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Female Sex Offenders: Severe Victims and Victimizers

REFERENCE: Travin, S., Cullen, K., and Protter, B., **"Female Sex Offenders: Severe Victims and Victimizers,"** *Journal of Forensic Sciences*, JFSCA, Vol. 35, No. 1, Jan. 1990, pp. 140–150.

ABSTRACT: Although there is an extensive body of literature concerning male sexual offenders, there is a marked lack of articles describing sexual offenses committed by females. The authors present a review of the existing literature on this topic and describe five cases of female sexual offenders and four cases of female sexual abusers. Implications for the effective assessment and treatment of this unique population are discussed.

KEYWORDS: psychiatry, female sex offenders, criminal sex offenses, victimizers, post-sexual-assault syndrome, paraphiliac disorder

Although there is a rapidly increasing body of literature regarding male sexual offenders, there is a notable paucity of literature concerning female sexual offenders [*1*]. In the few studies available, female sexual offenders have been described as having more severe levels of psychopathology [*2*] and personal victimization than their male counterparts [*3*].

Because of this lack of data on female sex offenders, most studies have been compilations of case studies with an attempt made to construct a typology [*4–6*]. But do the few cases reported accurately reflect the actual incidence of sexual abuse committed by females or, as some have suggested, is the true rate of victimization by females closer to that of male sexual offenders? Is the disparity between these two views of incidence attributable to the general underreporting which is characteristic of sexual offenses committed by males or are there elements unique to those by females? The consensus of most investigators is that although the incidence of sexual offenses committed by females is greater than that reported, it is still considerably less than that of males [*1,7*]. The authors concur with this prevailing opinion, which they ascribe to the interplay of biological, sex-role, psychological, cultural, and legal factors.

Further confounding the accuracy of the rate of reported incidence is often a failure to acknowledge clearly the difference between the terms abuse and offense. Although they are often used interchangeably, *sexual abuse* involves a sexual act perpetrated against an individual without their consent, whereas *sexual offense* describes the same behavior

Presented at the 40th Annual Meeting of the American Academy of Forensic Sciences, Philadelphia, PA, 15–20 Feb. 1988. Received for publication 1 Nov. 1988; revised manuscript received 30 Jan. 1989; accepted for publication 3 Feb. 1989.

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but denotes it as a criminal act. Because of the impact of specific sociocultural factors, only the most overt acts of sexual abuse perpetrated by females are likely to come to the attention of the criminal justice system. These sexual offenses are frequently characterized by the bizarre nature of the sexual acts and the level of violence directed against the victim. Female offenders often exhibit a history of physical and sexual victimization, chronic substance abuse, and long-standing psychiatric disorder. Therefore, those female abusers identified as offenders generally represent individuals who are both severe victims and victimizers.

The authors present nine cases of females referred for evaluation and treatment at a forensic psychiatry clinic, five of whom were convicted of sexual offenses and three of whom were convicted of other criminal behaviors and subsequently disclosed sexual offenses while receiving psychiatric treatment. An additional patient was referred for evaluation from a psychiatric day program. Thus, it would seem that our sample is illustrative of the skewed nature of the number of reported sexual offenses committed by females. When reviewing the extent data on incidence of female sexual molestation, it is therefore necessary to be cognizant of the factors which may confound their accuracy.

Epidemiological Studies

A careful search of the literature underscores the dearth of studies on the incidence of deviant sexual acts committed by females. A noteworthy review of Home Office Criminal Statistics for the period of 1975 to 1984 in England and Wales by O'Connor [*2*] of convictions for sexual offenses revealed that 48 234 sexual offenses were committed by males versus 462 perpetrated by females, the latter representing 0.95% of the total of offenses. Of 81 females remanded to Holloway Prison, O'Connor found that 48% of the 39 females convicted for sexual abuse of minors had a history of significant psychiatric illness. The majority of the 19 females convicted of the less serious indecency offenses evidenced a lack of social skills, low intelligence, psychiatric problems, and alcohol abuse. Significantly, in 21 of the 23 cases of forced sexual intercourse, the females were acting in consort with a male perpetrator.

