2023

Clinician Perceptions of Female Sex Offender Treatment in Modern Society

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Walden University
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Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Forensic Psychology

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August 2023

Abstract

Clinicians are starting to see a higher population of female sex offenders enrolled in their treatment facilities. Current research indicates that both society and clinical professionals struggle with viewing women as sex offenders due to gender stereotypes and minimization of sex crimes committed by women. The purpose of this qualitative study was to examine clinician perceptions of female sex offender treatment and how these perceptions may impact clinician engagement. The theoretical frameworks utilized in this study were the attachment theory and psychoanalytical theory. Data included clinician experiences with treating female sex offenders, exposure to professional trainings on this population, and situations that impact a clinician's confidence in delivering successful treatment outcomes and healthy engagement. The collection took place via Zoom with semi structured interviews. Results revealed that clinicians perceive treatment of female sex offenders to be subpar compared to treatment of male sex offenders. Additionally, clinicians referenced a lack of professional training on how to therapeutically treat female sex offenders, which impacted their confidence level with delivering effective outcomes. The female sex offender experience with childhood sexual abuse also appears to strongly influence how clinicians treat and engage with this population in therapy. The findings of this study indicated a need for additional research on female sex offenders as it relates to developing a more tailored, successful treatment modalities/program for this population. Implications for positive social change include introducing clinicians to the implementation of better practices when providing therapeutic services to the female sex offender population.

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Dedication

I would like to dedicate this dissertation to my husband, Thomas Sr., and our son, Thomas II. My family was there to push me through the difficult times and provided motivation and encouragement to follow through with this journey. My husband saw my vision and, in times of need, would remind me why I started this educational journey. I would not have been able to see this through the end without his love and support. I am forever indebted to you.

Acknowledgments

I would like to thank my chair, Dr. Jerrod Brown, for always providing the best guidance and assistance throughout this process. Dr. Brown was always available to meet with me and encouraged communication throughout the journey towards completion. Additionally, he helped me work through my struggles with perfectionism by highlighting that multiple reviews are a part of the process. This was not easy to overcome; however, I was able to overcome with his guidance.

I would also like to acknowledge my sister-in-law, Nicole Greene, as she has engaged on this dissertation journey with me. We both supported one another through summer days and dark evenings. We always encouraged one another to work on our dissertation even when we felt like we were “ABD.” Having another person who understands your position is invaluable.

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Background

Female sex offenders (FSOs) are a unique group of individuals whose crimes are misunderstood or not believed in modern society and, at times, within the legal systems and clinical settings. In modern society, women are viewed as the caring, nurturing gender who are not capable of committing heinous crimes or sexual assault and abuse (Christensen, 2018; Miller & Marshall, 2018). As a result, when a woman engages in sexual offenses, her crime is believed to not have a significant impact in the life of the victim (Landor & Eisenchlas, 2015; Papalia et al., 2018) and is characterized as "not severe" compared to a male sex offender (Hislop, 2013; Miller & Marshall, 2018). This bias allows for men to remain the sole perpetrators of sexual abuse and obscures the reality that women can commit sexual crimes (Zack et al., 2018). Research further identifies hesitation to report sexual abuse crimes when the perpetrator is female both in society and clinical settings (Tozdan et al., 2019). Additionally, social attitudes and perceptions towards female sex offenders reinforces these stereotypes and biases that pervade how clinical professionals view women in modern society and how they deliver treatment to this population.

Professional clinicians, such as psychologists and therapists who are trained to treat, diagnose, and evaluate a patient's mental health, struggle to discern the intricate differences between male perpetrated sexual abuse and female perpetrated sexual abuse. There are numerous programs that help clinicians identify sexually abusive behaviors and characteristics in their clients; however, there appears to be a lack of training on FSOs

and what can be classified as sexual abuse, motives, characteristics, and possible exposure to childhood trauma and abuse. This lack of training and research may skew how clinicians perceive the FSO and inhibit their ability to deliver treatment outcomes (Budd et al., 2017; Hislop, 2013; Robson & Lambie, 2013). Moreover, lack of exposure to trainings on sexual offenders may impact clinician interactions with female sex offenders. Clinicians who have received training on sex offenders tend to have positive attitudes toward offenders compared to clinicians who have not (Barros et al., 2020; Baum & Moyal, 2020; Gakhal & Brown, 2011). Further, clinicians who have attended trainings on female sex offenders report a deeper understanding on how childhood trauma and abuse impacts sexual perpetration in adulthood years and increases their confidence in abilities to treat this population (Barros et al., 2020; Christensen, 2018; Craig, 2005; Gakhal & Brown, 2011; Grady et al., 2022; Lea et al., 1999; McCartan et al., 2020; Mellor & Deering, 2010). Though clinicians are trained to address mental health disorders and trauma, research identifies a theme of lack of confidence in clinical skills and negative attitudes towards treating female sex offenders who present with complex trauma (Grady et al., 2022; Mivshek & Schriver; 2022; Roche & Stephens, 2022). Clinicians have given feedback that providing therapeutic services for sex offenders, in general, is often looked down on by friends, family, and society and skews their own perceptions, attitudes, and beliefs on female offenders (Bach & DeMuth, 2018; Dean & Barnett, 2011).

In addition to a lack of training, gaps in research on FSOs may be responsible for varying perceptions of female sex offenders (Landor & Eisenchlas, 2018; Zack et al.,

2018), permeating the belief that only men are capable of sexual perpetration and abuse. Despite gaps in research, there is an increased interest in the number of studies examining female sex offenders thus revealing that women do commit sexual assault and abuse (Barrros et al., 2020; ten Bensel, Gibbs, & Burkey, 2019). The negative perception of sex offenders may begin to shift if clinicians are exposed to training on the differences between male sex offenders and female sex offenders. Additionally, clinicians becoming familiarized with female sex offenders and their experiences with mental health illnesses and trauma may have a positive impact on treatment of this population.

Statement of the Problem

Personal perceptions and attitudes of female sex offenders can impact treatment delivery and pose numerous challenges for clinical interventions. A lack of research on female sex offenders and ways to treat this population has also impacted how clinicians show empathy, warmth, and acceptance in therapy (Barros et al, 2020; Ward & Durrant, 2013), all of which are tools that are needed to deliver successful treatment outcomes (Baum & Moyal, 2020; Gakhal & Brown, 2011). Many clinicians have cited lack of training on female sex offenders as impacting their ability to deliver quality treatment and understanding how possible childhood trauma may have influenced them to engage in sexual perpetration (Christensen, 2018; Craig, 2005; Dean & Barnett, 2011; McCartan et al., 2010). Additionally, literature reveals that clinicians will often minimize or justify female sex offenders' actions (Lea et al., 1999; Mellor & Deering, 2010; Tozdan et al., 2019), which can lead to skewed perceptions of the female sex offender, struggling to find appropriate treatment routes and clinical interventions (Christensen, 2018; Mellor &

Deering, 2010), and a decrease in confidence to deliver treatment (Craig, 2005; Lea et al., 1999). The limited information on female sex offenders' aids in the bias that women are not capable of sexual perpetration and may reinforce clinician perceptions of this population (Lea et al., 1999; Levenson et al., 2015; Lussier & Beauregard, 2018; Zack et al., 2018). Closing the gap on female sex offenders can improve understanding of how clinical professionals view this population, their perceptions of FSO treatment, and how it impacts the delivery of effective treatment (see Levenson et al., 2015).

Purpose Statement

The purpose of this inquiry was to investigate clinician perceptions toward female sex offender treatment in modern society and how these perceptions may influence interactions and engagement in treatment. Historically, trauma informed care models have been utilized to treat sex offender populations in a safe and client-centered environment (Levenson, 2014). Trauma informed care treatment modalities, such as cognitive behavioral therapy, allow clinicians to view and respond to offender's maladaptive behaviors and negative interaction patterns while helping to improve interpersonal skills and overall well-being (Levenson, 2014). As a result, trauma informed care principals were incorporated to aid in understanding how clinicians perceive female sex offender treatment via exploring their own practices and how often they employ them when in therapy with offenders. Though perceptions of male sex offenders have already been examined in terms of clinical professionals, female sex offenders continue to present a significant gap.

Research Questions

RQ 1: What are clinician perceptions of female sex offender treatment?

Sub RQ 1: What influences how clinical professionals engage with female sex offenders in treatment?

RQ 2: How do clinical professionals view female sex offenders with lived traumatic experiences?

Theoretical Framework

The theoretical framework for this inquiry includes two separate theories: attachment theory and psychoanalytical theory. Primarily, I used attachment theory, developed by John Bowlby in 1958, to explore how various attachment styles created in childhood years may impact women who engage in sexual offenses in their adulthood years. This theory, in particular, is often associated with explaining sexual offending behaviors (Almond et al., 2017; Papalia et al., 2018) and is discussed throughout similar studies (ten Bensel, Gibbs, & Raptopoulos, 2019). More specifically, the attachment theory draws significant correlations between behavior patterns and beliefs that adults have developed resulting from their relationship with caregivers during their childhood years (Grady et al., 2017; Grady & Sheilds, 2018). Clinicians regularly treat patients who suffer from various mental health illnesses, traumatic experiences, and patients who may be deemed unacceptable in society, such as female sex offenders. These patients come to clinicians with various attachment styles that impact their ability to cope with trauma (Harrati et al., 2018), develop healthy relationships, and deficits in emotional and behavioral regulation (Grady et al., 2017; Iffland, 2016; Wood & Riggs, 2009).

Clinicians' ability to identify and understand disorganized attachment styles and unstable state of minds can assist in transcending therapeutic relationships (Gojman-de-Millan & Millan, 2019). I used attachment theory to explore common themes and experiences in female sex offenders that combat current stereotypes and perceptions regarding this population. Moreover, this theory may help explain preconceived notions and perceptions held by clinical professions who treat female sex offenders and how clinicians interact with them in therapeutic settings.

Psychoanalytical theory, developed by Sigmund Freud in the 19th century, focuses on unconscious mental processes that encompass cognitive and perceptual distortions. Although this theory is not often associated with the treatment of sex offenders, it can be utilized to provide an understanding of sexual offending behaviors of the female sex offender. Psychoanalytic techniques reproduce the emotional context of traumatic past experiences (Gojman-de-Millan & Millan, 2019). The techniques of this theory allow the clinician to be effective in terms of creating a safe environment for patients to share personal experiences in treatment (Gojman-de-Millan & Millan, 2019). Clinicians are expected to provide therapeutic services that are warm, welcoming, and supportive in their interactions with patients despite hearing recurrent themes of abusive acts. Based on this theoretical framework, the focal point was on the clinical professionals' experiences with treating female sex offenders and how it has impacted their perceptions and treatment outcomes of this population.

Nature of the Study

The study followed a qualitative, phenomenological approach. The phenomenological approach allows the researcher to best understand how the individual experiences the phenomenon of interest and interprets its meaning (Kostrub & Ostradickey, 2019). Further, the phenomenological approach gives the ability to provide a faithful account of the experiences of the individual via first person perspective (Sholkhova , 2019). With the primary goal of this study focusing on understanding clinician perceptions of female sex offender treatment, the phenomenological approach provided first person accounts on the phenomenon of interest through the clinical professionals' lens. I conducted semistructured interviews with clinical professionals, such as psychotherapists and forensic psychologists, who have experience working with female sex offenders in the United States. Using the phenomenological approach, interview questions were pdesigned to gain a deeper understanding of experiences and perceptions of female offenders in the clinical world (see Appendix).

Operational Definitions

Clinical professionals: Individuals who are licensed to provide therapeutic services in a clinical setting to patients and have worked with sexual offenders. Examples of clinical professionals include psychotherapist, forensic psychologists, and licensed counselors. These professionals may hold master's level or doctoral level degrees from various universities (McCartan et al., 2020).

Female sex offender: A woman who has been convicted of a sexual offense (McLeod & Craft, 2015).

Perceptions: A way of understanding or interpreting a concept or phenomenon; mental impressions. For example, “This finding may reflect a general perception that this form of offending is atypical for females” (Mellor & Deering, 2010).

Limitations

A limitation that comes with studying female sex offenders is finding participants. Many researchers note smaller sample sizes in their studies, which affects saturation (McCartan et al., 2020; Todzan, 2019). There is a concern that with smaller sample sizes, the researcher will not be able to discover new or meaningful information. Further, it may be difficult to find participants that fit the criteria of inclusion.

Significance

Clinical professionals are often tasked to treat mental health illnesses, criminal and/or unacceptable behaviors, and trauma. As mentioned previously, a large portion of sex offender treatment models have been created with the male population in mind, leaving out the opportunity to effectively treat women. Research on clinician perceptions of female sex offender treatment is important for multiple disciplines such as law enforcement, psychology, court proceedings, and counselors. Many researchers and professionals note the increase in sexual abuse perpetrated by women but do not understand why this is occurring. The female sex offender population has grown by 11% between 1995 and 2004 (Klein et al., 2014). Despite the growing population of female offenders, there has been a decrease in the reporting of this abuse (Klein et al., 2014). It is possible that a decrease in reporting is linked to the lack of understanding of what constitutes sexual abuse with a woman perpetrator and varying perceptions of female

offenders from clinicians who serve them. Female sex offenders have been examined less often than male offenders in the context of committing sexual offenses (Gakhal & Brown, 2011; McLeod et al., 2015; ten Bensel, Gibbs, & Burkey, 2019) and how clinical professionals perceive this population. This may affect the clinician's ability to provide effective treatment routes and change.

Implications for Social Change

As it stands, research on clinician perceptions of female sex offender treatment is limited. My dissertation on understanding clinician perceptions of female sex offender treatment in modern society contributes to social change in many ways. Currently, there are clinical professionals, researchers, and citizens who are unfamiliar with the female sex offender and struggle to believe that a woman can commit sexual abuse. The lack of research on this population has resulted in the belief that only men are capable of sexual assault/abuse and violent crimes such as rape (Zack et al., 2018). Additionally, research indicates that current treatment of sex offenders is largely geared toward male offenders (Christensen, 2018; Lea et al., 1999) and is not effective with female offenders (Craig, 2005; Gakhal & Brown, 2011; Mellor & Deering, 2010). Treatment outcomes and change relies on the effectiveness of the therapist and their ability to create an open, trusting environment for the patient. The findings of my study have explored some the perceptions that clinical professionals hold regarding female sex offender treatment and the factors that influence interactions with this population. My dissertation topic and findings are aligned with the mission of positive social change and Walden as the research will provide additional findings on the way clinical professionals and modern

society views female sex offenders. This dissertation adds to the limited research on female sex offenders and provide new research that aids in the development of best practices for clinicians when providing treatment to this population.

Summary

The treatment of sex offenders presents a variety of challenges for clinical professionals who serve this population as they struggle to view their sexual behaviors as assaultive or abusive. The attitudes and perceptions that some clinical professionals may exhibit toward their patients can have a significant impact on treatment delivery and outcomes. Through exploring clinician perceptions of female sex offender treatment and how they interact with this population, it may be possible to uncover more effective ways to treat female offenders and develop better interventions to meet their needs. This chapter provided context regarding the importance of exploring clinician perceptions of female sex offender treatment in modern society. In Chapter 2, I will engage in a comprehensive literature review of female sex offender characteristics, traumatic backgrounds, and the positive and negative impacts and perceptions that clinical professionals may have experienced in working with this population.

