

# Psychiatric Impairment and Childhood Victimization Experiences in Female Child Molesters

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## ABSTRACT

**Objective:** To assess psychiatric impairment and childhood victimization experiences in female child molesters. **Method:** Eleven incarcerated female child molesters were compared to 11 women imprisoned for nonsexual offenses as to their psychiatric diagnoses based on interviews with the Structured Clinical Interview for *DSM-III-R*, Outpatient Version (SCID-OP), the SCID II for Personality Disorders, and the Harvard-Upjohn Post-Traumatic Stress Disorder (PTSD) Interview. A family and sexual history with a description of childhood victimization experiences was also obtained by using the Wyatt Sexual History Questionnaire. **Results:** The majority of the subjects in each group exhibited major depression, alcohol/substance abuse, and PTSD, but the sexual offenders demonstrated more psychiatric impairment on the Global Assessment of Functioning Scale on the SCID-OP. The sexual offenders demonstrated a higher incidence of childhood physical and sexual abuse within the family than the comparison group, and these victimization experiences were more severe and more frequently associated with PTSD. The sexual offenders and the comparison women described negative relationships with parents and caretakers, and with spouses or boyfriends. However, the sexual offenders perceived their parents as more abusive, while the comparison women regarded their parents as more neglecting. **Conclusions:** Incarcerated female child molesters exhibited greater psychiatric impairment and more intra-familial physical and sexual abuse than a comparison group of women imprisoned for nonsexual offenses. *J. Am. Acad. Child Adolesc. Psychiatry*, 1994, 33, 7:954-961. **Key Words:** sexual abuse, sexual offenders, family violence.

The vast majority of the literature on perpetrators of sexual abuse against children has dealt with the male child molester. While males are responsible for the majority of child sexual abuse, case report studies indicate that 14% to 24% of boys and 6% to 14% of girls are molested by women (American Humane Association, 1981; National Center for Child Abuse and Neglect, 1981). Some self-report studies reveal that 44% to 60% of young adult males have been sexually victimized by women (Fritz et al., 1981; Johnson and Shrier, 1987). Finkelhor (1984) speculated on the existence of intrinsic and culturally determined

characteristics of women that might account for their decreased potential for child molesting compared to men. Among these are their disinclination to sexualize relationships and to initiate sexual activity, their tendency to prefer older and more powerful sexual partners, their stronger bonding with children, and the greater acceptance of sexual contact with children within the male subculture.

The paucity of clinical studies of female sexual offenders is in sharp contrast to their numbers. Only a handful of anecdotal clinical reports dealing with the personality characteristics and backgrounds of female perpetrators have been published. Two main areas of agreement were apparent in the literature: the high incidence of psychiatric impairment in these female offenders, and their frequent history of a disturbed childhood which included sexual victimization. For example, 48% of O'Connor's sample (1987) had a previous history of psychiatric disorder, 77% of Mayer's female incest offenders (1983) manifested "infantile or psychotic behavior," while McCarty (1986) described 50% of her female sexual offenders as suffering with

Accepted December 27, 1993.

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"severe emotional disturbance." McCarty also reported substance abuse in 40% of her sample. Allen (1991) found that 17% of a sample of female sexual offenders indicated that they were alcoholics, while 26% of them had used drugs. As far as childhood victimization is concerned, McCarty (1986) reported that 95% of her sample had been physically or sexually abused, and Ferenbach and Monastersky (1988) described a childhood history of sexual abuse in 50% of a sample of female adolescent sexual offenders. Twenty-one percent of them had been physically abused. Allen (1991) reported that 72% of female offenders had been sexually abused during childhood.

Mathews et al. (1989) devised a typology of female child molesters consisting of (1) an "exploration/exploitation" type, in which a teenager fondles a younger child; (2) a "predisposed" type, where a woman with a severe history of physical or sexual abuse molests her own child or a child she knows; (3) a "teacher-lover" type, consisting of women who "fall in love" with teenage males; (4) a "psychologically disturbed" type, which includes women with severe psychiatric impairment and/or substance abuse who are psychologically unstable at the time of the offense; and (5) the "male-coerced" type, consisting of dependent women participating in the molestation of children initiated by their husbands or boyfriends.

Faller (1987) reported that 72.5% of 40 female offenders molested children in polyincestuous family situations involving at least two perpetrators and two or more victims, with a male offender usually initiating the sexual acts.