In a comparable survey of female inmates in the United States conducted in 1985, Musk and Gallagher [*8*] found that 202 women or 1.65% of the total female prison population surveyed were incarcerated for sexual offenses. Physical coercion of the victims occurred in 64.5% of the crimes. Among the offenses categorized were sexual abuse/assault or battery (49), child exploitation (34), child molestation (34), and rape (31). In the preponderance of these cases, the women were charged as the principle offenders.

Knopp and Lackey [*9*] published a summary report in 1987 of responses to a questionnaire by 44 agencies which offered treatment to female sexual abusers. These agencies were predominantly community-based outpatient programs located in 19 states. During the year 1985 to 1986, 41 of the 44 responding agencies noted that 220 female sexual abusers accounted for 911 reported cases of sexual abuse. For the year 1987, 40 of these treatment providers reported that 256 female sexual abusers were then currently in treatment.

Finkelhor and Russell [*7*] reviewed data from case report studies on the incidence of females as perpetrators of sexual crimes against children and data on the self-report of victims who identified females as their childhood sexual abusers. These authors point out that case-report studies of females as perpetrators may be exaggerated due to the lack of specificity of the offense, the inclusion of females who failed to provide adequate supervision, and the listing of women as perpetrators who committed the crime under the coercion of a male counterpart. Finkelhor and Russell estimated that, although the majority of child molesters are male, female abusers are responsible for 5% of cases involving girls and 20% of cases involving boys. In an adolescent medicine clinic, Johnson

and Shrier [*10*] report that 14 of 25 adolescent male patients identified as victims of sexual abuse reported having been molested by males and 11 by females. These authors believe that child sexual abuse by females is not an uncommon phenomenon. In a survey of 571 male subjects, Condy et al. [*11*] found that the extent of sexual contact between young male and adult females to be considerably more prevalent than the rate generally reported in the literature. Risin and Koss [*12*] found that 7.3% (n = 216) of 2972 male college students reported having been sexually abused before the age of 14. Of these male victims, 47.1% (n = 102) were abused by adult females. On the other hand, Groth [*1*] found only 3 female sex offenders out of a total of 250 child molesters or approximately 1% in an incarcerated population. These apparently disparate reports of incidence of females as perpetrators illustrate the underreporting typical of sexual abuse in general and perhaps to a greater degree specifically when the abuser is a female.

Types of Offenses

As with males who commit sexual abuse, the types of offenses perpetrated by females can be roughly categorized as involving physical contact or lacking physical contact. The offenses which would include physical contact are rape of adults and various forms of child sexual abuse, including incest. The offenses that do not involve physical contact include exhibitionism, obscene phone calls, and pornography. Knopp and Lackey [*9*] found that 646 or 71% of 911 acts of sexual abuse by females involved physical contact with the victim. In 622 or 96% of these cases involving physical contact, the abuser was known by, or related to, the victim, and 329 or 51% of these acts involved male victims. In Knopp and Lackey's study, the majority of adult female sexual abusers victimized children. Of 620 sexual offenses for this age group, 386 were for nonpenetrating sexual assaults and 41 involved penetration either digitally or with a foreign object. There were 19% more male victims than female victims for this age group, and 61% of them were incestuous in nature. Case reports of incestuous mothers in recent years, although still uncommon, have been increasingly reported in the literature. Marvasti [*13*] cites case histories by Masters [*14*], Wahl [*15*], Lidz and Lidz [*16*], and Lukianowicz [*17*]. Chasnoff et al. [*18*] even report three cases of mother-child incestuous behavior during the neonatal period. In regard to female rape of adults, Brown et al. [*19*] pointed out that the literature on sexual assaults has until very recently neglected this phenomenon. Even the *Uniform Crime Reports*, a publication issued annually by the U.S. Department of Justice which details national arrest records, did not include female arrests for forcible rape until 1975, when it showed that women comprised less than 1% of the total rape arrests. Brown et al. [*19*] report on 13 cases of females arrested for rape in Massachusetts between the years 1974 and 1978 and on an additional 7 cases in the period 1980 to 1981. These investigators note that the recognition that female rapists may victimize females as well as males contributed to the decision in *Commonwealth v. Denise Whitehead* [*20*]. In that case, the Massachusetts Supreme Judicial Court in 1980 affirmed the judgment that female-to-female rape (or homosexual rape) be subsumed under the category of forcible rape. Although the incidence of female rapes of adult males is rare, Schiff [*21*] reports a case of a female college student who threatened a 34-year-old man with rape and another case of the completed rape of a man by two women. Sarrel and Masters [*6*] cite four cases of forced assault of men, three of which involved intercourse.