Chapter 2: Literature Review

An in-depth review of the literature on female sex offenders (FSO) was conducted to provide a more detailed view into how trauma may impact an FSO's decision to perpetrate child sexual abuse. Further, the in-depth review of literature highlights professionals' experiences and perceptions toward the FSO population and how it may impact treatment and oversight. The literature has indicated that modern society may not recognize women as being capable of committing child sexual abuse (CSA) or sexual assault. The negative consequences of not viewing women as sex offenders is discussed in detail as it appears to have a significant impact on some of the clinician's perceptions of this population. Past traumatic experiences, such as sexual abuse and molestation, can play a role in the offender's decision to engage in sexually abusive behaviors. It is important to consider how not acknowledging this population as sex offenders affects the perceptions of those who work with FSOs in a professional capacity. When a female victim of sexual abuse does not have an intervention or healing treatment, treatment providers who work with this population may not understand how to treat a female sex offender.

Literature Search Strategy

To conduct this literature review, I utilized electronic databases in EBSCOhost, PsycArticles, PsycINFO, and Google Scholar. With FSOs being largely understudied, it was imperative for me to read both older articles and compare that information with recent studies. I utilized limiters when searching for literature such as peer-reviewed articles/journals within the last 5 to 10 years (2010–2023). Search terms utilized varied

depending on the information that I was seeking. Some of these terms included *female sex offenders, professional/clinician attitudes, trauma, society and media perceptions,* and *child sexual abuse.*

A holistic review of the literature indicates that there is an increasing interest in female sex offenders and learning how certain sexually inappropriate behaviors can be misjudged as the normal responsibilities of a caretaker. Research for this specific population is limited and outdated especially when it involves classifying a woman as a sexual offender. Many treatment modalities discussed throughout the literature highlights theories and assessments that are only applicable to male sex offenders (Barros et al., 2020; Dean & Barnett, 2011). Consequently, some of these theories will be utilized to explain female sex offenders and how the perceptions of this population vary.

Theoretical Framework

The literature review provides an in-depth analysis of the literature related to FSOs, their experiences with trauma, and the perceptions of clinical professionals who work directly with this population. The literature also explores the theoretical underpinnings that may influence FSOs to engage in sexual perpetration of children. Research on the attachment theory and psychoanalytical theory will be presented in this review as it relates to clinician perceptions of female sex offenders.

Attachment Theory

Literature on the attachment theory has often been associated with explaining criminal and sexual offending behaviors. The attachment theory posits that children develop particular beliefs and behavioral patterns based on their relationship with

primary caregivers and use these relationships as templates for the future (Grady et al. 2017; Grady & Shields, 2018; van Rosmalen et al., 2016). This theory was developed by John Bowlby in 1973 and draws attention to two different types of attachment: secure and insecure (Ainsworth & Bowlby, 1991). The insecure attachment style can be further broken down into three additional categories: avoidant/dismissing, anxious/preoccupied, and disorganized/unresolved (Grady & Shields, 2018; Miner et al., 2010; Wood & Riggs, 2009). Individuals with a secure attachment style have developed a secure sense of self and are able to develop healthy relationships in their lives (Ainsworth & Bowlby, 1991; Bartol & Bartol, 2017; Levy, 2017; Sedighimornani et al., 2021). Further, a secure attachment style allows for better communication, comfort with intimacy, and are typically low on avoidant behaviors (Bartol & Bartol, 2017; Levy, 2017).

Attachment theory explains how humans develop quality attachments to other individuals based on their experiences with caregivers in infancy. Though insecure attachments styles are malleable, it is difficult for an individual to develop a more secure attachment style without encountering secure attachment experiences (Grady & Sheilds, 2018). Literature indicates that FSOs typically fall under the anxious/fearful style of attachment or the avoidant/dismissive style of attachment. The anxious/fearful insecure attachment style is defined as the caregiver being preoccupied with other tasks, being highly unreliable and controlling (Grady et al., 2017; Grady & Sheilds, 2018; Wood & Riggs, 2009). Being raised by a caregiver with these characteristics may cause the FSO to demonstrate difficulties with emotional, behavioral, and cognitive regulation (Grady et al., 2017; Wood & Riggs, 2009) and intimacy later in their lives as well as maladaptive

views of themselves and others (Miner et al., 2010). The avoidant/dismissive insecure attachment style is characterized as the caregiver being difficult to trust and depend on, emotionally absent, and rejecting (Grady & Sheilds, 2018; Wood & Riggs, 2009). Maladaptive attachment styles begin to form from this type of parenting style and prompts the individual to seek intimacy in inappropriate ways such as confusing sex with intimacy or sex with children (Miner et al., 2010; Wood & Riggs, 2009). Additionally, individuals who present with an insecure attachment style experience varying levels of shame (Sedighimorani et al., 2021). When a parent or caregiver is abusive, critical, and hostile, the child may begin to view themselves in a negative way, which may create deep feelings of shame and worthlessness (Sedighimornani et al., 2021).

A childhood that is filled with abusive behaviors and neglect from caregivers can result in the development of insecure attachment styles. Research indicates that adults with an insecure attachment style suffer from a multitude of personal issues, mental health concerns, and diminished self-worth (Grady & Shields, 2017; Iffland, 2016; Miner et al., 2010). Childhood years are supposed to be where a child learns in a safe, secure environment and how to interact with others. Learning from caregivers also encompasses understanding sexual behaviors (Grady er al., 2017; Grady & Shields, 2018), the development of boundaries (Ford, 2021), and safety (Grady et al., 2021). When a child is given the opportunity to bond with their caregiver and are provided with security and protection, they develop a sense of self-worth and show autonomy and independence in relationships (Ford, 2021). When the sense of security and protection is replaced with abuse and neglect in childhood years, the child associates caregivers with betrayal,

decreased inability to trust (Grady et al., 2017; Grady & Sheilds, 2018), and begins to manifest distorted expectations of self and others in relationships (Miner et al., 2010; Wood & Riggs, 2018). The latter may cause individuals to develop an insecure attachment style that is likely to follow them into adulthood and cause deep rooted issues with empathy and intimacy (Iffland, 2016).

Literature highlights a significant correlation between childhood experiences with trauma and the development of criminal behaviors beginning in adolescent years (Almond et al., 2017; Miller, 2013; Papalia et al., 2018; ten Bensel, Gibbs, & Raptopoulos, 2019). Further, individuals who have been convicted of a sex crime are likely to report higher rates of childhood sexual abuse (CSA) compared to other offender types and the general population (ten Bensel et al., 2019). Trauma and abuse tend to have a disruptive effect on relational processes (Grady & Shields, 2018; Miner et al., 2010) and the ability to develop or maintain healthy relationships (Harrati et al, 2018). Individuals who choose to sexually abuse children may be emulating abusive behaviors from their own childhood caregivers (Harrati et al., 2018).

Literature of FSOs identifies a significant correlation between a woman sexually offending children and having a traumatic childhood with abusive behaviors from caregivers. FSOs often come from severely deprived backgrounds that include poor living conditions, poor parenting styles, lack of medical care, poor parental supervision, and serious problems with school performance and mental health (Bartol & Bartol, 2017; Harrati et al., 2018; Sedighimornan et al., 2021; ten Bensel et al., 2019; Wood & Riggs, 2009; Yancey et al., 2013). Individuals who grow up in this type of environment tend to

develop insecure attachment styles with deficits in their emotional regulation (ten Bensel et al., 2019; Wood & Riggs, 2009) and ability to control behavior impulses (Grady et al., 2017; Iffland, 2016). Childhood maltreatment and other forms of abuse disrupt a child's socioemotional development and understanding of themselves (Grady et al., 2017). The FSO tends to adopt a distorted perception toward healthy relationships, appropriate behaviors, and intimacy as a result of being sexually abused as child (Grady et al., 2017; Grady & Shields, 2018; Talmon & Ginzburg, 2018; Wood & Riggs, 2009). Below 50% of the female sexual perpetrators reported nine of 10 adverse childhood experiences including sexual abuse in their childhood years (Plugradt et al., 2018). Literature further highlights that 70%–100% of FSOs have experienced sexual abuse compared to male sex offenders, where sexual abuse in childhood years remains inconclusive (Bartol & Bartol, 2017; Plugradt et al., 2018). Tolerant attitudes toward non-consensual sex can develop through the FSOs attempt to reconcile their own adverse experience with CSA (Grady & Shields, 2018). Thus, the female offender's insecure attachment style can be responsible for the decision to engage in sexually abusive behaviors on young children (Iffland, 2016; Miner et al., 2010; Wood & Riggs, 2009).

Psychoanalytical Theory

Psychoanalytical theory has not historically been applied to female sex offenders, but key points in this theory can be utilized to explain and explore sexual offending behaviors within the female population. Developed in the early 19th century by Sigmund Freud, psychoanalytic theory is defined as the science of the unconscious mental process that encompasses a unique style of perceptual distortions (Carveth, 2015; Karlbelnig,

2019; Simon, 2015). Under this theory, Freud posits that the human personality is complex and multi-layered. He stated that the human psyche can be broken down into three parts: the id, ego, and super ego. This theory suggests that these three components develop at different points in people's lives and contribute to the complexities of human behavior (Karbelnig, 2019; McLeod, 2019).

The id is developed first and is present at birth. The id is the primitive and instinctive components of personality (McLeod, 2019). When the id is active, the individual engages in behaviors that may not be accepted by society and deemed immoral and unpleasant. Further, it is the unconscious part of the brain that responds directly to immediate urges and desires (Bartol & Bartol, 2017; Carveth, 2015; Griggs, 2014; McLeod, 2019). Acting out aggressive and deviate sexual behaviors occur when the individual is engaging in the id part of their personality. Humans, by nature, will always be prone to aggressive impulses and are likely to commit those violent acts if impulses are not appropriately managed (Bartol & Bartol, 2017). An individual may learn that aggressive behaviors are an appropriate response to manage unpleasant emotions from parents and caregivers in their early years (Papalia et al., 2018). Sometimes what an individual learns in their childhood years, in terms of behavioral responses, do not correspond with how we feel or what we truly desire (Carveth, 2015). Without developing the other two parts of our personality, the ego and superego, the id will likely become a major component of an individual's path toward criminality and deviance.

As the individual grows and interacts with the outside world, the ego begins to develop. The ego is defined as part of the id that has been modified by direct influences

of the external world (Griggs, 2014; McLeod, 2019). At this stage of personality development, reason and logic begin to appear. When an individual is feeling triggered by a stimulus, instead of responding with immediate aggression, the ego will present with a different, logical course of action that may be deemed acceptable by society (Carveth, 2019; McLeod, 2019). Literature on the ego highlights the importance of rationalization and finding realistic ways to solve problems instead of acting out our immediate desires and impulses (Bartol & Bartol, 2017, Griggs, 2014; Karbelnig, 2019; Simon, 2015).

The last component of personality to develop in the human psyche is the superego. The superego incorporates values and morals of society into our personality and is responsible for feeling shame (McLeod, 2019). Such values, whatever they may be, are learned from interactions with parents, caregivers, peers, and colleagues. The superego highlights the strong need to control id impulses and resolve problems in a moralistic way (McLeod, 2019). According to the psychodynamic theory, this part of personality consists of two operating systems: the conscious and the ideal self. As individuals grow from childhood into adulthood, they learn the difference between acceptable and unacceptable behaviors, how to manage thoughts and feelings appropriately, which career paths to take, and how to behave in relationships (Anechiarico, 1990; Carveth, 2015; McLeod, 2019). The superego is also responsible for feeling guilt when they do not live up to expectations or who they ought to be (Carveth, 2015; Karbelnig, 2019; McLeod, 2019).

Recently, literature on psychoanalytic theory highlights a shift in perspective on how various factors influence the development of the unconscious mind. Early mother-

infant relations create crucial foundations for the unconscious structure (Karbelnig, 2019). Similar to attachment theory, when an infant's effort to attach to their primary caregivers are unsuccessful, not only does frustration and trauma occur, it causes the infant to seek safety and security from the external world (Karbelnig, 2019). The connection and safety being provided in infanthood and childhood years is important (FitzRoy, 1999). When an infant is provided with safety, security, and their basic needs are met, they are more likely to develop a secure attachment style and manage their impulses and urges in an appropriate manner (Grady et al., 2017; McLeod, 2019; Miner et al., 2010; Wood & Riggs, 2009). When an infant is neglected or experiences abuse, psychodynamic theory suggests that they may experience difficulty regulating self-esteem, emotions, and aggressive/sexual urges (Anechiarico, 1990).

The psychoanalytic theory has been utilized to treat sexual offenders; however, literature indicates that it has potentially not addressed female offender population. This aligns with the lack of research that exists on female sex offenders and reinforces the notion that women are not capable of engaging in sexually abusive behaviors (Robson & Lambie, 2013; Tewksburg, n.d.; Vandiver & Walker, 2002). Though this theory offers limited research on the female population, it can be utilized to understand motivation of deviate sexual and aggressive behaviors in both genders (Anechiarico, 1990). Childhood trauma and abuse can have a significant and negative impact on an individual's ability to develop healthy relationships, mental health, emotional regulation skills, cognitions, coping skills, and boundaries (McLeod & Craft, 2015; Papalia et al., 2018; ten Bensel et al., 2019; Yancey et al., 2013). Such neglect and abuse in childhood years can cause the

development of a false sense of self in infants and toddlers as they adapt to caregiver's misattunment, which is quite similar to the assertions under the attachment theory (Esquerro, 2019; Harrati et al., 2018; Karbelnig, 2019; Talmon & Ginsberg, 2018). The child may experience difficulty in developing a healthy ego or superego and, instead, operate and respond to the world with the unconscious part of their brain, the id. Some individuals may desire to engage in immoral or antisocial behaviors; however, the superego kicks in and influences the individual to get their needs/urges met in an acceptable manner. Humans by nature will always be prone to aggressive impulses and commit violent acts, especially if urges are not addressed in therapy or counseling (Bartol & Bartol, 2017). Further, an individual is susceptible from birth to a buildup of aggression that must dissipate before reaching dangerous levels (Bartol & Bartol, 2017). The psychoanalytical theory appears to align with the premise that humans tend to respond to unpleasant urges and desires in a sexual or aggressive manner when they have no other outlet. A child who has been subjected to sexual abuse may engage in age-inappropriate sexual aggression and sexually abusive behaviors that others may not understand or deem acceptable.

Research that does exists on female sex offenders discusses the possibility that women engage in repetitive, learned behaviors from their own experiences with CSA when they sexually offend children (Papalia et al., 2018; Simon, 2015; Wood & Riggs, 2009). Karbelnig (2019) utilizes the psychoanalytic theory to discuss repetition compulsion as it relates to internal drama and unresolved trauma. He states that individuals can have the tendency to repeat old family drama in their own behaviors

which is propelled forward by efforts after failed attachment (Karbelnig, 2019). Female offenders may be reliving their own experiences with trauma (Grady et al., 2022; Simon, 2015) and adapting to their experiences with repetition compulsion and behavioral re-enactments (Bucerius et al., 2021; Karbelnig, 2019). Referencing the id principle, this is the part of our personality that responds directly to immediate urges and desires and is often referred to as the pleasure principle (Hannon, 2019; McLeod, 2007). Further, the id is not impacted by the external world or affected by logic. When the female offender is feeling triggered or having flashbacks of her own experiences with CSA, she may choose to regress into her id impulses and engage in sexually abusive behaviors with a child.