The limitations of the above studies include the lack of control groups, a failure to use standardized measures of psychopathology, the failure to obtain *DSM-III-R* psychiatric diagnoses, and a lack of information about the sexual histories and sexual behavior of the female offenders. With the exception of O'Connor's sample (1987) and some of Allen's cases, none of the previous studies involved incarcerated female offenders.

The purpose of this study was to determine the incidence and nature of psychiatric impairment and childhood victimization experiences in the backgrounds of incarcerated female child molesters, using incarcerated female nonsexual offenders as controls. We also attempted to understand the nature of the psychodynamics in female child molestation and typical object relationships and defense mechanisms used by the

molesters. The data were obtained by in-depth psychiatric interviews. It was hypothesized that the molesters would manifest greater psychiatric impairment and more frequent and serious childhood victimization experiences such as physical and sexual abuse than the controls.

## METHOD

### Sample

Eleven incarcerated female sexual offenders against children and a comparison group of 11 female offenders incarcerated for nonsexual crimes were matched as closely as possible for age, ethnicity, socioeconomic status, and level of prison security (low, medium, maximum). Limitations in the recruitment of subjects imposed by the prison system precluded exact matching for ethnicity so that there were more Hispanic and fewer white subjects in the sexual offender group than in the comparison group (offenders: 5 white, 3 Hispanic, 3 black; comparison: 7 white, 1 Hispanic, 3 black). The mean age of the sexual offenders was 36.45 years (range 21 through 68), which was similar to that of the comparison group 35.27 years (range 24 through 44). The offenders and comparison group were similar on the Hollingshead Four Factor Index of Social Status (1975). The offenders had a mean total score of 23.4 compared to 20.9 for the comparison group (social stratum 4). The mean educational scale score was 3.27 for the offenders and 3.18 for the comparison group, corresponding to a 10th to 11th grade level. A larger number of sexual offenders than comparison subjects had never married (6 versus 3), and the sexual offenders had a higher average number of children than the comparison women (3.3 versus 1.5).

### Procedure

Subjects were recruited by the prison staff of the Bedford Hills, Taconic, and Bayview Correctional Facilities for Women in New York State, and the Edna Mahan Correctional Facility for Women in New Jersey. The staff member, usually a part of the facility's mental health division, explained the study to each prospective subject, who was told that she would be asked about her emotional problems and sexual behavior. Informed consent was obtained by the prison staff. There was no evidence that any of the sexual offenders recruited for the study had refused to participate. The New Jersey subjects received a \$25.00 stipend for their participation; the New York subjects were prohibited from receiving money according to New York State Department of Corrections Guidelines. Since the New York subjects agreed to participate, it is unlikely that the selective availability of the \$25.00 stipend influenced the results. The following data were collected from each subject:

*History of Criminal Behavior.* Information was obtained about the subject's most recent criminal offense (sexual or nonsexual) which led to their current imprisonment and about prior criminal or family court offenses and incarceration. This was obtained by prison records and by interview.

*Family History, Sexual History, and Victimization Experience.* Information regarding each subject's childhood, family history, school and work performance, social and sexual history, and prior victimization, both physical and sexual abuse, was obtained by direct interview and from the Wyatt Sexual History Questionnaire

(Wyatt, 1982). This questionnaire was administered by three female interviewers.

*Psychiatric Status and Psychopathology.* Measures of psychiatric status and psychiatric impairment were obtained from each subject using the following standardized psychiatric interviews: the Structured Clinical Interview for *DSM-III-R*, Outpatient Version (SCID-OP) (Spitzer et al., 1992); the SCID II for Personality Disorders; and the Harvard-Upjohn Post-Traumatic Stress Disorder (PTSD) Interview. Interrater reliability was established for nine lifetime psychiatric diagnoses on the SCID-OP for three interviewers. The average intraclass correlation coefficient was 0.76, with a range from 0.41 to 1.00.

### Psychodynamic Profile

A psychodynamic profile, derived from an in-depth, open-ended psychiatric interview, was obtained after the completion of formal data collection. This interview attempted to integrate the previously collected data, i.e., criminal behavior, family history, victimization experiences, and psychiatric status, to obtain a dynamic understanding of the overall psychological adaptation of each subject and the nature of her object relationships and her use of defense mechanisms. Potential risk factors were considered in the individual, family, and environment which might contribute to the sexual and nonsexual criminal offenses of each subject. This interview also served to "debrief" each subject by reviewing her reactions to participating in the research.