The instances of female sexual deviant behavior least frequently reported are those cases involving no physical contact with the victim. Zavitzianos [*22*] offers a psychodynamic formulation of a case of fetishism and exhibitionism in a 20-year-old female patient. Hollender et al. [*23*] and Grob [*24*] describe single case studies of genital exhibitionism in a 27-year-old woman and a 43-year-old woman, respectively.

Cyclic Trends in Victimization

The relationship between sexual victimization and various negative consequences experienced by the victim remains a subject of considerable debate. Negative sequelae have been described in adult rape victims as constituting a rape-trauma syndrome by Burgess and Holmstrom [*25*], which they note fulfills the criteria for a diagnosis of posttraumatic stress disorder [*26*]. Such researchers as Summit [*27*] and Briere [*28,29*] have observed a similar post-sexual-abuse syndrome in child victims. Clinical reports generally categorize the sequelae as immediate, intermediate, and long-term or delayed. Among the early traumatic sequelae frequently listed are conduct disorders, anger, anxiety, depression, and phobias, and at a later stage substance abuse, promiscuity, and sexual dysfunction. In a survey of 278 female college students, Briere and Runtz [*30*] found that 14.7% (n = 41) reported having been sexually abused as children. Significantly, this study of victims in a nonclinical population noted a higher level of dissociation, anxiety, depression, and somatization than those subjects who had not been victimized. Earlier, Briere and Runtz [*29*] had suggested that dissociation was a cognitive method used by the victim to escape the sexually abusive situations and which later evolved into a more generalized defense mechanism employed during periods of high stress. Suicidality may be considered an extreme form of dissociation and the ultimate escape [*31*]. Although sexual trauma syndromes have generally described offenses perpetrated by males against female victims, recent studies have indicated that boys and men also suffer similar adverse effects [*6*]. Perhaps the most tragic sequela noted by many authors is a cyclic trend of victimization in which a significant number of sexually abused children reenact their own victimization in a variety of ways later in life [*32,33*]. Seghorn et al. [*33*], in a sample of males incarcerated for sexual offenses, found that 57% of a total of 54 child molesters had themselves been molested as children, which was 2½ times the rate of that of rapists sampled.

Although there is an extensive body of literature on the effects of victimization by males, little has been written about the effects of victimization perpetrated by females. In Sarrell and Master's [*6*] study of 11 cases of male sexual abuse by females, all of the victims experienced a serious posttrauma reaction by all age groups which paralleled the rape-trauma syndrome as noted by Burgess and Holmstrom in females. As a counterpoint, Condy et al. [*11*] found via a questionnaire administered to 359 male college students and 212 male inmates in a medium-security prison that sexual contact of boys with women was more common than described in the literature, that many respondents characterized the sexual incident as a good experience, and only termed it negative when the female used force or was incestuous. Finkelhor and Russell [*7*] recounted that adults indicated they experienced more profound negative sequelae of childhood sexual victimization when the perpetrator was a male rather than a female. Johnson and Shrier [*10*], based upon their study of male adolescents sexually victimized by females, state that "childhood sexual victimization, whether by male or female molesters is a high-risk experience that markedly increases the likelihood of acute and future disturbances in important areas of functioning."

