), 1209-1217.

Chesney-Lind (in Funk, S. (1999). Risk assessment for juveniles on probation: A focus on gender. *Criminal Justice and Behavior*, 26(1), 44-68.

Day, H.D., Franklin, J.M., & Marshall, D.D. (1998). Predictors of aggression in hospitalized adolescents. *Journal of Psychology*, 132(4), 427-434.

Debold, E., Tolman, D., Brown, L.M. (1996). Embodying knowledge, knowing desire, Authority and split subjectivities in girls' epistemological development. In N. Goldberger, J. Tarule, B. Clinchy, & M.

13: Treatment Considerations For Females Who Engage In SABs



Gurian, M. (2002). *The wonder of girls: Understanding the hidden nature of our daughters*. New York: Atria Books.

Kubic, E.K., Hecher, J.E., & Righthand, S. (2002). Adolescent females who have sexually offended: Comparison with delinquent adolescent female offenders and adolescent males who sexually offend. *Journal of Child Sexual Abuse*, 11(3), 63-85.

Leitenberg, H., Detzer, M.J., & Srebnik, D. (1993). Gender differences in masturbation and the relation of masturbation experience in preadolescence and/or early adolescence to sexual behaviour and sexual adjustment in young adulthood. *Archives of Sexual Behavior*, 22(2), 87-99.

Leschied, A., Cummings, A., Van Brunschot, M., Cunningham, A., & Saunders, A. (2000). *Female adolescent aggression: A review of the literature and the correlates of aggression* (User Report No. 2000-04). Ottawa: Solicitor General Canada.

Liu, X., & Kaplan, H.B. (1999). Explaining the gender difference in adolescent delinquent behaviour: A longitudinal test of mediating mechanisms. *Criminology*, 37, 195.

Matthews, R., Hunter, J.A., & Vuz, J. (1997). Juvenile female sexual offenders: Clinical characteristics and treatment issues. *Sexual Abuse: A Journal of Research and Treatment*, 9(3), 187-200.

Osborne, & Finsham and Paskaslahti et. al., In Levene, K.S., Augimeri, L.K., Pepler, D.J., Walsh, M.M., Webster, C.D., & Koegl, C.J. (2001). *Early assessment risk list for girls, Earl-21G* (Version 1 – consultation edition). Toronto, ON: Earls court Child and Family Centre.

Ray, J.A., & English, D.J. (1995). Comparison of female and male children with sexual behaviour problems. *Journal of Youth and Adolescence*, 24(4), 439-451.

Robinson, S. (2006) Adolescent females with sexual behaviour problems: What constitutes best practice. In R. Longo & D. Prescott

Salzman, J.P. (1990). Save the world, save myself: Responses to problematic attachment. In C. Gilligan, N.P. Lyons, & T.J. Harter (Eds.), *Making connections: The relational worlds of adolescent girls at Emma Willard School*. (pp. 110-146). Cambridge, MA: Harvard University Press.

Saner, H., & Ellickson, P. (1996). Concurrent risk factors for adolescent violence. *Journal of Adolescent Health*, 19, 94-103.

Tolman, D.L. (2002). *Dilemmas of desire: Teenage girls talk about sexuality*. Cambridge, MA: Harvard University Press.

Young-Eisendrath, P. (1999). *Women and desire: beyond wanting to be wanted*. New York: Harmony Books.

Zoccolillo, M., & Rogers, K. (1991) Characteristics and outcomes of hospitalized adolescent girls with conduct disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30, 973-981.

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