### Data Analysis

Between-group differences were analyzed by standard statistical techniques, *t* tests, and  $\chi^2$  tests. Multivariate techniques were not used and *p* values were not obtained because of the small sample size.

## RESULTS

### Types of Sexual Offenses Committed

For the purposes of this study, sexual molestation was defined as either "hands-on" sexual acts including fondling of the genitals, passive or active oral sex, and vaginal intercourse, or as noncontact offenses in which the woman coerced the child into sexual activity with an adult accomplice or permitted the codefendant to molest the child in her presence.

Six of the female molesters committed contact offenses, and five were involved in noncontact offenses. Three of the contact offenders fondled their sons and had intercourse with them. The remaining three were accused of fondling a foster daughter, a girlfriend's son, and a girl while baby-sitting.

The five noncontact offenders facilitated the sexual contact between a child and their male accomplices, who were prosecuted as codefendants. All of their victims were girls; three of them were daughters of the female offenders, one was a niece, and one was a nonrelative. The male accomplices of four of the female

offenders vaginally penetrated their victims, and the remaining accomplice used digital penetration. Two of the female noncontact offenders photographed the sexual activity between their male accomplices and the children. Two of the contact offenders molested two children each, and two of the noncontact offenders molested more than one child (one molested two children, one molested four children). The mean age of the 17 child victims at the onset of their molestation was 8.4 years.

### Offenses Committed by the Nonsexual Offender Comparison Group

Four of the comparison group women were convicted solely for the possession and distribution of illegal drugs. One was convicted of assault, and six were convicted of robbery or burglary. Three women who committed robbery/burglary had additional drug convictions, one was also convicted of murder, and one had been convicted of manslaughter.

### Prior Physical and Sexual Victimization

The incidence of physical and sexual abuse during childhood and adolescence for the female child molesters and the comparison group is described in Table 1. The molesters demonstrated a higher incidence of prior physical and sexual abuse than the comparison group and were exclusively victimized within their families. The subjects in the comparison group who had been sexually abused were more likely to have been molested outside of the family.

### Description of Sexual and Physical Victimization

Six of the sexual offenders who had been sexually abused during childhood reported having been vaginally penetrated during intercourse with fathers or father surrogates (stepfather, mother's boyfriend, boyfriend of older sister). One sexual offender described

**TABLE 1**  
Physical and Sexual Abuse in Childhood and Adolescence

	Physical Abuse (Intrafamilial)	Sexual Abuse	Sexual Abuse (Intrafamilial)
Sexual offenders ( <i>N</i> = 11)	8 (73)	9 (82)	9 (82)
Comparison ( <i>N</i> = 11)	5 (45)	5 (45)	2 (18)

Note: Values represent No. (%).

attempted intercourse by a stepfather who also fondled her, and one offender was vaginally fondled by an uncle but was not sure whether he had intercourse with her. The one sexually abused offender who only reported genital fondling described digital penetration by two male cousins, one of whom forced her to perform fellatio. Five of the offenders were molested by multiple perpetrators. Two of them were victimized by females in addition to male perpetrators (mother, female cousin). The sexual offenders ranged in age from 4 to 17 years when they were molested, and each was victimized within the family.

On the other hand, only two of the five comparison group women with a history of child sexual abuse had been molested within the family. One was vaginally fondled by a father and brother, and one was vaginally fondled by a foster mother. Two of the remaining three comparison women were subjected to vaginal intercourse by teenage boys, and one had her breast fondled by a male friend of the family. The comparison women ranged in age from 2 to 13 years at the time of their molestation.

With respect to childhood experiences with physical abuse, two of the offenders had been beaten by their fathers, three by their mothers, one by a grandmother, one by a mother's boyfriend, and one by both mother and father. The beatings were administered with hands, fists, sticks, belts, belt buckles, broomsticks, and shoes. Three of the comparison women were physically abused by their fathers, and two by their mothers. Four of these women were beaten by belts, and one by hand.