In a study of twelve female sexual offenders, Wolfe [*3*] found seven of the twelve women studied, or 58%, had been sexually victimized themselves as children. Importantly, half the sample suffered general sexual dysfunction, alcohol or substance abuse, and low educational level.

Preliminary Attempts at Typologies

The major difficulty which prohibits the construction of a valid, unified typology to explain female sexual offenses is the conflict between the paucity of the number of known

offenders and the multiplicity of the factors that possibly contribute to their offenses. There are too few cases reported in specific categories of offenses to provide representative descriptions. Even in large *N*-size studies of male sex offenders, while theories of etiology and taxonomic systems have been offered by researchers, there is no universally recognized typology [*34,35*]. Nonetheless, there have been several preliminary attempts made to characterize female sexual perpetrators.

Groth and Birnbaum [*1*] contrast male and female rapists by noting the lack of expressed anger and aggression in the behavior of females and the primacy of children as the target of female sexual offense. Sarrell and Masters [*6*] describe eleven cases of female sexual offenses of males and offer four classifications based on the level of violence or coercion and the relationship between offender and victim. These categories are (1) forced assault of adults, (2) "baby-sitter" abuse, (3) incestuous abuse, and (4) dominant woman abuse of adults. In a study of 20 females charged with rape in Massachusetts, Brown et al. [*19*] found that the majority of victims were female, less than 17 years of age, and known to the offender. Further, the offense occurred in a residential setting and did not involve the use of a weapon.

Based upon her work in treating 9 adolescent female sexual abusers and 14 adult female sexual abusers, Mathews [*4*] also constructed a preliminary typology of female sexual abusers. Underlining this classification are the differences between male and female sexual abusers. Mathews divides female sexual abusers into the following five groups: (1) exploration/exploitation abusers, (2) personality disordered/severe abuse, abuse history/self initiators, (3) male coerced, (4) male accompanied, and (5) developmentally arrested or regressed. McCarty [*5*], writing on 26 cases of mother-child incest, notes the differences among those women who acted independently, as co-offenders, and as accomplices. Marvasti [*13*] reports that in 5 cases of maternal incest, the sexual abuse was nonviolent, and not reported to or detected by the criminal justice system. Notably, in 4 out of 5 cases, the perpetrator rather than victim reported the abuse to mental health professionals. Importantly, Marvasti points out that the themes of power and control often noted in father-daughter incest were absent.

Case Histories

The five cases of females referred primarily for sexual offenses constituted approximately 1% of the total number of sexual offenders ($N = 515$) that had been seen since the inception of the specialized sex-offender treatment program. This 1% figure is consistent with the prevalence rate of female sexual offense reported in the literature [*1,2,7*]. The remaining cases were females who had perpetrated acts of sexual abuse but had not been identified by the criminal justice system.

Case 1

Ms. A. is a 21-year-old single, white female referred by the Department of Probation for evaluation as a result of conviction on multiple counts of sexually molesting several preadolescent nieces while providing childcare. These incidents occurred over a 3-year period and were characterized by excessive physical force resulting in physical trauma to the children. On the occasion of sexual abuse which led to disclosure, Ms. A. lacerated the vagina of the victim.

Personal Victimization—Ms. A. had been beaten and sexually abused throughout most of her childhood by her father. She related that during these savage beatings she experienced dissociation in that she felt she was not the target, but rather another child whom she termed the "bad girl."

Psychological Profile—Ms. A. had a history of truancy and isolation dating from early adolescence. She described episodes of depersonalization during stressful periods, in which she characterized herself as feeling detached or removed from the action taking place. It was during such periods that Ms. A. committed the sadistic sexual acts which she attributed to the actions of the same "bad girl." This dissociative feature may have facilitated her initial denial of having committed the sexual offenses.