Although literature on the psychodynamic theory touches on repetition compulsion, it is possible that it may occur more frequently in female victims of childhood abuse than has been identified in prior research (Grady et al., 2021; Karbelnig, 2019; Talmon & Ginzburg, 2018). Additionally, shame may also play a significant role in repetition compulsion. Sedighimornani et al. (2021) conduct a study in which they examine the factors that contribute to shame (i. e., adverse childhood experiences, peer acceptance, and attachment styles). The researchers found shame to be significantly higher in females, compared to men, and in individuals with anxious attachment styles. When an individual feels shame, they often respond in three different ways: via attacking the self or others, avoidance, or withdrawing (Sedighimornani et al., 2021). Female offenders that engage in repetition compulsion may be addressing their underlying feelings of shame and unresolved traumatic experiences.

Psychosexual Stages

Psychoanalytic theory not only aids in understanding motivation behind specific behaviors, it also explores sexualized behaviors and explains why an individual may have certain fixations (Esquerro, 2019). Under the psychosexual stage theory, Freud discusses two specific zones: erogenous zone and fixation zone. Griggs (2014) defines the erogenous zone as an area of the body where the id's pleasure-seeking psychic energy is refocused during a particular stage of psychosexual development. Freud posits that psychological development in children takes place over five psychosexual stages: oral, anal, phallic, latency, and genital (Fonagy, 2000; Griggs, 2014; Hannon, 2019). If an individual can advance successfully through these stages, Freud believed that he/she would end up in settling down in a one-on-one relationship seeking heterosexual pleasure rather than self-pleasure (McLeod, 2008). When an individual experiences excessive or insufficient gratification of instinctual needs in a specific psychosexual stage, a fixation is likely to occur (Fonagy, 2000; Griggs, 2014; McLeod, 2008). Further, fixations are more likely to show through when difficult circumstances in life arise (Fonagy, 2000).

An example of the psychosexual stages of development being interrupted or overstimulated during growth periods is childhood sexual abuse or CSA. Literature supports the notion that the body always remembers traumatic events even if the memories seem to disappear into our unconscious mind (Hannon, 2019; Talmon & Ginzburg, 2018; Yancey et al., 2013). Hannon (2019) states that the concept of body memory and physical memories of the abuse that occurred may bridge the gap between Freud's concepts of repressed psychic memory and repressed actual memory of the early

CSA. Further, Griggs (2014) references parts of our mind that we cannot freely access in our unconscious by drawing attention to biological drives, repressed unacceptable thoughts, memories, feelings, and unresolved conflict from early childhood experiences. The urge to act impulsively on sexual desires, whether society deems it acceptable or not, can be viewed as an act of repetition compulsion (Anechiarico, 1990; Bartol & Bartol, 2017; Carveth, 2015; Karbelnig, 2019; Simon, 2015; Talmon & Ginzburg, 2018). Research highlights a common theme amongst female sex offenders of reliving or recreating sexually abusive behaviors that were inflicted on them in their childhood years (Grady et al., 2017; Harrati et al., 2018; Miller, 2013; Papalia et al., 2018; Wood & Riggs, 2009).

Depending on the age that sexual abuse begins, the child can become overstimulated and fixated in a specific stage of psychosexual development (Esquerro, 2019). Hannon (2019) states that sexual experiences occurring before puberty and stored as memories in the unconscious produce conflict that later causes neurotic conditions. Further, Hannon (2019) discuss that sexual dysfunction arises as a result of sexual abuse before the ages of six to eight years old. Sexually abusive behaviors and neglect in childhood years can explain why female sex offenders struggle with emotional regulation, behavioral regulation, and sexual violence (Grady et al., 2017; Wood & Riggs, 2009). A child may learn that sexually abusive and aggressive behaviors are acceptable and go on to repeat them in their adolescent and adulthood years. Grady et al. (2017) state that tolerant attitudes towards non-consensual sex can develop through an

individual's attempt to reconcile their own adverse experiences or adopting distorted perceptions of abuse.

Drawing attention to one of the five psychosexual stages of development, the phallic stage is centered around the genitalia as the erogenous zone and typically develops between the ages of three and six years old (Griggs, 2014; McLeod, 2008). Simultaneously, the superego begins to develop around this time, helping the individual learn how they ought to be and behave according to external societal views and views of parents/caregivers. When a child is sexually abused around the age of six years old, it can impact their development in the phallic stage and corrupts the development of the superego (Hannon, 2019; Karbelnig, 2019). Hannon (2019) references Freud's theory that sexual instincts are critical and assists personality in developing overtime as the individual responds to biological instincts. Freudian psychoanalysis further theorize that the development of a harsh superego contributes to depression, poor ego development, weak impulse control, and serves as an insufficient barrier between the ego and id, thus creating anxiety (Karbelnig, 2019). Research on the impacts of CSA on women supports Freudian theories of inadequate developments in personality and the mind including the development of mental health issues, substance abuse, poor emotional and behavioral regulation, sexual aggression/abuse, psychopathology, and revictimizing experiences (Grady et al., 2017; Karbelnig, 2019; Papalia et al., 2018).

Literature on the psychosexual stages of development draws attention to yet another component of the theory: The Oedipus Conflict. Freud defined the Oedipus conflict as a sexual attraction towards the parent of the opposite sex that develops during

the phallic stage (Fonagy, 2000; Griggs, 2014; Hannon, 2019). This conflict creates psychological concerns for a child as they are not only beginning to discover their genitalia, they begin to compete for their parent's love with the opposite sex parent. Hannon (2019) states that the Oedipus conflict looks different for each gender. Boys become sexually attracted to their mothers and fear that the father will find out, thus creating feelings of anger and jealousy (Griggs, 2014; Hannon, 2019). In girls, the conflict shows up slightly different with feelings of inferiority developing just as foundations for personality set into place (Hannon, 2019). If a young female is unable to develop a connection and unite with her mother post-oedipal, Freud believed that a diminished superego would occur resulting in a tendency to develop negative personality traits and insecure attachment styles (Hannon, 2019).

The Oedipus conflict appears in literature on the psychoanalytic theory quite often and highlights how blurred boundaries between mother and child may result from gestation, birth, breastfeeding, and a shared biological and gendered identity (FitzRoy, 1999; Griggs, 2014). In fact, FitzRoy (1999) utilized the Feminist theory to draw light on the topic of offending mothers. The author identified offending mothers as a form of sexual violence that has largely been ignored, denied, or minimized in society (FitzRoy, 1999). Lack of research on female sex offenders has aided in the notion that women are incapable of engaging in sexually abusive behaviors, especially towards children (Almond et al., 2017; Christensen, 2018; McLeod & Craft, 2015; Robson & Lambie, 2013; Vandiver & Walker, 2002). However, recent studies and statistics indicate that FSO's are more prevalent in the world of sexual abuse (Gillespie et al., 2015) with

majority of them having a maternal like relationship with their victims (ten Bensel, Gibbs, & Burkey, 2019; Wood & Riggs, 2009).

The Oedipus conflict helps explain why a female may select child victims that they are close to, care for, or related to. Although the Oedipus Conflict is defined as a sexual attraction between a child and opposite sex parent, it largely focuses its attention on sexual attraction between little boys and their mothers (Hannon, 2019). Freud, in fact, believed that the most rewarding relationship in a woman's life is the relationship with her son where her feelings would be deemed unambivalent (Hannon, 2019). Perhaps this concept can help clinical professionals understand why FSO's may target male victims or victims that view as having a close, maternal relationship with.

Psychoanalytical theory focuses on the unconscious mind and the parts we cannot freely access. Hannon (2019) states that the bulk of our mental life is represented in the unconscious mind including unresolved trauma and conflict from early childhood experiences (Griggs, 2014; Hannon, 2019). Literature on CSA, or childhood sexual abuse, indicates that the abuse has adverse impacts on a child's mental health, attachment styles, emotional regulation, behavioral regulation, self-worth, and psychopathology (Almond et al., 2017; Bucerius et al., 2021; Grady et al., 2021). Further, the literature of FSO's concludes that an estimated 70-100% of the population have experienced severe CSA and have been subjected to emotional and physical abuse as well (Bartol & Bartol, 2017; Nathan & Ward, 2002).

Abuse in childhood years may become so traumatic, that the victim utilizes defense mechanisms, such as repression, denial, displacement, and rationalization, to

protect themselves from further harm (Griggs, 2014). Such defense mechanisms distort reality for the victim and can be used to avoid thinking about the trauma. This tends to also have a negative impact on the child victim as they grow into adulthood and build the foundations of their personality. Fonagy (2000) states that adult psychopathology and personality are largely based on vicissitudes of early childhood sexual development (Bucerius et. al, 2021; Grady et. al, 2021). Papalia et al. (2018) conducted a study where they found that proviolence norms create an increased likelihood that an abused child will engage in violent behaviors in the future. Further, the authors call attention to the social learning theory and indicate that the 'sexually abused' become the sexual abuser (Papalia et al., 2018). Repressed experiences of trauma and abuse in childhood years can offer an explanation for the recreation or re-enactment of sexually abusive behaviors on child victims (Karbelnig, 2019; Simon, 2015).

Literature Review Related to Key Concepts

Impacts of Childhood Sexual Abuse and Trauma

Childhood sexual abuse (CSA) is defined as a form of abuse that involves sexual activity with a minor who does not have the ability to consent (RAINN, 2019). Victims of CSA and trauma tend to have adverse effects that last long into adulthood (Levenson et al., 2015; ten Bensel, Gibbs, & Raptopoulos, 2019). Further, research supports that victims of CSA experience higher rates of health concerns, mental health/personality disorders, substance abuse, increased propensity to engage in delinquent behaviors, and life course persistent offending (Ford, 2021; ten Bensel et al., 2019). Ford (2021) explores the impacts of childhood polyvictimization and childhood developmental trauma

in childhood years. Polyvictimization, defined as the experience of multiple types of interpersonal victimization (Ford, 2021), has been associated with impaired psychological boundaries, self-loathing thoughts and behaviors, extreme risk taking, attachment insecurity, and disorganization (Ford, 2021; Harrati et al., 2018; Levenson et al., 2015). Many female victims of childhood abuse and trauma have reported extreme difficulties in developing trust or being too trusting (Harrati et al., 2018), low self-esteem, and higher rates of psychological problems such as depression and anxiety (Levenson et al., 2015; ten Bensel, Gibbs, Raptopoulous, 2019). Harrati et al. (2018) found that female sex offenders (FSO's) appear to have similar biographies and backgrounds: family situations characterized by repeated experiences with sexual and/or physical violence from a young age, family separations, psychological violence, domestic conflicts, and emotional/educational neglect. Experiencing such complex trauma from a young age can cause FSO's to have a different perception of the world and skew their definition of a healthy relationship.

CSA can leave an imprint in the victim's body memories and mind and may be responsible for the concept of repetition compulsion (Grady et al., 2021; Karbelnig, 2019; Papalia et al., 2018; ten Bensel, Gibbs, & Raptopolous, 2019). When a woman is engaging in sexual abuse/assault on a child victim, she may be accessing past traumatic memories and behaving in a manner learned in childhood. The lasting effects of CSA can have a detrimental impact on some victims, especially those who have not received therapy to address negative thoughts and feelings derived from it (Talmon & Ginzburg, 2018). Victims of CSA may carry the memories of being abused, threatened, invaded,

and attacked which may have negatively influenced their ability to engage in a healthy lifestyle, healthy relationships, and developing healthy boundaries and attachment (Grattagliano et al., n. d.; Papalia et al., 2018; Talmon & Ginzburg, 2018). Further, Harrati et al (2018) state that trauma and CSA have a disruptive effect on the relational process and behavior once the victim reaches adulthood. This could explain how an FSO may begin to form her idea of what a healthy relationship is according to how it was modeled for her by parents/caregivers in her childhood years.

Childhood sexual abuse and trauma can also influence future criminal and sexually deviant behaviors. Yancey et al. (2013) note that intrafamilial abuse, especially on children, may increase the likelihood that youth become involved in future abusive relationships and may result in sexual abuse of younger victims. In support of this statement, Papalia et al. (2018) identify proviolence norms within a family structure as possibly being responsible for, or increasing the likelihood, that an abused child will engage in violent behaviors in the future. Victims of CSA may carry the memories of abuse with them throughout their lives (Harrati et al., 2018; Talmon & Ginzburg, 2018) and if it goes unaddressed, repressed thoughts may begin to emerge in adulthood years and manifest into violent, sexual, acting out behaviors (Karbelnig, 2019; Papalia et al., 2018). Further, Papalia et al. (2018) find that if a female is exposed to CSA, she has an increased risk of engaging in general and violent crime compared to men who have been exposed to CSA.

Attachment and Psychodynamic theory help to put CSA into perspective as it relates to the development of concerning behavior patterns in adulthood. Literature on

FSO's identifies a common theme of an abusive, tumultuous family lifestyle where abuse and complex trauma is normalized. Researchers have found that when repeated experiences of sexual and physical violence are prevalent from a young age, victims may suffer from higher rates of emotional and psychological distress (McLeod & Craft, 2015; Papalia et al., 2018; ten Bensel, Gibbs, & Raptopolous, 2019). Talmon & Ginzburg (2018) discuss the impacts of trauma on the victim's body and memory and state that such memories may function as a living memorial of traumatic events. Childhood abuse and trauma can impact the development low self-esteem, low confidence, and may create deficits in empathy and intimacy (Iffland, 2016; Papalia et al., 2018). Iffland (2016) conducted a study where he examined the impacts of trauma in childhood and its influence on attachment styles. This sounds credible as the author found that female sex offenders often rush into live-in relationships without much thought on compatibility, reliability, or the overall healthiness level in the relationship (Iffland, 2016).

Statistics

Sexual abuse perpetrated by female offenders could be explained off as an error or mistake in their role as a caregiver (Kaylor et al., 2021; Robson & Lambie, 2013), thus hindering the reporting of offenses and identification of FSO's (Almond et al., 2017; McLeod & Dodd, 2022; Vandiver & Walker, 2002). Historically, research has focused on males as the sole perpetrators of sexual assault, CSA, and sex related crimes in general leaving women out of this classification. A lack of research and identification of women as sexual perpetrators may have allowed for abusive behaviors to occur and remain largely overlooked and ignored (Christensen, 2018, Landor & Eisenchlas, 2018, Robson

& Lambie, 2013). Despite majority of literature indicating a lack of research on FSO's, ten Bensel, Gibbs, & Raptopoulous (2019) state the number of studies examining this population has increased over the past few decades. Further, results from a study conducted by Almond et al. (2017) indicate that FSO occurrences are increasing in modern society. Their figures show that female sex offenders have been found to contribute to 4%-5% of all sexual offenses, up from prior figures of less than 1% (Almond et al., 2017). This indicates that women do commit sexual offenses outside of their natural caregiving roles. Sexual offenses that have been reported in prior studies include sexual stalking, sexual assault, rape, CSA, and molestation (McLeod & Craft, 2015; ten Bensel, Gibbs, & Raptopoulous, 2019).

Based on the literature, FSO's have likely had their own experiences with physical abuse, sexual abuse, neglect, and abandonment at some point in their lives (Robson & Lambie, 2013; Papalia et al., 2018). Adverse experiences and abusive situations may lead to a diminished ability to identify unhealthy relationships, red flags in unacceptable behaviors, imitating behaviors of abusive parents/givers, and the development of mental health issues/concerns. Literature indicates that FSO's have a higher likelihood of experiencing mental health problems compared to male sex offenders and individuals who have no experiences with abuse (McLeod & Craft, 2015; Papalia et al., 2018; Yancey et al., 2013). Female offenders may have increased instances of internalizing behaviors, such as self-harm or unhealthy behaviors directed toward the self, and have higher rates of self-reported depression, anxiety, behavior problems, and higher levels of PTSD (Ford, 2021; Grady et al., 2021; Kaylor et al., 2021; Yancey et al.,

2013). Unresolved trauma and not receiving counseling or therapy from a professional may cause the FSO, or any victim of abuse/CSA, to experience high levels of instability and to develop pervasive mental health conditions (Harrati et al., 2018; Papalia et al., 2018; ten Bensel, Gibbs, & Raptopolous, 2019).