#### Psychiatric Status and Psychopathology

Both the female sexual offenders and comparison women exhibited a substantial degree of psychiatric impairment reflected by the large numbers of Axis I and Axis II diagnoses, as shown in Table 2. For example, 7 of the sexual offenders and 8 of the comparison women experienced a past or current episode of major depression. Both groups manifested a high incidence of substance abuse. All of the comparison women and 7 of the 11 sexual offenders abused one or more substances (Table 3). The greater number of substance abuse diagnoses encountered in the comparison group contributed to their larger mean number of Axis I diagnoses per subject (sexual offenders 4.8, comparison group 6.4) (Table 2). While 8 of the sexual offenders and 7 comparison women exhibited PTSD,

**TABLE 2**  
Frequency of *DSM-III-R* Axis I and Axis II Diagnoses in Female Sexual Offenders and in Comparison Group of Nonsexual Offenders

	Offenders ( <i>N</i> = 11)	Comparison ( <i>N</i> = 11)
Total Axis I diagnoses	53	70
Mean no. of Axis I diagnoses per subject	4.8	6.4
Total Axis II diagnoses	40	27
Mean no. of Axis II diagnoses per subject	3.6	2.4

all 8 of the sexual offenders compared to 4 of the comparison subjects linked their PTSD to either physical or sexual abuse occurring in childhood or adolescence. Both groups of subjects manifested a wide variety of Axis II personality disorders (Table 4). The sexual offenders had a mean of 3.6 personality disorders per subject, compared to 2.4 for the comparison subjects. The sexual offenders suffered more frequently from avoidant (7) and dependent (5) personality disorders, while the comparison subjects were more often diagnosed as antisocial personality disorder (8).

As a group, the sexual offenders were more psychiatrically impaired than the comparison subjects on the Global Assessment of Functioning Scale (GAS) in the SCID-OP. The sexual offenders received a mean GAS score of 60 compared to a mean GAS score of 72 for the comparison group.

#### Psychodynamic Issues

*Object Relationships.* Both sexual offenders and comparison women described predominantly unhappy, abusive, and neglectful experiences in their families

**TABLE 3**  
Frequency of Selected *DSM-III-R* Axis I Diagnoses in Female Sexual Offenders and in Comparison Group of Nonsexual Offenders

	Offenders ( <i>N</i> = 11)	Comparison ( <i>N</i> = 11)
Major depression	7 (64)	8 (73)
Alcohol/substance abuse	8 (73)	11 (100)
PTSD	8 (73)	7 (64)
PTSD associated with physical or sexual abuse	8 (73)	4 (36)

*Note:* Values represent No. (%). PTSD = post-traumatic stress disorder.

**TABLE 4**  
Frequency of Selected *DSM-III-R* Axis II Diagnoses in  
Female Sexual Offenders and in Comparison Group of  
Nonsexual Offenders

	Offenders ( <i>N</i> = 11)	Comparison ( <i>N</i> = 11)
Avoidant personality	7 (64)	2 (18)
Dependent personality	5 (45)	1 (9)
Antisocial personality	4 (36)	8 (73)
Obsessive-compulsive personality	2 (18)	4 (36)
Passive-aggressive personality	3 (27)	2 (18)
Schizoid personality	1 (9)	1 (9)
Histrionic personality	2 (18)	0 (0)
Narcissistic personality	2 (18)	0 (0)
Borderline personality	5 (45)	4 (36)

Note: Values represent No. (%).

during childhood. Only 4 of the 11 women in each group grew up in intact families with both parents present. Relationships with parents and/or caretakers were perceived as overwhelmingly negative for both groups, but there were some differences in these negative perceptions. The sexual offenders perceived their parents or caretakers as predominately abusive, whereas the comparison women regarded their parents or caretakers as primarily neglectful or unavailable. For example, five of the mothers or maternal caretakers of the sexual offenders were described as physically abusive; three of them were regarded as neglectful, emotionally unavailable, or abandoning; and two of the mothers had been battered by their spouses and had been unable to protect their daughters from physical or sexual abuse from these men. Only one sexual offender viewed her mother as benign, but this woman had either been unaware or failed to protect the subject from extensive incest at the hands of her grandfather, uncle, and brothers. Six comparison women, on the other hand, described their mothers as neglectful or unavailable, three reported their mothers to be abusive or punitive, and two viewed their mothers in a positive manner.

The sexual offenders and comparison women attributed the same characteristics to their fathers or father surrogates. Six of the father figures were described by the sexual offenders as physically abusive, two were perceived as sexually abusive, and two were viewed as neglectful or abandoning. The comparison women reported three of their fathers to be physically abusive, and six of them to be neglectful or abandoning, while two fathers were viewed positively.