Case 2

Ms. B. is a 29-year-old black female who was convicted of molesting her paramour's son from the ages of 5 to 11. She would perpetrate these acts following physical abuse by her paramour or when he left her for long periods of time, during which she suspected him of having sexual liaisons with other women.

Personal Victimization—Ms. B. had been repeatedly raped at knife-point by her maternal uncle during her early adolescence.

Psychological Profile—Ms. B. presented as a depressed and anxious woman with extremely low self-esteem. She appeared to relate to her paramour in a clinging-dependent manner and was unable to extricate herself from him despite chronic physical and emotional abuse. She displayed many of the characteristics found in the battered spouse syndrome.

Case 3

Ms. C. is a 19-year-old white female of Italian-American descent who was convicted of forcing her neighbor's 5-year-old son and 6-year-old daughter to perform various sexual acts with each other while she was baby-sitting for them. These events occurred with high frequency over an 18-month period until disclosure by the female victim. Ms. C. had threatened to kill the children's mother to ensure compliance from them.

Personal Victimization—As a child, Ms. C. had been molested by her mother's paramour and beaten by the mother, who refused to believe her accusations. As a result she fled the home.

Psychological Profile—Ms. C. presented as extremely passive, withdrawn, and inadequate, with marked deficits in coping skills.

Case 4

Ms. D. is a 35-year-old Hispanic female who was convicted of sexual abuse involving inserting the handle of a hairbrush into the vagina of a 6-year-old neighbor's child while under the influence of alcohol. During treatment she admitted having sexually abused other small children in a similar manner.

Personal Victimization—Ms. D. denied having been sexually abused as a child but claimed to have suffered severe physical abuse and neglect at the hands of her parents.

Psychological Profile—Ms. D. was a lonely and withdrawn individual with an extensive history of alcohol abuse. She impressed us that, while being too fearful to establish social relationships, she had a profound need to seek some type of intimacy, which she expressed in this bizarre fashion.

Case 5

Ms. E. is a 34-year-old Hispanic married woman who was convicted of fellating her 11-month-old son. She had been reported to the authorities by her mother-in-law, who

discovered the abuse. Ms. E. adamantly denied any sexual intent and maintained that it was a normative expression of affection.

Personal Victimization—Ms. E. described an early childhood background of parental neglect with an absent mother involved in alcohol and with a series of male paramours.

Psychological Profile—Ms. E. presented as an immature and irresponsible woman with little insight and poor impulse control.

Summary

Cases 6 through 9 are examples of females who, although they acted out in a deviant sexual manner, could not be considered to be true sexual offenders since they were not arrested or convicted of any sexual crimes. Each of these individuals suffered from severe psychopathology, which was the reason for psychiatric evaluation. Case 6 involved a severe borderline personality disorder with a history of brief episodes of psychosis who during treatment disclosed having repeatedly sexually abused an unspecified child in the past. Case 7 involved a severe bipolar disorder with marked manic phases, and Case 8 involved a paranoid schizophrenic woman; both of these individuals had histories of exhibitionism only while psychotic. Finally, Case 9 was a middle-aged woman with a schizoaffective disorder who was referred by a clinic because she had reported a long-standing problem of incestuous conduct with younger relatives.

Certain shared characteristics emerge from a review of these nine case histories. All of the female perpetrators had backgrounds of having been severe victims themselves of repeated sexual, physical, or psychological abuse, or some combination of these. Each of these women had low self-esteem, few or no positive social relationships, and functioned on, at best, a marginal level. The five female sexual offenders reported that when they had complained to their mothers or other adult care-givers about their own victimizations, these adults minimized the significance of the victimization and blamed the victim. Each of the five females as adults perpetrated either bizarre or violent sexually deviant acts on their victims. Although they had obvious characterological deficiencies, and despite their highly aberrant behavior, none had any history of psychosis. In comparison, the sexual acts perpetrated by the four sexual abusers lacked bizarre or violent qualities. Furthermore, each of the abusers had histories of psychosis and chronic mixed substance abuse.