How the victim's family responds to stress and reports of abuse can influence the development of maladaptive coping skills and strategies to manage trauma responses and triggers (Miller, 2013; Papalia et al., 2018; Yancey et al., 2013). If the family typically responds to trauma and triggers via avoiding or ignoring, it could be argued that the victim of abuse will develop similar maladaptive coping skills when they encounter their own abusive/triggering situations. Research highlights that female sex offenders are more likely to turn to drugs and alcohol as a coping mechanism compared to those with no trauma experiences (Levenson et al., 2015; Papalia et al., 2018; Robson & Lambie, 2013). Papalia et al. (2018) identify a theory that suggests girls who have experienced CSA within the family are more likely to cope with their victimization via running away, which can be classified as another form of avoidance. Avoidant behaviors in response to coping with trauma can increase the risk that the FSO will become involved in the criminal justice system (Ford, 2021; Grady et al., 2017). Female CSA victims are at a significantly increased risk for substance abuse and dependence, being arrested for drug and alcohol offenses, and severe emotional dysregulation compared to abused males (Kaylor et al., 2021; Papalia et al. 2018; ten Bensel, Gibbs, & Raptopolous, 2019). Further, Papalia et al. (2018) discuss the 'sexually abused to sexual abuser' hypothesis

which posits that if a female is exposed to CSA, the relative increase in risk for engaging in criminal behaviors is larger than the risk experienced by a male exposed to CSA.

Literature and research on the FSO population also indicates that female perpetrated sexual abuse is more traumatic, psychologically damaging, and has longer lasting impacts on victims than male perpetrated sexual abuse (Almond et al., 2017; Bucerius et al., 2021; Christensen, 2018; RAINN, 2019). Abusive acts from a female may cause the victim confusion and a greater sense of shame and stigmatization with disclosure (Almond et al., 2017; RAINN, 2019). Sexual abuse and assault from female offender may have a greater impact on victims as society largely reserves the term sex offender for men. Victims of sexual assault/abuse from a female offender have reported higher rates of substance abuse and dependence, severe emotional dysregulation, and arrests for drug and alcohol offenses (Papalia et al., 2018). If a woman is charged and convicted of a sexual offense, the victim is likely to be a child and deemed less serious than if a man committed the sexual offense (Christensen, 2018; Landor & Eisenchlas, 2018; Robson & Lambie, 2013). Studies have shown that society's view of women as sex offenders appears to be misconceived (Christensen, 2018; Robson & Lamie, 2013); however, recent literature indicates an increase in research on FSO's and the attempt to understand motivations and typologies.

Female Sex Offender Characteristics

Literature highlights a significant deficit in information, motives, and characteristics of female sex offenders (FSO). Historically, women have been ignored and dismissed when accused of committing a sexual crime in the modern society

indicating that their crimes are less of an issue compared to male offenders (Christensen, 2018; Robson & Lambie, 2013; Tewksburg, n. d.). Further, women are often characterized as the caregiving, nurturing gender who are responsible for the growth and well-being of children (Brown & Kloess, 2020; Levenson et al., 2015). Implicating them in the sexual abuse of children appears to go against society's view of women (Almond et al., 2017; Christensen & Darling, 2020) thus resulting in under-reporting of abusive behaviors, feelings of shame and embarrassment, and smaller chance of the FSO facing justice in the criminal justice system (Gillespie et al., 2015; RAINN, 2019; Robson & Lambie, 2013; ten Bensel, Gibbs, & Burkey, 2019). It is important to study FSO characteristics and learn about their past and current experiences with trauma, their motives, and psychopathology. The aforementioned items have been studied and documented with male offenders; however, it continues to lack with female offenders. An in-depth review of literature on FSO's may help define specific characteristics of this population and change the way modern society views women as perpetrators of sexual abuse.

Common Characteristics in the Female Offender

There appears to be no single profile that can accurately describe or depict an FSO and no single risk factor that is indicative of her becoming a sexual offender. Prior research has failed to gain a sample size big enough to justify or explain results (Wijkman, et al., 2010); however, specific offense and age characteristics have been identified throughout the literature. Female offenders are overwhelmingly Caucasian (80%) and have engaged in roles as caregivers and nurturers (McLeod & Craft, 2015;

Nathan & Ward, 2002; ten Bensel, Gibbs, & Burkey, 2019; Wijkman et al., 2010). Further, the average age of FSO appears to be between the ages of 26 and 36 years old (Almond et al., 2017; Christensen & Darling, 2020; Darling et al., 2018; ten Bensel, Gibbs, & Burkey, 2019; Vandiver, 2006). Compared to the male offender, the FSO tends to offend at an earlier age (Turner, Miller, & Henderson, n. d.). Aligning with prior research, the average FSO is unemployed, has an unstable employment history, or is employed at a minimum wage job (Gillespie et al., 2015; Papalia et al., 2018; ten Bensel, Gibbs, & Burkey, 2019). It is possible that this is related to growing up in a family environment that has a low socioeconomic status, lack of parenting or guidance, and lack of encouraging the child to learn and grow.

Bartol & Bartol (2017) and Darling et al. (2018) share that female offenders do not seem to fit the stereotypical portrayal of a sex offender as their characteristics tend to vary greatly. When focusing on sexual abuse within organizational contexts, Darling et al. (2018) appears to have opposite findings. Results of their studies show that female offenders within organizational contexts have careers or positions of power and have no criminal history or negative marks on their employment record (Darling et al., 2018). Christensen & Darling (2020) introduced the term *organizational abuse* and define it as emotional, physical, or sexual abuse perpetrated by teachers or adults on a child in a paid or voluntary work environment. Darling et al. (2018) conducted a study that examines 71 female offenders who have sexually abused children in the organizational workplace. Results of their study indicate that female offenders are often teachers, youth leaders, case workers or in a supervisory position.

Christensen & Darling (2020) support this finding as they have identified teachers as the largest occupational group of sex offenders (29%) in their own literature review. Women in leadership and/or supervisory roles have been found to engage in abuse of trust offenses at much higher rates than male offenders (Christensen & Darling, 2020; Darling, Hackett, & Jamie, 2018). While in a trusted position, it appears that the female offender engages in abusive behavior and influences compliance and secrecy as a result of her position (Kaylor et al., 2021; McLeod & Dodd, 2022). Similarly, McLeod & Craft (2015) state that FSO's are responsible for an estimated 15-20% of CSA cases reported to children and youth agencies. In organizational settings where child-care and education are prevalent, CSA estimates range between 5-31% (Christensen & Darling, 2020; Darling, Hackett, & Jamie, 2018).

The age of victim can vary depending on the type of female offender; for example, within organizational contexts versus the average female offender. Research on the average female offender finds that victims tend to be female (Mcleod & Craft, 2015), related to the offender, and younger than 13 years of age (Darling et. Al., 2018). The age of the victim tends to increase if the abuse occurs within the organizational context (Darling &Hackett, 2020; Steely & Ten Bensel, 2020). Within this context, Darling et al. (2018) find that victims are more likely to be male and 16 years old (Christensen & Darling, 2020; Darling, Hackett, & Jamie, 2018). Research supports the notion that female teachers in a position of influence and power often select male victims in a post-pubescent state (Landor & Eisenchlas, 2015; Miller & Marshall, 2018; Steely & Ten Bensel, 2020).

A review of literature on FSOs highlights a lack of research on women who offend within organizational contexts. In recent years, there has been an increase in research studies that focus on FSOs who sexually abuse children within the workplace or because of their job title/status (Kaylor et al., 2021; McLeod & Dodd, 2022). Darling et al. (2018) note that institutional and organizational child abuse has gained political attention in recent years impacting academic interest. Female offenders that work within this context appear to have different motives for offending compared to other solo offenders. In fact, Christensen & Darling (2020) find that female teachers do not fit the stereotype of female offenders as their main motives are to meet emotional and intimacy needs, not power and control. This finding is also supported in Darling et al. (2018) study. In organizational contexts with female solo offenders, especially teachers, male victims are more common to find compared to female victims (Christensen & Darling, 2020; Darling et al. 2018). This data is further supported by other studies and findings that solo offenders have a higher likelihood of abusing male victims compared to co-offenders (Christensen & Darling, 2020; Darling et al., 2018; ten Bensel et al.,2019; Wijkman et al.,2010).

Female solo offenders and women working within organizational contexts appear to have their own psychopathology and characteristics that vary significantly when compared to female co-offenders (Kaylor et al., 2021; McLeod & Dodd, 2022). A review of literature on the FSO highlights specific characteristics such as a childhood filled with trauma and abuse (Papalia et al., 2018) poor living conditions (Almond et al., 2017), low socioeconomic status (McLeod & Craft), poor history of employment (Miner et al.,

2010), mental health disorders (Bartol & Bartol, 2017), personality disorders (Almond et al., 2017) and substance abuse (Yancey et al., 2013). The female solo offender appears to have an entirely different set of characteristics that oppose research findings on common characteristics of the FSO. Wijkman & da Silva (2002) find that solo offenders are more likely to have a high school diploma and employment positions that are authoritative. The findings in their study oppose other researcher's findings that FSOs are not gainfully employed and have a lower SES. (Bartol & Bartol, 2017; Miner et al., 2010; Nathan & Ward, 2002). Darling et al. (2018) indicate that almost all women in their study offended alone, had no prior criminal history, and did not fit the stereotypical portrayal of FSOs. To obtain teaching positions, supervisor positions, or volunteer positions within the community, criminal background checks and child abuse reports are often required. This further supports findings within the literature that solo offenders have little to no criminal history (Christensen & Darling, 2020; Darling et al., 2018; Nathan & Ward, 2002). This specific characteristic of solo offenders may allow them to engage in abusive behaviors without detection from colleagues, parents of the abused child, and/or law enforcement.

Additional Female Sex Offender Typologies

FSO's can be further broken down beyond solo and co-offenders' typologies. Literature indicates that there are as many as five other categories that female offenders can be placed into: teacher/lover, predisposed molester, male-coerced molester, experimenter, and psychologically disturbed (Brown & Kloess, 2020; Budd et al., 2017; Gillespie et al., 2015; Muskens et al., 2011; Nathan & Ward, 2002; Vandiver, 2006). Turner et al. (n. d.) separate these typologies into two separate categories of the self-

initiated offender which includes teacher/lover offender, experimenter/exploiter offender, and the predisposed offender; and the accompanied offender's category which includes male-coerced offenders and psychologically disturbed offenders. The self-initiated offender group appears to mimic or resemble the solo-offender. This type of female offender is more likely to have unrelated male victims (Christensen & Darling, 2020) and engage in risky behaviors (Darling et al., 2018; ten Bensel et al., 2019). Darling et al. (2018) state that the teacher/lover offender generally have lower rates of psychological concerns and substance abuse issues compared to other FSO typologies. Regarding the teacher/lover offender typology, many interesting findings have been uncovered in research. Statistics on childhood sexual abuse, or CSA, indicate that organizational settings are the second most prevalent environment where abuse occurs (Christensen & Darling, 2020; Darling et al., 2018). Christensen & Darling (2020) state that sexual misconduct by teachers is quite prevalent with statistics indicating that at least 10% of students have experienced some level of sexual misconduct from an educator. Darling et al. (2018) appear to have similar findings in their literature review as the authors estimate that FSO sexual abuse occurs in organizational contexts anywhere between 5-31%. Further, Darling et al. (2018) and Christensen & Darling (2020) highlight findings that female teachers make up between 19-29% of abusers in professional positions of trust. This finding helps to explain why FSO's in these positions are more willing to take risks and experiment with their victims as they hold some level of power, influence, and control over their victims.

Psychologically disturbed offenders show up in literature as an under-researched

typology; however, there is enough information to form an understanding of how this type of female offender engages in abusive behaviors. Research on the female offender indicates that this population largely comes from a background and childhood filled with abuse, neglect, and instability (Bartol & Bartol, 2017; Gillespie et al., 2015; McLeod & Craft, 2015; Nathan & Ward, 2002). Specifically focusing on the psychologically disturbed typology, this offender likely suffers from mental health problems, personality disorders, chemical dependency, depression, suicidal ideations, cognitive impairments, and poor coping skills (Bartol & Bartol, 2017; Harrati et al., 2018; Nathan & Ward, 2002; Papalia et al., 2018; ten Bensel, Gibbs, & Raptopolous, 2019). Further, this type of offender is more likely to develop or have anti-social behaviors that are deemed inappropriate in modern society. Yancey et al. (2013) state that the longer a child experiences sexual abuse, or any form of abuse, they increase the likelihood of developing PTSD and developing severe clinical presentations.

Prolonged and severe childhood abuse not only increases the possibility that the individual will engage in criminal and deviant behaviors in adulthood (Bartol & Bartol, 2017; ten Bensel et al., 2019) it also increases the possibility that the child will become psychologically disturbed and not understand the consequences of their actions or how the abuse impacts their victims (Harrati et al., 2018; Papalia et al., 2018; Yancey et al., 2013). Harrati, et al. (2018) state that trauma and CSA have disruptive effects on relational processes and behaviors in adulthood and find that such abusive behaviors are replicated via imitation and identifying with abusive parents. Literature on the psychologically disturbed FSO indicates that this may be the most dangerous typology.

Clinical and Professional Attitudes Toward Sex Offenders

Professionals who work with female sex offenders can have a significant impact on treatment progress and assist in reducing recidivism rates (Baum & Moyal, 2020; Craig, 2005; Lea et al., 1999; Tozdan et al., 2019). With such an impact on the trajectory of treatment success, it is imperative to understand how clinical professionals perceive FSO's and their sexually abusive acts perpetrated on children. A review of literature suggests that both professionals (psychologists, psychiatrist, therapist, and counselors) and paraprofessionals (child protection workers, police officers, and probation officers) hold different attitudes and beliefs that affect their ability to serve this population in a manner that fosters positive treatment change (Barros et al., 2020; Christensen, 2018; McCartan et al., 2020). Further review of literature indicates that those who work closely with FSO's can experience a shift in their own cognitions, views of the world, and experience burn out symptoms (Baum & Moyal, 2020; Barros et al., 2020). This section will delve into the different attitudes and views professionals have regarding FSO's, experiences working with them directly, and how this direct work impacts their ability to deliver successful treatment for this population.

Professional Impacts of Working with Sex Offenders

As in any profession, there are both negative and positive impacts that professionals experience in their line of work. Working with sex offenders appears to bring a plethora of experiences, emotions, and behavior changes for professionals and paraprofessionals. Barros et al. (2020) state that forensic professionals often experience emotional hardships because of their work with survivors of sexual assault and rape.

Psychologists, therapists, counselors, politicians, and law enforcement officers also report similar hardships when working with perpetrators of sexual assault and abuse (Bach & Demuth, 2018; Barros et al., 2020; Dean & Barnett, 2011; Gakhal & Brown, 2011; McCartan et al., 2020). Professionals who work with this population are often subjected to hearing graphic details of sexual abuse, violence, and trauma (Barros et al., 2020; Baum & Moyal, 2020) and it appears to have significant impacts on their own mental health and personal lives (Dean & Barnett, 2011; Lea et al., 1999). While listening to graphic details of sexual abuse experiences from patients, clinicians are expected to engage empathetically with the offender and help them work through immoral or unhealthy cognitive distortions (Baum & Moyal, 2020). Many offenders who are receiving sex offender treatment have been court ordered to complete therapy as requirement of their conditions of release and supervision (Bach & Demuth, 2018; Baum & Moyal, 2020).