The victims of child sexual abuse in both the sexual offender and comparison groups either were unable to confide in their mothers about their molestation or were not believed by their mothers if they disclosed the sexual abuse to them.

Based on their pervasively negative experiences with caretakers, the sexual offenders and comparison women reenacted their victimization with men. They chose men who were cruel and assaultive. Eight of the sexual offenders and five of the comparison women reported physical assault by their husbands or boyfriends. On the other hand, the molesters assumed a cruel, sadistic role with their child victims. The behavior of these women can be better understood by exploring their defensive operations.

*Defense Mechanisms.* The following pathological defense mechanisms were frequently used by the female sexual offenders: (1) identification with the aggressor, i.e., identification with their own sexual abuser; (2) identification with their child victim, i.e., these women often chose a child victim the same age as they were when they had been molested; (3) identification with their nonprotective mothers (this was more evident in the women who offended with male codefendants); (4) denial (three of the sexual offenders denied their offenses, and most of the others trivialized the consequences for the child); and (5) projection (some offenders attributed a sexual motivation or seductiveness to their child victims, which was then used as a rationalization for the molestation).

The sexual offenders also displayed impaired impulse control. They often manifested psychiatric disorders typically associated with impulsivity, i.e., borderline personality disorder, antisocial personality disorder, and substance abuse. However, this impulsivity was also exhibited by the comparison women.

#### Types of Molestation

Two distinct patterns of sexual victimization could be discerned in the sexual offenders. Each appeared to be based on a unique blend of defense mechanisms and personality traits, with a different psychodynamic pattern. In the first, the offender initiated sexual activity with a child, usually her own, after perceiving the victim as sexually exciting or seductive. The victim was often the same age as the offender when she herself had first been molested. These offenders admitted their guilt, but failed to appreciate the seriousness of their

deviant behavior and trivialized the consequences to the child. They appeared to have been desensitized to the stigmatizing impact of incest. They identified both with their own sexually or physically abusive parent and with the child as reminder of their own childhood victimization. Two of these women acknowledged a link between the sexual arousal experienced during their own childhood incestuous experience and their excitement while molesting their own children. Three of these four sole offenders molested boys.

#### Case Illustrations

*Case A.* A., a 34-year-old unmarried mother, had intercourse with her 11-year-old son after becoming sexually aroused while watching him take a bath. She got on top of him and had orgasms, while fantasizing having sex with her father, who molested her when she was about the same age. This boy also reminded her of his father, whom she hated because he died during the pregnancy. She physically abused and scapegoated this child throughout his early life because "his father died on me." A. also recalled that during her childhood, her alcoholic mother had given her three younger brothers lots of love and attention, but had beaten and rejected her. Her mother used to beat her with sticks, wires, and belts, and these beatings resulted in cuts and bruises. Even though she was molested by her father, she preferred him to her mother because he paid attention to her.

A.'s subsequent relationships with men were negative. She fought with them and refused to let them get close to her. A. turned to women as sexual partners, but she required fantasies of having sex with her father in order to have an orgasm.

A. primarily identifies with her sexually abusive father and with her physically abusing and rejecting mother as she recreates the sequence of physical and sexual abuse with her son. A.'s son also serves as a target for her displaced aggression toward his father, who had "abandoned her" by dying, and toward her brothers, who were preferred by her mother. She also identifies with her son as the victim of physical and sexual abuse and scapegoating. A.'s pronounced ambivalence toward her father is expressed in her simultaneous hatred of him and of all males and her dependence on the incest fantasy for sexual pleasure.

*Case B.* The second pattern included the remainder of the offenders who did not initiate sexual contact

with their victims, but who were coerced or influenced by another adult, usually a male sexual partner. These women assisted while their more aggressive partners performed sexual acts with the victims. They either engaged in sexual activity with the codefendant in the child's presence or joined their accomplice in molesting the child. Two of these offenders photographed sexual acts between the codefendants and child victims. These women strongly identified with their own nonprotective mothers and appeared to reenact the nonprotective or facilitating role that their own mothers played in their own sexual victimization. They were more likely to have a diagnosis of dependent personality disorder. Their male accomplices could be consciously or unconsciously linked to their own male sexual abusers during childhood. All of the women who were involved with male codefendants molested girls.