From an etiological perspective, deviant sexual behavior is an extremely complex phenomenon whose causality is multidetermined. The major determinants have been described as consisting of biological, learned/behavioral, and psychodynamic factors. In any individual, certain elements may appear to be preeminently causal. Of the nine cases cited, the five who presented as sexual offenders evidenced aspects of learning and behavioral determinants such as imprinting, imitation, and shaping in the aggressive nature of their sexual acts. Although the vast majority of the psychodynamic literature concerning perversions refers to males, some formulations seem applicable to these five female sexual offenders. Deviant sexual acts may be seen as attempts to experience wholeness by raising the individual's sense of self-esteem, albeit in a perverse manner [*36*]. Similar to Glasser's [*37*] description of the role of sadistic perversions in the maintainance of psychic homeostasis in the male, sadistic elements in these female sexual offenders may serve a parallel purpose. Stoller's [*38*] psychodynamic formulation of the role of aggression in perversion would also seem descriptive of these five cases of female sexual offenders. Stoller describes the aggressive act as a reparative experience by which the individual "reverses the positions of the actors in the drama and also reverses their affects. One moves from victim to victor, from passive object of others' hostility and power to the director, ruler; one's tormentors in turn will be one's victims." In the four cases of female sexual abusers, where the individuals were more clearly seriously dis-

turbed, their deviant sexual acts may be interpreted as elements of their psychotic processes and specifically as attempts to stave off further psychic disintegration.

The efficacy of providing treatment to female sexual offenders depends, as in all successful treatment, on the ability to match therapy with the specific needs of the patient. When female sexual offenders are evaluated, especially in a forensic science setting, there is a tendency to focus on the severe nature of the sexual crimes, often to the exclusion of the very real treatment needs of the offender, which likely stem from the negative sequelae of their own personal severe victimization as children. Among the long-term negative sequelae experienced by victims of sexual assault are decreased sex drive, sexual dysfunction, fear of men, feelings of isolation, depressive episodes, negative self-image, social inadequacy, and alcohol or substance abuse [*39*]. Failure to recognize these symptoms as treatment needs derived from the individual's own painful victimization and therefore as worthy of the therapist's immediate supportive intervention would seem to preclude the possibility of successfully engaging the patient in a therapeutic relationship.

The authors' experience with the five cases of sexual offenders is based on a bimodal therapeutic approach comprised of an initial cognitive-behavioral paradigm of intervention paired with subsequent focused psychodynamic treatment [*40*]. However, it is important to point out that we attempted to modify the program to meet the anticipated needs of these female offenders from the onset of our contact with them. Significantly, these individuals were referred by female probation officers who evidenced sensitivity for these women's unique concerns. Consequently, in three out of the five cases of the female sexual offenders, the clinicians who conducted the intake interviews and subsequent therapy were female staff members, one of whom had extensive specialized training in evaluating and treating sexual assault victims. These female offenders were not asked to undergo psychophysiological assessments, and treatment occurred on an individual basis rather than in a group format or one which would have included male offenders. Nevertheless, in retrospect, we can identify various limitations imposed by the use of this approach to treatment. Specifically, clinical interview and psychometric tests are designed to be more confrontative of the denial and minimization characteristic of the majority of sex offenders. In contrast to male sex offenders who frequently persist in their denial of culpability in the sexually deviant acts, the five female offenders, when confronted with the details of their abusive acts, readily acknowledged their responsibility and were overwhelmed with shame and guilt. Despite all our efforts to engage the patients in a more empathic relationship aimed at addressing their shame and guilt, the patients seemed unable to respond and shortly afterwards left treatment. It is noteworthy that Burgess and Holmstrom [*26*] cite the difficulty in successfully engaging female victims of sexual assault in psychotherapy and note a high dropout rate.