Professionals also report difficulty in getting offenders to open up and discuss their sex crimes, especially when the victim is a minor (Bach & Demuth, 2018; Dean & Barnett, 2011; Christensen, 2018; McCartan et al., 2020). Drawing attention to unhealthy cognitions and perceptions about sex can prove challenging for professionals (Bach & Demuth, 2018; Baum & Moyal, 2020) and appears to create feelings of anger, confusion, frustration and emotional hardening when the offender refuses to cooperate (Todzan et al., 2019; Mellor & Deering, 2010).

Providing therapeutic services and treatment to sex offenders is an important and critical profession as clinicians are often responsible for enhancing mental health and

psychological well-being of patients and providing sex education to the community and organizations alike (Bach & Demuth, 2018; Dean & Barnett, 201; Todzan et al., 2019). While professionals recognize their role in the treatment of sex offenders, research indicates that they often struggle with finding the appropriate treatment route or clinical interventions due to a lack of training and resources (Christensen, 2018; Craig, 2005; Lea et al., 1999; Mellor & Deering, 2010; Roche & Stephens, 2022). Craig (2005) conducted a study where 85 participants were recruited to attend a training in working with sex offenders coordinated by the local probation area training consortium. The author provided a two-day intensive training workshop for hostel workers and probation officers that focused on increasing awareness of issues working with the sex offender population. The information taught in this training included theoretical and conceptual issues in offender work, the nature of sexual offending, and awareness methods for managing denial and relapse prevention (Craig, 2005). Craig (2005) utilized the Attitudes Towards Sex Offender (ATS) assessment and the Working with Offenders Questionnaire (WOQ) as pre and post measures of changes in confidence in working with offenders, changes in attitudes, and changes in how they view sex offenders. Results from this study indicate that the training was highly effective in increasing awareness and knowledge of sex offenders, increasing confidence in their abilities to work with this population and encouraged positive attitudes towards offenders. Similar studies have also found training and educational programs on the nature of sexual offenses and sex offenders to have a positive impact on views of offenders (Grady et al., 2022; Kaylor et al. 2021; Mivshek & Schriver, 2022) and confidence in the professional's ability to provide effective treatment

and counseling (Christensen, 2018; Craig, 2005; Dean & Barnett, 2011; Roche & Stephens, 2022). Participants from Christensen's (2018) study share similar sentiments regarding trainings on sex offenders. Professionals in this study suggest that greater salience and understanding of the sex offender population would allow for greater detection of sexually abusive actions/thoughts and allow them to intervene sooner (Christensen, 2018).

Without any level of training, professionals struggle to understand sex offender behaviors, motivations, and how to provide the most effective form of treatment. Moreover, professionals who lack training on sex offenders report a negative outlook on this population compared to professionals who have received training (Baum & Moyal, 2020; Barros et al., 2020; Roche & Stephens, 2022). Similar to Craig's (2005) study, Gakhal & Brown (2011) conduct a study where they utilize the Attitudes Towards Female Sex Offender Scale (ATFS) to assess how the general public, forensic professionals, and undergraduate students perceive the female sex offender. In this study, the authors hypothesize that professionals will have a more positive perspective of female sex offenders compared to the general public and undergraduate students (Gakhal & Brown, 2011). Results of their study affirm the initial hypothesis: forensic professionals were found to have significantly more positive views than all other professional groups, public, and undergraduate students (Professional mean = 99. 55, Students mean = 70. 63, Public mean = 64. 47).

Negative Impacts for Professionals and Paraprofessionals

Lack of training not only affects a professional's attitude towards offenders, but it

also further appears to reinforce stereotypical views of the term ‘sex offender’. Roche and Stephens (2022) conducted a study that examined a clinician’s willingness to treat people with a sexual predisposition for children with a focus on the stigma and competency to treat. Results from their study suggest that clinicians who were unwilling to treat child sex offenders also presented preconceived notions of sex offenders and stigmatized this population. Additionally, results from their study indicate that two thirds of clinicians would not accept a child sex offender due to lack of competency (Roche & Stephens, 2022). Similarly, Lea et al. (1999) conducted a semi-structured interview with 23 professionals and paraprofessionals who work with serious sex offenders. 22% of the professionals indicated that they are continuously working around stereotypical views of sex offenders, and it is beginning to hamper their clinical practice.

Further supporting this problem, a review of the literature reveals that many professionals who work closely with this population are inclined to adhere to gender roles and fail to view women as perpetrators of sexual abuse against children or sex crimes in general (Christensen, 2018; Craig, 2005; Gakhal & Brown, 2011; McCartan et al., 2020; Tozdan et al., 2019). Tozdan et al. (2019) state that female perpetrated sexual abuse has a higher chance of being rated less important than male perpetrated sexual abuse, thus resulting in leniency for the female offender. Literature also highlights a common theme of minimization from professionals who work directly with female sex offenders or victims of female sex offenders (Lea et al., 1999; Tozdan et al., 2019). The minimization of FSO abuse can offer an explanation on the lack of knowledge or lack of trainings on female sex offender behaviors and the female offender population. Tozdan et al. (2019)

state that sexual abuse perpetrated by females is taboo in the Western culture, thus resulting in resistance against disclosing abusive acts to professionals, health care workers, and law enforcement professionals. Additionally, professionals appear to hesitate with reporting sexual abuse when the offender is a female (Tozdan et al., 2019). Professionals have acknowledged feelings of shock and disbelief when a victim discloses sexually abusive acts from a female offender and admit to dismissing the disclosure (Christensen, 2018; Mellor & Deering, 2010; Tozdan et al., 2019).

McCartan et al. (2020) state that sexual abuse is a clear example of a public health issue that spans all levels of society, occurs internationally, and has innumerable impacts on the individual, society, and the community. Sexual abuse, in general, has garnered attention internationally and resulted in advocacy and educational groups being developed worldwide. Despite a rise in interest on sexual abuse, professionals are still reporting a challenge in identifying sexually abusive acts as the definition of sexual abuse is loose and has a wide array of behaviors and thought patterns that may or may not be deemed illegal (Baum & Moyal, 2020; McCartan et al., 2020). Christensen (2018) states that professionals often reference a lack of training regarding sex offenders and the female sex offender population. In Christensen's (2018) study, professionals appear to request relevant research and training to develop confidence in working with this population. As mentioned previously, literature ties together a common need for training on sex offenders as it often results in confidence building and skill building in clinical and therapeutic abilities (Barros et al., 2020; Christensen, 2018; Kaylor et al., 2021; Roche & Stephens, 2022).

Working with the sex offender population appears to have a pernicious impact on professionals. Baum & Moyal (2020) conduct a small-scale meta-analysis that compares the vulnerability of male and female therapists to possible adverse outcomes of working with sex offenders. Results of their study reveal that female therapists are more susceptible to secondary traumatic stress (STS) wherein the conceptual definition is most frequently defined as an emotional reaction to that occurs when an individual hears a firsthand account of trauma experienced by another individual (Bach & Demuth, 2018; Baum & Moyal, 2020). Baum & Moyal (2020) also find that female therapists often identify with female victims while the male therapist tends to identify more with the male offender. Perhaps this finding explains why female therapist are more impacted by STS compared to male therapists. Another interesting finding in the literature is that male therapists have a more difficult time distancing themselves psychologically from the male offender (Baum & Moyal, 2020; Lea et al., 1999). It appears that male therapists may align with male offenders and begin to develop disruptive cognitions about themselves and question if their own thoughts and beliefs could be viewed as sexually abusive (Baum & Moyal, 2020; Barros et al., 2020; Lea et al., 1999).

Working with sex offenders can also have a significant impact on professionals depending on the setting in which the therapy or counseling takes place. Baum & Moyal (2020) find that male therapists tend to work in a correctional setting compared to female therapist who are likely to work in an office setting. When working in a correctional facility providing therapeutic services to sex offenders, emotional hardening, mental exhaustion, and burn out appear at higher rates (Bach & Demuth, 2018; Barros et al.,

2020; Baum & Moyal, 2020) which may also explain why male therapists have a difficult time distancing themselves psychologically from their clients.

Literature further links working with sex offenders to a distinct change in the professional's mental health and well-being (Barros et al., 2020; Baum & Moyal, 2020; Mivshek & Schriver, 2022). Professionals have reported experiencing vicarious trauma, secondary traumatic stress, compassion fatigue, and burn out, all which are related to exposure to graphic depictions of sexual abuse/crimes and the helper mentality (Bach & Demuth, 2018; Barros et al., 2020; Baum & Moyal, 2020; Lea et al., 1999). Barros et al. (2020) state that therapist can experience vicarious trauma throughout their interactions with sex offenders both in the short term and long term. Vicarious trauma can impact a professional's cognitions, beliefs, expectations, and assumptions about themselves and others (Bach & Demuth, 2018; Barros et al., 2020; Baum & Moyal, 2020; McCartan et al., 2020). Further, professionals have reported having a negative outlook on the world and are more protective of themselves and children especially when the sex offender(s) that they are working with has abused minors (Barros et al., 2020; Baum & Moyal, 2020).

Barros et al. (2020) examined the associations between countertransference induced by sex offenders and the manifestations of vicarious trauma in forensic professionals. Utilizing mixed methodology, the authors engaged forensic psychiatrists, psychologists and experts in questionnaires and qualitative data analysis to gain a deeper understanding of the influences that sex offenders have on their professional and personal lives (Barros et al., 2020). Results of their study showed a mixed response in how sex

offender treatment affects the personal lives of professionals. The forensic professional shared that assessing sexual crimes allows them to have a deeper understanding of human nature, behavior and reality, leading to personal growth (Barros et al., 2020). Negative impacts on personal lives of the professionals included feelings of distrust towards strangers, more protective over family, and a lack of secure feelings in their lives (Barros et al., 2020).

Literature highlights a common theme of professionals being negatively impacted in their personal lives associated with their direct work with the sex offender population (Barros et al., 2020; Baum & Moyal, 2020; Gakhal & Brown, 2011). In line with these findings, Baum & Moyal (2020) state that professionals with a personal history of trauma and abuse can also have a negative impact on attitudes towards sex offenders and changes in cognitions. Regarding impacts in professional life, results indicate avoidance of paying attention to specific details of the crime and a stronger emphasis on the person being examined. As mentioned previously, literature on this subject state that professionals who work directly with sex offenders are exposed to disturbing details of sexual abuse (Barros et al., 2020; Baum & Moyal, 2020) and crimes that are likely to have a negative impact in their professional and personal lives (Barros et al., 2020). Further, results of this study show that sex offender assessments create strong, persistent feelings of worry, alarm, and anxiety for forensic professionals.

Positive Impacts for Professionals and Paraprofessionals

While literature highlights a repeated pattern of deleterious impacts on the professional's mental health and well-being, many professionals share that they have

encountered positive experiences when working with sex offenders. Across a few studies, professionals have shared that working with offenders allows them to understand that human behavior can be changed and positively impacted through an empathetic and genuine therapy style (Baum & Moyal, 2020; Craig, 2005; Dean & Barnett, 2011; Gakhal & Brown, 2011). Further, Baum & Moyal (2020) find that professionals experience a sense of satisfaction from being able to help sex offenders and provide them with effective treatment. Research indicates that maintenance of a positive attitude and outlook when working directly with the sex offender population is critical for successful rehabilitation and growth (Baum & Moyal, 2020; Craig, 2005; Gakhal & Brown, 2011). Moreover, professionals who have worked closely with this population tend to hold more positive views compared to professionals who lack involvement (Craig, 2005; Dean & Barnett, 2011; Gakhal & Brown, 2011; Lea, Auburn, & Kibblewhite, 1999).

Research on the positive and negative impacts of professionals working with sex offenders appear to be limited; however, several studies have revealed a correlation between supportive work environments and trainings with more positive attitudes. Bach & Demuth (2018) conduct a case review that investigates the personal experiences of therapists who work with pedophiles. The authors identify a pattern of positive experiences in professionals who work with pedophiles including low levels of stress, high levels of compassion and satisfaction (Bach & Demuth, 2018). Additionally, in the reviews conducted by Bach & Demuth (2018), there are findings that therapists genuinely enjoy their work and identify it as a new and challenging field. Dean & Barnett (2011) find similar results and report that 96% of therapists engaged in sex offender treatment

within correctional facilities tend to have positive experiences. Additionally, Barros et al. (2020) find that there are many forensic professionals who enjoy their work and consider it to be rewarding and satisfying.

Professionals have indicated that working with sex offenders can be challenging and difficult as they often deny their crimes and sexually abusive behaviors (Bach & Demuth, 2018; Baum & Moyal, 2020; Dean & Barnett, 2011); however, the novelty of the field brings about an enthusiastic attitude and a desire to have a positive impact on treatment outcomes for sex offenders. This trend is also recognized in other professions across the world. McCartan et al. (2020) state that research on sexual abuse and offenders has increased greatly in the last twenty years within the practitioner community and has influenced many advocacy groups to be formed. There appears to be an emphasis on sexual abuse education and a desire to understand sex offender behavior across a multitude of professions and organizations. Moreover, the emergence of a cultural shift in society is helping professionals and paraprofessionals to understand that anyone can be a sex offender, especially women (McCartan et al., 2020; Tozdan et al., 2019). McCartan et al. (2020) state that professionals who work both directly and indirectly with sex offenders recognize that sexual abuse is a multi-disciplinary issue that impacts all levels of society, epidemiology, sociology, psychology, criminology, education, and economics. Historically, sexual abuse of children and abuse perpetrated by female offenders has been viewed in modern society as taboo and subsequently avoided or dismissed (Almond et al., 2017; Christensen, 2018). With a shifting narrative, professionals and members of society are more open to understanding what sexual abuse/assault entails and what signs

to look for if a child is experiencing sexual abuse within their home environment or within institutional settings.

Some professionals admittedly struggle with hearing graphic details of sexual abuse (Baum & Moyal, 2020; Barros et al., 2020); however, literature identifies several mitigating factors that allows professionals to engage in impactful and effective treatment delivery. Dean & Barnett (2011) state that the level of training a professional receives, internal politics within an organization, support, and punitive attitudes of non-therapeutic colleague all appear to impact treatment change and outcomes. Referring back to the case review conducted by Bach & Demuth (2018), the authors find that a strong support system, whether it is supportive family and friends or supportive colleagues, increases the professional's confidence in their ability to deliver effective treatment outcomes and helps to reduce personal struggles with mental health related to working closely with sex offenders. Dean & Barnett (2011) pinpoint collegiate and peer support as indicators of personal satisfaction, personal accomplishment, and reduced symptoms of psychological distress.

Conversely, professionals who indicate a lack of support in working with sex offenders experience negative views, inability to empathize with offenders, value conflicts, higher rates of burnout, and feelings of insecurity (Bach & Demuth, 2018; Barros et al., 2020; Baum & Moyal, 2020; Dean & Barnett, 2011; Mivshek & Schriver, 2022). Research highlights a stigma around providing therapeutic services to sex offenders as a large part of society still views sexual offenses as taboo (Baum & Moyal, 2020; Christensen, 2018; Tozdan et al. 2019). Baum & Moyal (2020) state that

professionals have reported keeping their job descriptions a secret and not sharing their personal struggles with colleagues, peers, or family that would have allowed them to alleviate psychological distress. It appears that the current shift in society coupled with an emphasis on training and educating professionals on sexual abuse has allowed professionals to feel more supported in their career field and increased levels of career satisfaction (Bach & Demuth, 2018; Baum & Moyal, 2020; Dean & Barnett, 2011).