B., a 37-year-old unmarried woman, permitted a male accomplice to have vaginal, anal, and oral sex with a 6-year-old girl under her care. B. took the child to the perpetrator's apartment on three occasions, and she was paid by him. B. took photographs of the sexual activity and fellated the perpetrator in the child's presence. B. claimed that she was using "crack" at the time and was threatened with harm if she did not comply with the accomplice's demands. B. attempted to minimize the sexual abuse. She exclaimed, "the girl wasn't violated, violation is penetration." When asked about the fellatio, she said, "that's not penetration, that's only sucking dick." B. had been molested by an older male cousin from the age of 8 through 17 years. She had been forced to touch his penis and perform fellatio. She was vaginally fondled by another male cousin between the ages of 9 and 13 years. When B. reported these molestations to her mother, she was either ignored or told that she was overreacting. The sexual abuse only stopped when B. left home at the age of 17 years.

B. reenacted her childhood molestation by arranging to have a young girl serve as a sexual object for a male accomplice. She clearly identified with the girl as the "victim." B. also recreated her own childhood victimization when she performed fellatio on the perpetrator while the girl looked on. B. simultaneously identified with her nonprotective mother by facilitating the sexual abuse of the child, albeit in a more active manner.

In each of these patterns of sexual offending, the perpetrators appeared to be reenacting aspects of their own childhood molestation.

## DISCUSSION

In this study, both the incarcerated female sexual offenders and comparison women, as expected, exhibited substantial amounts of psychopathology and recounted stressful experiences during childhood, consisting of abuse, neglect, or abandonment by unstable parents and caretakers. However, the sexual offenders demonstrated more psychiatric impairment and had been more severely victimized during childhood than the comparison women. More of the sexual offenders had been sexually abused and this abuse occurred more frequently within the family. These childhood victimization experiences were more frequently associated with PTSD and, therefore, appeared to be more traumatic than the child abuse described by the comparison group. Both groups demonstrated a high incidence of major depression and substance abuse, which in some way appeared to be related to their mistreatment by and disappointment with parental figures and adult love objects. The universal substance abuse in the comparison women was closely related to their arrest and imprisonment, i.e., they committed burglaries and assault or sold drugs in order to support a drug habit. The frequent comorbidity of major depression and substance abuse in both of the study groups and information from the extended psychiatric interviews suggest that alcohol and drugs were often used to relieve depression. While this small retrospective study does not explain why these women molested children, the data derived from the family history and standardized and open-ended psychiatric interviews suggest possible risk factors for child molesting by females. Perhaps a combination of psychiatric impairment, intrafamilial physical and sexual abuse during childhood with a need to repeat and reenact the trauma, the preponderance of abusive and nonprotective parental models for identification, and unsatisfactory emotional and sexual relationships with men predisposed these women toward sexual offending. From Finkelhor's (1984) perspective, described in the introduction, protective factors in women believed to inhibit their propensity for molesting children, i.e., their stronger bonding with children and their disinclination to sexualize relationships, may be undermined in the female sexual offenders. For example, the weakened attachment to their abusing and rejecting mothers could impair their capacity to bond with their child victims.

Similarly, their exposure to intense sexual arousal during their own molestation may interfere with desexualization of relationships. A study using larger samples could provide us with more information about the interaction among variables contributing to child molesting by females. This study also supports the literature indicating the heterogeneity of female child molesters. Several subtypes of molesters have been described in this small sample, i.e., "contact versus "noncontact" offenders, offender acting alone and with an accomplice, molesters of biological or foster children versus unrelated children, multiple versus single child victims, and molesters of older versus younger children. The data generated here suggest that comparisons between "contact" and "noncontact" offenders, offenders acting alone and with an accomplice, and molesters of biological and unrelated children using larger samples might provide valuable information regarding subtypes in future studies. A cohort of adult female survivors of child sexual abuse who never committed sexual offenses might be a useful additional comparison group in a future study, in order to further delineate the role of childhood victimization as a precursor to female child molesting.

Additional studies of larger samples of incarcerated female child molesters should be carried out in the future, since they have been overlooked by investigators who have almost exclusively studied outpatient offenders. It is possible that incarcerated subjects are involved in more serious sexual offenses and represent a more psychiatrically impaired population than their nonincarcerated counterparts.

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