Discussion

Despite the small number of female sex offenders in our review, the cases illustrate many of the major issues posed by this population. These cases constitute 1% of sex offenders seen in our clinic. This percentage of female to male sex offenders parallels the incidence rate most reported by other researchers. However, it is generally agreed by these same researchers that this incidence rate is confounded by the underreporting of female sexual abusers whose sexual acts may be disguised as appropriate acts by caregivers, the incestuous nature of the acts which are less likely to be reported by a child dependent on his mother, and the misinterpretation by young boys of the incidents as a result of factors of social conditioning. Significantly, the only sexual abusers identified by us as such were those individuals referred to the clinic because of their involvement in other criminal acts and their concomitant marked degree of psychopathology. It is likely, therefore, that a larger group exists of female sexual abusers who are identified

neither by the criminal justice system nor by a mental health agency. Some female sexual abusers may disclose their sexual abuse activities when seeking treatment for their own victimization. Nevertheless, the prevailing opinion is that the actual incidence of sexual abuse perpetrated by females is considerably less than that committed by males.

Finkelhor [*7*] has delineated ten theoretical attempts to explain the low incidence rate of child molestation perpetrated by females. These theories basically focus on the interplay of biological and sociocultural factors that cause males to be more likely the initiator of sexual activity, promiscuous, and aroused by sexual stimuli devoid of emotional content. In contrast, females are more likely to evidence maternal or nurturing behavior and to empathize more easily with the vulnerability of children. Given these positive role expectations, the level of their shame and guilt experienced by the female offenders in our study following confrontation about the deviancy of their behavior becomes more easily understood.

These presumptive differences in sets of motivational factors between male and female sexual offenders pose questions regarding diagnostic classification. Specifically, can the female sexual offender be diagnosed as suffering a true paraphiliac disorder according to criteria described in the *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition-Revised (DSM-III-R) [*41*]? To be diagnosed as a paraphiliac, the individual must be markedly distressed by recurrent intense urges and sexually arousing fantasies of a deviant type or to have acted on these urges over a period of six months. However, these criteria often prohibit the diagnosis of paraphilia, since most sexual offenders initially deny the existence of long-standing fantasies and urges, although they may admit some degree of involvement in deviant sexual behavior. In the authors' clinical experience with this population, it is only once the patient is engaged in active treatment that he or she begins to acknowledge the existence of recurrent deviant sexual fantasies before the deviant sexual acts. Therefore, the diagnosis of paraphiliac disorder is often presumptively made based upon clinical judgment that the individual has indeed compulsively engaged in deviant sexual behavior. Because of the brief nature of our contact with the nine female cases seen in clinic, the presence of distressing recurrent fantasies could not be firmly established. However, Cases 1 through 4 of the offender group and Cases 6 and 9 of the abuser group were presumptively diagnosed as pedophiles based upon their repetitive behavior. Moreover, although Cases 1 and 4 had sadistic elements, a diagnosis of sexual sadism could not be made because it was unclear whether or not the suffering or humiliation of the victims played a role in the sexual arousal of the offender. Significantly, in only one of the nine cases (Case 2) did the female report having experienced genital orgasm.

Conclusion

In summary, it is clear that female sexual offenders do exist and may warrant the diagnosis of paraphiliac disorder. Although further research into this phenomenon is needed, it is questionable, given the small number of female offenders, whether specialized treatment programs are justified. Mathews [*42*] has argued that unique programs are indeed required because female offenders suffer not only from guilt related to the commission of a crime, but even more so because this crime constituted a perversion of their role as the protective, nurturing mother figure. There can be no argument, however, that clinicians must become sensitive to the special needs of this population. To engage successfully these patients, we must attend to the sequelae experienced in adulthood of their own sexual abuse as children which include self-blame and poor self-image, exaggerated fear response, and chronic depressive states. These symptoms are often ignored, and emphasis is placed on the anger, hostility, and denial typical of the sexual offender.

Therefore, it is essential to note concomitant treatment needs of the female sexual offender stemming from their dual nature as both severe victim and severe victimizer.

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