Media and Society Influences on Professionals

The media and other related news outlets appear to affect how society and professionals perceive not only sex offenders, but the female sex offender. Gakhal & Brown (2011) state that the media presents sex offenders as masculine, violent, predatory, and monsters beyond redemption. Historically, the term sex offender appears synonymous with the male gender thus leaving little to no room for women to be recognized as perpetrators of sex crimes (Baum & Moyal, 2020; Christensen, 2018; Landor & Eisenchlas, 2018; Tozdan et al., 2019).

Research on the female sex offender appears to be growing in popularity and is gaining the attention of politicians, law enforcement officers, child protection agencies, and psychologists. McCartan et al. (2020) notice a trend of increased global sociopolitical recognition of sexual violence, sexual education, and recognizing that anyone can be a sexual offender. This shift in interest and education of the female sex offender is paramount and stands to have a positive impact on future research; however, it still appears that more research on the FSO is needed before a full shift in understanding can take place. A review of literature indicates professionals currently struggle with

identifying women as perpetrators of sexual abuse against children and still view women as the caregiving, child-raising gender (Almond et al., 2017; Bartol & Bartol, 2017; Tozdan et al., 2019). Gillespie et al. (2015) state that a lack of interest in female sex offending may have negative impacts on clinical practice and leads to reinforcement of stereotypes and assumptions that females rarely commit sexual offenses. Such stereotypes and ideologies on what a sex offender is, in terms of characteristics and gender, makes it difficult for professionals to overcome taboos (Brown & Kloess, 2020) and provide effective treatment of FSOs (Almond et al., 2017; Christensen, 2018; Tozdan et al., 2019).

Tozdan, Briken, & Dekker (2019) state that the media's representation of sex offenders is often biased and focuses on demonizing the male offender. With such a noticeable gap of information between female sex offenders and male offenders, the media is largely responsible for reinforcing the stereotype that only men can perpetrate sex crimes and pedophilia. Landor & Eisenchlas (2015) engage in qualitative content analysis and review twenty-nine newspaper articles published in Australia between 1999 and 2010. The authors randomly selected articles where fifteen articles reported on seven female sex offenders and fourteen articles reported on sexual abuse cases where nine offenders were male (Landor & Eisenchlas, 2015). In reviewing the news articles, Landor & Eisenchlas (2015) focus on descriptors such as headlines, profession of the offender, social standing, and physical attributes of the offender. The authors find that news articles tend to write headlines that indicate disgusts towards male sex offenders and sympathy

for older female offenders with a much younger male victim (Landor & Eisenchlas, 2015).

Tozdan et al. (2019) share similar findings and state that when the offender is female, professionals appear to make excuses and justifications for their sexualized behaviors thus reinforcing gender stereotypes of sex offenders. In line with the findings of Landor & Eisenchlas' (2015) study, Mellor & Deering (2010) share that society views male early sexual encounters with older women as a right of passage compared to an abusive experience. Furthermore, there appears to be a boastful and accepting attitude of sexual encounters between older females and adolescent male victims; sentiments that are not shared when the offender is male with an adolescent female victim.

The media's portrayal and description of what a sex offender is continues to impact the professional's ability to appropriately identify females as sex offenders and take their sex crimes seriously. Gakhal & Brown (2011) state that the clinical professional's view of the female offender may influence their judgement and ratings of the offender which has a significant impact on treatment. Further, when the media represents men as the only perpetrators of sexual abuse, it can be difficult for society and professionals alike to fully understand that women are capable of sexually abusing children. Tozdan et al. (2019) discuss the importance of clinical professionals and scientific researchers challenging their own views of sex offenders and staying away from denying sexual abuse from female offenders. Refusal to view women as sex offenders has deleterious impacts on assessments and appropriate treatment recommendations. Professionals who do not work directly female sex offenders tend to

view their crimes as less impactful on the victim and less likely to consider service involvement (Almond et al., 2017; Tozdan et al., 2019). They also continue to view sex crimes through a gendered lens which continues to reinforce stereotypical descriptions of sex offenders.

Literature on the impacts of media and society on the professional's ability to deliver effective treatment outcomes indicates a much-needed change in how professionals view female offenders. Gakhal & Brown (2011) state that society's attitude towards sex offenders must adjust if they want to see a positive change in treatment outcomes and successful rehabilitation. Unfortunately, Gakhal & Brown (2011) find that attitudes towards sex offenders have remained negative since 1999. Mellor & Deering (2010) explore the professional's response and attitude towards female-perpetrated sexual abuse. To gather responses from 231 professionals involved in sexual abuse cases, the authors utilize the Attitudes regarding Women's Sexualized Behavior toward Children Questionnaire. Results of their study indicate that professionals view female-perpetrated abuse as less likely to impact minor victims, less likely to refer victims to therapeutic services, less likely to proceed with prosecution of the female offender, and less likely to deem child social service agencies as an appropriate response to the abuse compared to male-perpetrated abuse (Mellor & Deering, 2010). Overall, the results of this study indicate that professionals still appear to rely on traditional stereotypes of sex offenders and depict women as sexually passive.

Contrary to this finding, recent research and studies indicate that trainings and working directly with sex offenders increases the likelihood that professionals will view

sex offenders with favorable attitudes (Christensen, 2018) and understand that female-perpetrated abuse may have more detrimental and longer lasting impact for victims (Almond et al., 2017; Craig, 2005). It is imperative that professionals and paraprofessionals abstain from conforming to the media's description of sex offenders and focus on aligning themselves with current research and educating themselves on the nature of sex crimes, sex offenders, and impacts that victims experience whether the offender is male or female.

Summary and Conclusions

This chapter reviewed the lived traumatic and abusive childhood experiences of female sex offenders, or FSO, and how it may have influenced their involvement in sexual abuse of children in their adulthood years. The severity of abuse experienced in childhood years appears to influence typologies of the FSO and intensity of mental health impairments experienced in their personal lives and in relationships with significant others (Brown & Kloess, 2020; Wijkman & da Silva, 2020). With many different typologies of the female offender, it becomes evident that there is no single profile that accurately describes a female sex offender (Gillespie et al., 2015). Moreover, a review of the literature reveals stark differences between the female sex offender and male sex offender and suggests that assessments and treatment programs need to be differentiated based on gender.

Attitudes towards sex offenders also appears to vary depending on the population researchers are studying. Individuals in modern society currently hold views that women are incapable of engaging in sexual abuse of minors or sexual assault thus reinforcing

stereotypical views of men as sex offenders (Baum & Moyal, 2020; Budd et al., 2017; Christensen, 2018; Gakhal & Brown, 2011; Landor & Eisenchlas, 2018; Robson & Lambie, 2013). Professionals who do not work directly with sex offenders, such as law enforcement officers and correctional officers, tend to hold negative views of sex offenders and believe that they are difficult to rehabilitate (Bach & Demuth, 2018; Baum & Moyal, 2020; Christensen, 2018). Professionals who work directly with sex offenders, such as psychologist, psychiatrists, therapists, and counselors, hold more positive attitudes towards sex offenders in general (Bach & Demuth, 2018; Baum & Moyal, 2020; Christensen, 2018) and believe that effective treatment will allow for successful rehabilitation and outcomes (Dean & Barnett, 2011; Mellor & Deering, 2010). Research identifies several factors that influence attitudes towards offenders including offense types, stereotypes, education, training, and personal experiences with trauma and abuse (Bach & Demuth, 2018; Dean & Barnett, 2011).

Based upon existing literature on female sex offenders, there is still much to be learned and questions that remain unanswered. Recent research indicates that there is a significant gap in understanding how professionals perceive female sex offenders and how it impacts their clinical practice and treatment outcomes (Barros et al., 2020; Baum & Moyal, 2020; Christensen, 2018; Gakhal & Brown, 2011; Tozdan et al., 2019). As mentioned above, professionals who work closely with female offenders tend to hold more positive views than the general public, law enforcement officers, and correctional officers; however, it remains unclear how work with female offenders impacts professional's ability to provide successful treatment outcomes (Bach & Demuth, 2018;

Baum & Moyal, 2020; Christensen, 2018). The goal of this literature review was to highlight this gap via qualitative methodologies as it is imperative that female offenders become a part of the narrative in terms of sex offenders and inappropriate sexual behaviors. This has positive implications for future research and will help educators understand the experiences of professionals who work with female offenders and how it impacts their professional abilities.

The next chapter will focus on methodology and procedures used in this study. The design of the study, participant data, data collection, and analysis will also be discussed further in this chapter. Lastly, Chapter 3 will provide a foundation for reproduction of this study in future research.

Chapter 3: Research Method

The purpose of this study was to understand the clinician perceptions of the female sex offender and factors that influence perceptions. Clinician and professional attitudes toward female sex offenders has a significant impact on the delivery of sex offender treatment, outcomes, and confidence in ability to provide a quality therapeutic service to this population. Research also highlights a lack of training for professionals and a lack of experience in working with female sex offenders. There are many professionals who have worked directly with sex offenders over the span of their career; however, when they encounter a female sex offender, professionals tend to minimize abusive behaviors towards children and view their abusive acts as a part of the caregiving role (Grady et al., 2021; Grady et al., 2022; Mivshek & Schriver, 2022). Moreover, literature reveals that many clinical professionals hesitate to report sexual abuse when the perpetrator is female (Bach & Demuth, 2018; Barros et al., 2020; Tozdan et al., 2019), which further indicates that clinicians may struggle to identify or perceive women as sex offenders.

To obtain an understanding of how clinical professionals view female sex offenders and their lived traumatic experiences, an in-depth review of empirical research was completed. Understanding the perceptions and influences of clinical professionals regarding female sex offenders will help inform better clinical practices and strengthen confidence in treatment delivery. Additionally, it will allow for an understanding of the various typologies and motives for offending; all of which proves to differ greatly from

male sex offenders and may influence clinician perceptions. This chapter outlines a qualitative methodology used to explore clinician perceptions of the female sex offender.

Research Design and Rationale

For this investigation, I selected qualitative research design with an phenomenological approach. The qualitative approach allows the researcher to understand their phenomenon of interest and provides in-depth explanations of the participant's experiences and various thought pattens regarding the phenomenon of interest (Carminati, 2018). The phenomenological approach allows the researcher to use a combination of methods to collect data, most often through interviews, reading documents, and watching videos related to the phenomenon of interest (Kostrub & Ostradickey, 2019; Sholkhova, 2019). With attempting to understand clinician perceptions of female sex offender treatment in modern society, the phenomenological approach provided an opportunity to assign meaning to the various experiences that clinicians encounter in clinical settings. This enabled me to answer the research questions:

- RQ 1: What are clinician perceptions of female sex offender treatment?
- Sub RQ 1: What influences how clinical professionals engage with female sex offenders in treatment?
- RQ 2: How do clinical professionals view female sex offenders with lived traumatic experiences?

Employing a qualitative methodology was the best choice for this study as I aimed to understand the perceptions clinical professionals hold related to their

experiences working directly with the female sex offender population and treatment programs. Other qualitative designs, such as ethnography, narrative, and grounded theory, were not selected for this inquiry as the sole focus was not on lived experiences. The other designs are used to immerse the researcher into the culture of the phenomenon of interest and explore sequences of events (Kostrub & Ostradickey, 2019). The phenomenological approach allowed me to employ a specific set of questions that will elicit responses to garner an understanding of clinician perceptions of FSO treatment and their perceptions of female sex offenders with lived traumatic experiences. Pertaining to clinical professionals who work directly with this population, the phenomenological approach provided a deeper understanding of their preconceived notions and feelings related to the FSO's childhood trauma.

In this inquiry, I used interviews to understand the meaning that participants assigned to events from their own perspectives. With clinical professionals, the primary source of data collection comes from a list of primary interview questions (see Appendix). Engaging in a semistructured interview with participants provides an opportunity to understand and explore their perceptions. This method allowed for a reliance on the participants' own words to provide insight into their perceptions of offenders and factors that influence them.

Role of the Researcher

The role of the researcher in the current investigation was to be an observer and explore clinician perceptions of female sex offender treatment in modern society. Qualitative studies allow the researcher to access the thoughts, feelings, and behaviors of

participants and further enables a deep understanding of the meaning individuals assign to their experiences (Sutton & Austin, 2015). As an observer, assuming an etic role allowed me to observe participants from an outside view and be more objective. Another role that the researcher takes on with qualitative studies is an instrument of data collection (Dodgson, 2019). I used interviews to employ probing, thought-provoking questions for the participants to elicit an understanding of how meaning is assigned to specific experiences.

Exploring biases prior to data collection contributes to trustworthiness and transparency. Though I do not have any personal or professional relationships with any of the participants, I do have approximately 9 years of experience working with victims of trauma (including sexual abuse, physical abuse, and neglect) and perpetrators of abuse that allows me to understand how certain life experiences can impact thoughts and behaviors. I adhered to a role of neutrality; however, biases may appear if professionals talk negatively about a female sex offender without understanding the role that trauma and abuse has played in their lives. If biases are present, the researcher will consistently need to monitor the impacts of biases, beliefs, and personal experiences throughout the data collection process (Dodgson, 2019). Unconscious biases likely create confirmation biases for the researcher, which influence the researcher to fit data into pre-existing beliefs that match to personal values (Dodgson, 2019). Through the data collection process, I consistently monitored personal biases and beliefs and kept track of how often they arose.

Throughout the data collection process, there were not any inherent power differentials between me and participants. The participants were professionals who have worked with the female sex offender population and have a similar career path as myself. As an observer, I created an atmosphere of equal partnerships in the development and analysis of themes, codes, and interpretations of meaning with the participants. Continual reflection on the research process and a focus on my personal biases, or reflexivity, was present in my role as the researcher. I was able to clearly articulate my position and subjectivity with participants (Dodgson, 2019). Articulating subjectivity allows participants and readers to better understand the filters through which questions will be asked, how data will be analyzed, and the reported findings (Sutton & Austin, 2015). I adhered to these roles as a researcher to promote transparency, clarity, and objectivity.

Methodology

Qualitative methodologies are best when attempting to understand the lived experiences of participants and the various meanings they assign to it (Carminati, 2018; Kekeya, 2021; Tomaszewski et al., 2020). Utilizing a qualitative approach for this type of inquiry has been supported in similar research studies where the aim was to understand clinician perceptions towards sex offenders (Baum & Moyal, 2020; Dean & Barnett, 2011; Mellor & Deering, 2020). Though quantitative methodologies would have allowed for linkage of specific identifiable variables and hypotheses, the qualitative approach allows the researcher to explore unlimited variables without placing limitations on what can be analyzed (Marin & Shkeli, 2019; Sholokova, 2019). There is a plethora of research and inquiries into childhood sexual abuse and trauma and the impacts that it has

on survivors (Bartol & Bartol, 2017; Kaylor et al., 2021; Talmon & Ginzburg, 2018); however, that research becomes narrow when applied to clinician's perceptions and experiences with female sex offenders that have lived through their own childhood trauma. Employing qualitative methodologies to this inquiry highlighted specific themes, concepts, and perceptions that clinicians have experienced over the course of working with female sex offenders. Further, thematic analysis allowed me to identify and interpret patterns and themes in clinician perceptions of female sex offender treatment as well as common themes and experiences from working with female sex offenders with lived traumatic experiences.

The population studied for this inquiry involved clinical professionals who have worked closely with female sex offenders. These professionals hold positions such as psychotherapists, forensic psychologists, therapists, and counselors. This population has developed their own views on how trauma has impacted female offenders and presumably could help FSOs make sense of their childhood trauma. Further, their firsthand experiences with the female sex offender population will help provide a deeper understanding of how clinical professionals have developed differing attitudes and beliefs that may impact their ability to serve this population in a manner that fosters positive treatment change.

