

NCSBY Fact Sheet

What Research Shows About Female Adolescent Sex Offenders

This Fact Sheet provides professionals with known information about female adolescent sex offenders. The information is based on the limited available research on this population. Female adolescent sex offenders are defined as females from ages 13 to 17 who commit illegal sexual behavior as defined by the sex crime statutes of the jurisdictions in which the offense occurred. Over the past decade, adolescent sexual offending has become a growing concern in the United States. Although the majority of cases of adolescent sexual aggression appear to be committed by males, females account for 1% of forcible rapes committed by juveniles and 7% of juvenile arrests for sex offenses, excluding prostitution.²

The current research indicates that female adolescent sexual offenders (female ASOs) have been under-reported and under-represented in the sexual offender literature.³ A number of hypotheses regarding this phenomenon have been suggested.^{4,5,6}

- Individuals, including parents, law enforcement, and child protective services staff, may fail to recognize and address female adolescent sex offending because they consider females to be physically and/or emotionally incapable of committing such offenses.
- Society may more readily tolerate female adolescent sexual behavior, particularly of non-contact sexual offenses as exhibitionism, peeping, and making indecent phone calls.
- Child protection, law enforcement, and other professionals may perceive that adolescent females pose a significantly lower risk for sexual offending than adolescent males, believing them to be more mature and better able to separate emotional needs from sexual behaviors than their male peers.

One complication of this under-representation is that it has been difficult for researchers to locate adequate samples of female ASOs to participate in research. Much of the published literature on female ASOs was drawn from information gathered through single case studies and small samples of specific populations (e.g., adolescent girls who were incarcerated or in inpatient treatment programs). It is unclear whether this information adequately represents the general population of female ASOs.

CHARACTERISTICS

- The average female ASO is 14 years old.^{3,5}
- Female ASOs exhibit greater variability in their sexual arousal and behavior patterns than adult male/female sex offenders. Most female ASOs do not meet the accepted criteria for pedophilia³, i.e., do not have exclusive sexual attraction to young children.



- The most common sexual offenses committed by female adolescents are non-aggressive acts, such as mutual fondling, that occur during a caregiving activity such as babysitting.^{3,4,5}
- Female ASOs rarely commit sex offenses against adults; the typical victim of female ASOs is a 5 year old child.⁵ The victims of female ASOs are most frequently acquaintances or relatives.^{4,5,7} Male and female children appear to be equally at risk for sexual victimization by female adolescents.⁷
- Female ASOs are similar to their male adolescent counterparts in the level of diversity that exists within their population.^{3,8}
 - They commit a wide range of illegal sexual behaviors, ranging from limited exploratory behaviors committed largely out of curiosity to repeated aggressive acts.
 - Although some have histories of multiple non-sexual behavior problems or prior non-sexual juvenile offenses, many are otherwise well-functioning youth with limited behavioral problems.
 - While some female ASOs experience high levels of individual and family psychopathology, others have limited psychological problems and minimal family dysfunction.
- Female ASOs differ from male ASOs with regard to physical and sexual abuse history.^{3,4,7,9,10}
 - On average, female ASOs have experienced more extensive and severe physical and sexual maltreatment during their childhood than male ASOs.
 - Comparisons of male and female ASOs with histories of childhood sexual abuse have found that female ASOs are sexually victimized at younger ages and are more likely to have had multiple perpetrators.
- The sexual and non-sexual re-offense rates for female ASOs are currently unknown. Presently, a comparison cannot be made between the re-offense rates for female and male ASOs (Re-offense rates for male ASOs: sexual = 5 to 14 percent; nonsexual = 8 to 58 percent).^{11, 12}

ASSESSMENT AND TREATMENT

- The current sex offender literature provides limited information on the assessment and treatment of female ASOs.¹³
- At present, there is no scientifically validated system or test to determine which female ASOs pose a high risk for recidivism. Although a number of risk assessment tools are being developed for use with male ASOs, these instruments will require further validation to determine their applicability to the female ASO population. Caution is suggested in the current use of such tools as they may overestimate the relevance of certain risk factors to female ASO recidivism and may underestimate or fail to identify factors that may be unique to female ASO recidivism.
- As with male ASOs, a broad approach should be undertaken when evaluating the treatment and placement needs of female ASOs. In consideration of the research indicating the high incidence of childhood sexual trauma in this population, evaluations for female ASOs should inquire about trauma exposure history and should assess for the presence of posttraumatic symptomatology.^{3,14}
- At present, no evidence exists to support either the use of traditional male ASO treatment methods with female ASOs or the inclusion of female ASOs in male ASO group treatment programs. Current clinical opinion suggests that the treatment needs for female and male ASOs may differ with respect to such issues as victimization history, relationship development, and sexual health.^{3,14}
- Given the variability of sexual offenses committed by female ASOs, it is recommended that treatment and placement decisions be made on a case-by-case basis in order to best meet the needs of each adolescent.³
- While the female ASO's illegal sexual behavior should be a central component of therapy, other areas, such as post traumatic stress disorder or depression, may need to be addressed depending on the adolescent's

individual treatment needs. For example, an empirically validated abuse-focused clinical intervention should be incorporated into the treatment plan of female ASOs experiencing posttraumatic symptoms related to childhood victimization.^{3, 14}

Areas in need of further investigation for female ASOs include:

- Sexual and non-sexual recidivism rates
- Tools and methods for assessing re-offense risk
- Descriptions of existing intervention methods
- Treatment outcome studies

Additional information about adolescent sex offenders and children with sexual behavior problems is available from the **National Center on Sexual Behavior of Youth**, www.ncsby.org.

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