The selection of clinical professionals was determined based on peer-reviewed literature and research studies exploring similar phenomena of interest (Baum & Moyal, 2020; Dean & Barnett, 2011; Mellor & Deering, 2020). The criteria for selection of participants were as follows: have worked directly with female sex offenders, licensed in

their field of study, have a minimum of 5 years experience in their field, and are experienced with giving and administering assessments. Clinicians who are more experienced in their field and have worked directly with female sex offenders tend to hold more positive views of sex offenders in general (Bach & Demuth, 2018; Baum & Moyal, 2020; Christensen, 2018). The findings from these research studies have also influenced the criteria for selection of clinical professionals in this inquiry.

Sampling Strategies

For this inquiry, I employed purposeful sampling. This technique is commonly used in qualitative research and allows the researcher to select participants who are knowledgeable and experienced with the phenomenon of interest (Palinkas et al., 2015). The literature suggests that studying the perceptions and experiences of clinical professionals who work directly with FSOs is limited and vaguely explored. Purposeful sampling enabled me to find participants who fit the criteria of selection, were information-rich and experienced with FSOs, and were able to communicate and articulate their experiences with the treatment of FSOs.

Snowball sampling, a similar type of purposive sampling, was also employed to assist in locating qualified participants for my inquiry. This strategy is known as chain referrals where participants are encouraged to reach out to other individuals in their social network and refer them to the researcher for possible participation (Kirchherr, 2018; Palinkas et al., 2015). Typically, individuals who work in a similar career field know other professionals who have experienced or are experienced with the phenomenon of

interest. Snowball sampling strategy allowed me to gain access to other professionals and paraprofessionals that I was previously unaware of.

Sample Size and Saturation

The criteria for selection for clinical professionals includes having a minimum of five years of experience in their field, being licensed in their field of study, experience directly treating female sex offenders, and experience with giving and administering assessments. These items, especially the five-year minimum requirement, are important as prior research studies(Pflugradt & Allen, 2015) have found this amount of experience to be sufficient in developing an understanding of sexual perpetration and the impacts it may have on victims. To ensure that the participants met the criteria for participation, I developed a detailed questionnaire (see Appendix A), resembling a resume or job application, that targets the amount of experience clinical professionals have and gain an understanding of their experiences with female sex offenders.

Similar studies that aim to gain an understanding of clinical professional's experiences with sex offenders utilize a qualitative methodology (Baum & Moyal, 2020; Dean & Barnett, 2011; Mellor & Deering, 2020). This common theme amongst the literature has influenced my research design and sample size. Mason (2010) states that to adhere to true qualitative methodologies, the sample size should generally follow the concept of saturation. Based on research from similar studies and population, my intended sample size for clinical professionals was 15 participants or until saturation was achieved. Additionally, my goal was to gather an in-depth understanding of clinician perceptions of female sex offender treatment in the modern society and the factors that

influence these perceptions. Many clinical professionals who treat specific populations tend to have similar experiences and perceptions (Bach & Demuth, 2018; Baum & Moyal, 2020; Christensen, 2018), especially if they are more experienced in their field (Gahkal & Brown, 2011; Lea et al., 1999; Mellor & Deering, 2010). Through interviewing clinical professionals, certain patterns and themes began to emerge.

Instrumentation

Semi-structured interviews were used for this inquiry as well as questionnaires completed by seven clinical professionals who have worked directly with female sex offenders in their line of work. I have developed a ten-item questionnaire designed to elicit an understanding of the clinical professional's perception of female sex offender treatment and factors that influence engagement in therapeutic settings. The questions were created based on common themes, experiences, and statistics within the literature and research of female sex offenders. Construction of the questionnaire was created from a comprehensive review of peer-reviewed research literature and will allow me to explore how clinicians view FSO's with lived traumatic childhood experiences (Baum & Moyal, 2020; Dean & Barnett, 2011; Grady et al., 2021; Lea et al., 1999; McCartan et al., 2020; Mellor & Deering, 2020; Mivshek & Schriver, 2022).

Researcher Developed Instruments

For this inquiry, I developed a list of primary interview questions designed to elicit an understanding of the clinical professional's perceptions of female sex offender treatment in modern society as well as the influences the shape perceptions and engagement with this population. The list of interview questions was developed from the

theoretical framework and is aligned with the research questions of this inquiry. Validity and reliability of these interview questions has been assessed via discussion with my dissertation chair. Further, the questions were rooted in empirically based and peer reviewed research which allowed me to fully understand the experiences and perceptions of clinical professionals and lived traumatic childhood experiences of the female sex offender.

Prior researchers have utilized data collection tools aimed to elicit an understanding of how working with this population can have positive and/or negative impacts on their clinical practice, cognitions, self-confidence, and mental health. I wanted to take the research a step further and understand how clinical professionals perceive female sex offender treatment in modern society as well as their views of FSOs who have their own experiences with lived trauma. In reviewing the literature and empirically-based research findings, I have not found any assessment tools created that seek to answer research questions similar to mine. Thus, creating the need to develop my own list of primary questions to answer my stated research questions.

As mentioned above, the items in the questionnaire were created out of empirically based research related to my theoretical framework. The attachment theory, developed by John Bowlby, details how parental warmth and interactions with infants impacts the formation of attachment styles in life. The Attachment theory can also be utilized to explain the female sex offender's attachment style and how it influences her to engage in solo or co-offending sexual perpetration. Secondarily, the Psychoanalytical theory created by Sigmund Freud highlights how the ideal self and conscience are largely

determined in childhood years from parental values and upbringing. The primary list of questions developed for this inquiry utilizes the key facets of these theories to gain a full understanding of clinician perceptions of female sex offender treatment and their views of FSOs with lived traumatic experiences. Further, an exhaustive review of literature on female sex offender typologies and clinical/professional attitudes towards sex offenders has aided in the development of this questionnaire and its content validity.

Procedures for Recruitment, Participation, and Data Collection

Recruitment

I identified several organizations that work with female sex offenders or individuals that have been convicted of a sex crime in the United States. I developed primary interview questions for the prospective participants to complete and send back to the researcher (see Appendix A). If they meet the criteria of inclusion and agreed to participate in my study, I followed up via telephone or email address that they had listed on the questionnaire form to confirm a date and time to set up a virtual interview. With respect to the current COVID-19 pandemic, the semi-structured interviews were conducted via Zoom Video Technologies to foster a face-to-face experience.

Data Collection

For this inquiry, data was collected via semi-structured interviews with seven clinical professionals. I intend to send out preliminary qualifying questionnaires (criteria of inclusion for clinical professionals) to agencies that serve female sex offenders and victims of sexual perpetration in the United States; however, all of my participants were notified of my study via Walden University's participant pool and the snowball method.

The interviews were voice recorded to allow for transcription and for the identification of common themes and experiences with the participants. Further, I recorded notes on a journal that detailed my thoughts, observations, and perceptions from each interview. Each interview with the participants lasted approximately sixty minutes in length with several minutes allotted at the end to debrief. I provided each participant with an additional opportunity to debrief and share their personal thoughts at an agreed upon scheduled time post interview; however, none of the participants requested to do so.

Data Analysis Plan

To analyze data from case reviews and semi-structured interviews, I intended to utilize MAXQDA software; however, I opted to transcribe the interviews by hand myself. Since I sought to understand clinician perceptions of female sex offender treatment in modern society, I searched for key phrases and repeated words within the recorded interviews. Information obtained was further broken down to identify key themes and specific experiences/perceptions of clinical professionals as it relates to female sex offender treatment and their views of FSOs with lived traumatic experiences.

Issues of Trustworthiness

Credibility

Threats towards internal validity can be defined as the extent to which a study establishes its trustworthiness. Further, Cuncic (2020) states that internal validity largely depends on the procedures of a study and how rigorously it is performed. It is important to explore threats to validity and explain factors that improve validity so that future researchers may use your study as a foundation to replicate or build on the study. For this

inquiry, trustworthiness and credibility were established via member checks. This process involved sending my participants a copy of their transcribed interview to check for accuracy and that the researcher has captured their lived experiences with female sex offenders. Anything that was not accurately captured was corrected to capture the correct experience.

Credibility was also established via saturation and reflexivity. I interviewed seven clinical professionals who have experience working with female sex offenders (see above for criteria for inclusion). Majority of these professionals have had similar experiences in their treatment of female sex offenders and have experienced significant impacts in their professional lives as a result. I continued interviewing the clinical professionals until no new information or experiences were shared. The COVID 19 pandemic also posed difficulties in reaching desired 15 participants. With my own personal experience working with victims of sexual perpetration, I was constantly reflexive and monitored how my own thoughts may have impacted or influenced the research. I articulated my position, biases, and subjectivity on victims and offenders of sexual perpetration with my participants to ensure that they understood the filter through which questions are being asked.

Transferability

External validity refers to how well the outcome of a study can be applied to other settings (Cuncic, 2020). For this inquiry, participants were interviewed via Zoom Video Technology and it was transcribed for analyzation of themes within their experiences. Should other researchers want to replicate this study, the usage of video communications

to interview participants should easily transfer to other situations with similar characteristics. Further, I utilized a criterion of inclusion for all participants, including the clinical professionals and female sex offenders in case studies (see criteria of inclusion above). Utilizing a criterion of inclusion provided a clear definition of the population being studied and allows future researchers to easily apply criterion to their own study.

Dependability

Through the usage of a pre-developed ten-item questionnaire, participants were able to respond based on their own experiences, cognitions, and feelings regarding female sex offenders and the impacts of working with this population. A review of the literature and results from similar studies indicate that clinical professionals that have worked with female sex offenders hold similar views regarding this population and cite trainings and educational programs on sexual offenses as being responsible for their confidence in ability to treat female sex offenders (Christensen, 2018; Craig, 2005; Dean & Barnett, 2011; Gakhal & Brown, 2011; Lea et al., 1999; Melor & Deering, 2010). The questions that I have developed for my participants resemble questions that have been utilized in similar studies on clinician experiences with sex offenders (McCartan et al., 2020; Mivshek & Schriver, 2022; Roche & Stephens, 2022). My participants expressed comparable experiences with similar themes during the data analysis process. As a result, this inquiry has a high level of dependability and reliability as results will be able to be replicated over time.

Confirmability

To establish confirmability, or the degree to which other researchers can confirm findings (Statistics Solutions, 2021), I utilized an audit trail that captured the details in my data collection, analysis, and interpretation. This ensured that the data was derived from the experiences of clinical professionals and not centered around my own personal biases. I recorded topics of interest that arose within the interviews, notated my thoughts on common themes and codes, and wrote down explanations for what certain themes may mean within the data. Maintaining reflexivity throughout the data collection process further assists with confirmability as participants were made aware of the researcher's biases and positions ahead of time. I kept a reflexive journal to detail my thoughts, reflected frequently on the data collection process and monitored how my own views could have influenced the research.

Ethical Procedures

For this inquiry, I utilized a semi-structured interview with seven clinical professionals. With the invitations to participate in research will be sent out to various agencies that work with female sex offenders, clinical professionals presented with a range of demographic information regarding their ages, genders, and ethnicities. Although these factors were not a prerequisite for participation, participants were made aware of the criteria for inclusion, as described in detail in the above sections. Further, participants were made aware that they are under no obligation to complete the study and may exit at any point. Prior to sending out invitations to participate in my research inquiry, I obtained approval from Walden University's Institutional Review Board.

With the usage of semi-structured interviews with my participants, there was no risk of physical harm prior to, during, or after the completion of interviews. A review of the literature states that clinical professionals have reported experiences with vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout from providing therapeutic services to female sex offenders (Bach & Demuth, 2018; Barros et al., 2020; Baum & Moyal, 2020; Lea et al., 1999; Mivshek & Schriver, 2022). Although the interviews did not evoke an emotional or psychological response in any of the participants, I did provide a few minutes at the end of the interview to debrief. Further, after all interviews were transcribed, I shared them with the participants to ensure accuracy in capturing their experiences. Personal information of participants and transcribed interviews were stored on a locked, password protected laptop that only the researcher can access.

Summary

This chapter specifically focused on methodology, procedures for recruitment, participants, and the role of the researcher. Further, this chapter explained the importance of utilizing qualitative methodologies for this inquiry as it seeks to understand clinician perceptions of female sex offender treatment in modern society. Establishing credibility, transferability, dependability, and confirmability for this study was also explored and will allow future researchers to utilize it as a template for their own study. Chapter four will focus on data collection and the analysis of various codes and themes uncovered within interviews with clinical professionals and case studies. Further, this chapter will share results of the study including answers to the proposed research questions.

Chapter 4: Results

I conducted this study to examine clinician perceptions toward female sex offender treatment in modern society and how these perceptions may influence interactions and engagement in treatment. In this chapter, I discuss the experiences of seven participant interviews with clinicians who have provided therapeutic services to the female sex offender population. I was able to reach saturation with seven participants and concluded future interviews. Each of the interviews with the participants lasted approximately 60 minutes and were conducted via Zoom. I voice recorded each interview and engaged in the transcription myself. In reviewing the transcribed interviews, I focused on key words and phrases that described the clinician's experience and perceptions towards the female sex offender and sex offender treatment provided within their facilities. This allowed me to observe commonalities and contrasts within clinician perceptions regarding sex offender treatment, perceptions of the FSO, and how these perceptions indeed influence therapeutic rapport and interactions with this population.

Each RQ was answered based on the perceptions of clinicians who provided therapeutic treatment to female sex offenders in modern society. The primary focus with participant interviews was to explore if interactions with a female sex offender changed therapeutic techniques utilized in session and how it may alter the clinician's thoughts and perspectives on this population. The secondary focus of interviews was to gain insight on how clinical professionals view female sex offenders with lived traumatic experiences and if this insight impacts/influences treatment outcomes.

Study Setting and Demographics

The study setting took place via Zoom Harrisburg, Pennsylvania. Participants read the Study Consent Form sent to them via email and if they agreed to participate, they replied, “I Consent.” The participants reflected the following gender and races: five females (one African American, four Caucasian) and two males (one Indian, one African American). Additionally, the participants were licensed and practicing in the following states in America: Texas, Pennsylvania, Ohio, and Florida. The participants were clinicians who have worked directly with female sex offenders professionally, licensed in their field of study with a master’s degree, experienced with administering pre/post assessments, and have had at least one experience with a female sex offender that has changed their views on this population whether positive or negative.

Participants were interviewed via Zoom as many participants resided in various states across America. A semistructured interview with open ended questions was used. Although the interview questions were pre-determined prior to the interview (Appendix), I intended to employ a more conversational style that allowed the participants to explain and explore their perceptions freely. The interview questions served as a guide to gain insight into clinician perceptions on female sex offender treatment and how these perceptions impact engagement and interactions in therapeutic sessions. Participants were informed that they were able to stop the interview at any point without consequence.

Data Analysis

This study explored clinician’s personal experiences with the FSO population and perceptions towards female sex offender treatment. Through the qualitative method of

semistructured interviews, I was able to explore the impact clinician perceptions and experiences had on services provided within a therapeutic setting and draw out similar experiences, thoughts, and feelings. This study highlighted specific similarities that skewed clinician perceptions towards female sex offenders such as a lack of training on this population and stereotypes that have reinforced the notion that women are not capable of committing sexual abuse/crimes due to their caregiving nature and roles in society (Almond et al., 2017; Bartol & Bartol, 2017; Gillespie et al., 2015; Landor & Eisenchlas, 2018; McLeod & Craft, 2015; Tozdan et al., 2019).

All the interviews were voice recorded to allow me to go back and personally transcribe manually. I intended to utilize MAXQDA software, a software designed for qualitative data analysis, to find similar themes and codes within the individual clinician interviews; however, I decided to engage in this process manually. I printed out copies of participant transcripts and utilized highlighters, colored pens, and sticky notes to uncover categories, codes, and themes amongst their words. I did not conduct follow-up interviews with the participants, and no additional changes were made to the transcripts after member checks were completed.

After personally transcribing all seven interviews, I went back through each individual transcription searching for similar phrases and experiences expressed by the clinicians. I used a yellow highlighter to identify the commonalties and separate it from other types of coding. After identification of similar phrases and experiences, I went deeper to create categories based off themes within the transcribed interviews. This process revealed that the clinicians all had similar perceptions of female sex offender

treatment in modern society with very few differences in their perceptions and experiences.

Evidence of Trustworthiness

Transferability

Transferability is defined as how well the outcome of a study can be applied to other settings (Cuncic, 2020). With this study, I used Zoom to interview my participants. Though some participants opted to utilize the camera function, all participants were aware that only their voices were recorded for transcription purposes. If another researcher would like to replicate this study, Zoom is easily transferred to any setting whether in the office, at home, or in a similar private setting. Additionally, I utilized specific critera of inclusion that participants needed to meet to participate in my study: being a clinician, have worked with female sex offenders in professional career, licensed in field of study, obtained a master's degree in field of study, experienced with giving and administering assessments, and have had an experience with a female sex offender that has changed the clinician's viewpoint/biases, whether positive or negative, on the impacts of trauma. Researchers who would like to replicate this study would likely result in similar findings.

Credibility

Credibility within a study is revealed in the procedures and how rigorous it is performed (Cuncic, 2020). In this study, I utilized a pre-determined, 10-item questionnaire with all seven participants. The questions were asked as written and not changed to fit the participant in before me. This allowed for credibility to remain firm

throughout the study. Member checks were also used to enhance credibility. After the interviews were transcribed, I sent copies of the transcript to the individual participants and requested that they review for accuracy. Each participant responded that their words were accurately depicted, and no changes were needed. Lastly, I intended to interview 15 clinicians on their perceptions towards female sex offender treatment; however, saturation was met after interviewing seven participants. At this point in research, there were no new themes or information identified and the need to continue interviewing ceased.

Dependability

Dependability is referred to as the ability to be mindful during the data collection process with special regard for interpretation of findings and reporting of results (Cuncic, 2020). As mentioned in the previous section, I utilized a predetermined, 10-item questionnaire (Appendix) with each of the participants. I developed this questionnaire based on similar studies on female sex offenders that I examined during the literature review process. A review of the literature indicated that clinicians who have worked with the female sex offender population hold similar views and experiences (Barros et al., 2020; Christensen, 2018; Craig, 2005) and tend to feel more confident in their abilities to treat them in a therapeutic role (Gakhal & Brown, 2011; McCartan et al., 2020; Mellor & Deering, 2010). Using a similar line of interview questions appeared to produce similar results, thus enhancing the dependability and reliability of my study.

Confirmability

To demonstrate confirmability, I kept a notebook with me during the interviews to capture additional thoughts and keywords from participants. The keywords captured during the interviews showed a close similarity to keywords found in peer-reviewed literature. I also utilized this journal to keep an audit trail of the data collection process. I was able to keep a detailed description of my research process from the beginning of the interviews to the completion of the study that captured keywords, themes, and thoughts of the participants.

Lastly, I kept a secondary journal for reflexivity purposes. As a current trauma therapist, I found it important that I often notate my own thoughts and biases throughout the interviews to ensure that it did not overshadow or influence the participants to answer questions in a specific way. This reflexive journal provided the opportunity to remain objective throughout the study.

Results

The findings of the study are reflective of clinician perceptions and experiences towards female sex offender treatment in modern society. I utilized the axial coding process that allows for relating participants experiences and further breaking their words down into categories and subcategories. A review of the data revealed four main themes that were identified across the participant interviews and allowed me to answer the posed research questions. Table 1 provides a breakdown of the categories and subcategories identified within participant interviews.

Table 1

Axial Coding Process

Axial coding	Open coding labels	Subcategories
Confidence in treatment and therapeutic skills	Training programs	
	Experience	
	Empathy	Attentiveness
	Pre-judging	
	Perspective taking	
Personal trauma reminders	Memories	
	Depression	
	Vicarious trauma	
	Coping skills	
	Embarrassed	
	History	
	Healing	
	Time since own trauma	
	Insecurity	
	Empowerment	
Positive impacts	Ever learning	
	Growth	
	New perspectives	
	Helping	
	Engagement	
	Respect	
	Exploring client life choices	
	Empathy	
	Curiosity	
Childhood abuse	Trafficked	
	Incest	
	Mistrust	
	Repetition/compulsion	
	Confusing sex with love	
	Relationships	
	Early sexualized behaviors	
	Normalization	
	Attachment	

Theme 1: Confidence in Treatment and Therapeutic Skills

Though a majority of the participants stated that they have not received training regarding female sex offenders in their professional careers, they identified with having high levels of empathy for this population. This theme emerged from participant responses, which included, “I haven’t attended any training about female sex offenders, but I have been trained in multiple evidence-based treatment modalities that target individuals who have committed sexual offenses”, and “I believe that female sex offenders may have had experience with sexual abuse themselves which messed up their perspectives on healthy relationships. I noticed this pattern in providing therapy to female offenders”.

When specifically asked, “In your clinical opinion and experience, have you viewed sexual offenses from a female offender differently than male offenders?” Responses were as follows: Participant 1: “I think at 55 years old, being taught all the stigma and prejudice that males are offenders, I was a lot more lenient with women. Then I found out that women are a lot like men and capable of the same behaviors. When I learned this truth, I became more confident in providing treatment to female offenders and being more attentive towards their history of trauma”. Participant 2: “Honestly, yes. The prejudice that I once held impacted how I treated female sex offenders. I was more lenient and forgiving of what they did but with male offenders, I was almost disgusted and struggled with my confidence in treating them”. Participant 3: “No, I didn’t view their offenses any different. Sexual abuse is sexual abuse no matter the gender of the

perpetrator. I felt fairly confident in my ability to provide effective treatment in therapy with women offenders". Participant 4: "Yes. Female offenders tend to offend where a personal connection is developed first such as a teacher/student relationship. Men tend to commit sexual abuse and offenses despite having a prior connection. I tend to treat female offenders with more empathy compared to male offenders". Participant 5: "Not really. My prior experience in treating offenders in general has shown me that while motives to offend may be different, the sexual offending behavior is the same". Participant 6: "No". Participant 7: "Absolutely to the point that it really impacted how I treated female offenders. I tended to show more empathy and may have not been as effective or challenged them in the ways that could have provided true treatment change".

Theme 2: Trauma Reminders

Trauma reminders were another significant category that emerged amongst majority of the participants. When asked the question, "Can you describe how vicarious trauma and secondary traumatic stress has impacted you personally and/or professionally, if at all?" the responses were as follows: Participant 1 said,

> At first it really affected me. It brought back memories and depression. But as I got to know them and they were begging for help, I realized that I am the therapist and am going to teach them what I learned to cope and heal from my own trauma. Working in the prison system, you have to have your stuff together because everyone has trauma, and it will impact you if you don't do the work.

Participant 4 noted,

> I experienced sexual abuse as a child and when these offenders open up about

> their history with sexual abuse, it brings back horrible memories for me. But I have done my own work to better desensitize myself and lessen the impacts of hearing trauma stories.

Participant 5 responded,

> Vicarious trauma is something that I always look out for. I survived a violent home as a child so some of the stories I hear when treating offenders brings up old memories and I can get depressed fairly easy. I almost even feel embarrassed to admit this because I am a clinician and should have a handle on my own emotions at this point.

Participant 6 answered,

> When I hear about the abuse some of these women experienced, I almost get a sense of empowerment that allows me to connect with them and provide better therapy. I tend to self-disclose in treatment with offenders because it lets them know that I am human and I have done my own healing to be a better person and therapist.

Participant 2, 3, and 7 hinted to having personal experiences with trauma; however, they did not disclose in depth like the other participants.

Theme 3: Positive Impacts

The third theme that was uncovered in participant interviews was an overall positive impact from providing treatment to female offenders. All participants identified with experiencing growth within their personal careers as clinicians and being challenged with a population that is not common. Additionally, participants referenced a sense of

curiosity when working with female offenders as society often depicts men as the sole gender responsible for sexual abuse and sex crimes. Providing treatment to female offenders has allowed the participants to grow their ability to treat just about any patient before them, thus having an overall positive impact on their confidence and therapeutic abilities. Participants were asked, “In your experience, has this work had a negative or positive influence on your view of the female sex offender? What are the positive impacts on your professional life?”. Many of their responses reflected the following statement: “I’d say positive. It helped me to learn and grow as a person and therapist”.

Theme 4: Childhood Abuse

The fourth and final theme that emerged through the coding process was childhood abuse. With this theme, there were five key words and phrases that were often discussed amongst all seven participants in their interview: trafficked, incest, mistrust, confusing sex with love, and sexualized behaviors. Participant 1 stated, “It seems that many female sex offenders have experienced childhood sexual abuse and everything negative stems from that. A lot of my female offenders were sex trafficked or experienced incest”. In response to the question, “In working with female sex offenders, what has been the most common traumatic experience of the female sex offender?” the participants often referenced sexual abuse to some degree that has been normalized over time and may have created insecure attachment styles in this population. Additionally, all the participants noted that female offenders often experienced extensive physical abuse especially in adult relationships. Participant 3 responded to this question by stating:

A female offender that I worked with was trafficked by her mother from the age

> of eight years old until fifteen when she ran away. It was difficult for me to get her to understand how her sexual trauma played a role in her sexually abusing her son's best friend. Unfortunately, she viewed that relationship as normal and didn't see anything wrong with it. Sexual abuse has a weird way of making sexualized behaviors seem, you know, accepted.

RQ 1: What are Clinician Perceptions of Female Sex Offender Treatment in Modern Society?

All seven participants appeared to have similar perceptions of female sex offender treatment in the modern society. An overwhelming majority of the participants noted that they have never received specialized treatment training on the female sex offender population. In fact, Participant 1 stated she had to 'wing it' when it came to treating a female offender at her place of practice. Female sex offender treatment was almost described as non-existent as clinicians fell back on utilizing other evidence-based modalities to treat female offenders. Participant 3 stated that he has received training on how to treat sex offenders; however, it was not gender specific. This participant further noted that the language in the training often used the pronoun 'he' when talking about treating sex offenders. The clinicians often utilized cognitive behavioral therapy, or CBT, as a treatment modality when working with female or male sex offenders as it is the most empirically supported method. All seven clinicians made a reference to a need for treatment training geared specifically for female sex offenders. A review of literature delineates significant differences in the female sex offenders and male sex offenders including differences in motives and experiences with abuse and/or trauma over their

lifespan. The clinicians interviewed were aware of such differences and believed that there should be a different way to treat female offenders for better treatment outcomes.

RQ 2: How do Clinical Professionals View Female Sex Offenders with Lived Traumatic Experiences?

The participants all held similar views of female sex offenders, or FSO, with lived traumatic experiences. All participants indicated feeling empathy for FSOs that have experienced sexual trauma or physical trauma in their childhood. Additionally, it appeared that FSOs were given a certain level of understanding for their sexual offenses compared to male offenders that received treatment at their facilities. Participant 1 stated, 'Because of my past, I saw men as offenders with no problem. When I encountered a female offender, I often asked myself, 'How can I help her? What can I do to fix her?'. Participant 4 stated, 'Female sex offenders intrigue me. I tend to enter a therapeutic relationship with them with a helping mindset. I almost feel sympathy for where they've found themselves in life and that it all is likely tied back an experience with childhood abuse'. Statements such as these were used frequently amongst all seven participants. Terms such as 'compassion', 'insight', 'sympathy', and 'forgiving' were largely used by participants which indicates that they tend to view FSOs with lived traumatic experiences in a positive, understanding, and encouraging manner.

Summary

Chapter 4 discussed and explored the findings from all seven interviews conducted in this study. Additionally, via the axial coding process, I was able to break down and analyze core themes, experiences, and perceptions of clinicians who provided

treatment to female sex offenders and discuss how their perceptions impacted their ability to provide effective treatment and engage the female offenders in sessions. Parts of participant words were included to allow for a proper description of their experiences with female sex offender treatment, their own thoughts/opinions towards working with this population, and to provide additional explanations for the relevance of the findings. Through this process, I was able to uncover four main themes all aligned with the research questions formed in the beginning of the study.

The findings of this study reveal that although clinicians tend to develop certain level of empathy and understanding for the female sex offenders they treat, there is still a significant need for trainings on how to effectively treat female sex offenders in a therapeutic realm. Participants largely link confidence in their ability to treat FSOs with training programs geared specifically for this population. The more experience they have with FSOs and evidence-based treatment modalities, the higher the confidence level of the clinician in treating female offenders. Additional findings reveal that participants have had their own experiences with childhood trauma and/or abuse that allows them to invoke levels of empathy towards FSOs. Themes that emerge amongst participant interviews included confidence in treatment and therapeutic skills, personal trauma reminders, positive impacts, and childhood abuse. Chapter 5 will present supplementary discussion on the findings of this study and review the overall conclusions of this study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to investigate clinician perception toward female sex offender treatment and how these perceptions may impact or influence interactions and engagement in treatment. The research questions were designed with a focus on uncovering similarities and differences in clinician perceptions of female offenders in a therapeutic setting and to explore if their perceptions influenced how they engaged with them during treatment. Attachment theory and psychoanalytical theory were used to provide insight into how clinicians perceive female offenders while treating them in a therapeutic setting. Results from semistructured interviews revealed that clinicians engage in high levels of empathy and understanding for the female sex offender especially as it pertains to their traumatic experiences in childhood. Additionally, clinicians' own experiences with trauma in their childhoods tend to influence how they interact with female offenders in a therapeutic setting. This chapter continues the discussion of results from participant interviews as it pertains to the research questions. Additionally, the theories identified in Chapter 2 will also be applied and compared to the experiences of clinicians as they provide treatment to this population.

Interpretations of Findings

The results of this study were consistent with similar studies of clinician perceptions of female sex offender treatment. Literature supports that many professionals who have provided therapeutic services to the female offending populations are inclined to adhere to gender norms and roles and do not view female sex offenders as perpetrators

of sexual abuse (Christensen, 2018; Craig, 2005; Gakhal & Brown, 2011; McCCartan et al., 2020; Tozdan et al., 2019). Most participants explained how the of prejudice and stigma around the term “sex offender” is largely used with men. When clinicians encountered a female sex offender in a treatment setting, more empathy was given for their offenses. Additionally, lived experiences with childhood abuse were considered as a way to explain or minimize sexual offenses. This commonality among participants indicates that clinicians are aware of societal definitions and stereotypes of individuals that commit sexual offenses and how it may impact their ability to deliver effective treatment outcomes.

Results from this study also indicated that clinicians tend to overrate their effectiveness, struggle with poor recall, and have an overly optimistic view of their skills in general. Similar findings were revealed in the literature (see Grady et al., 2022). Further, the mischaracterization of what gender is reserved for the term “sex offender” is continued via a lack of specialized training on female sex offenders with clinicians who treat this population. Evidence supports that an inability to identify a woman as capable of sexually offending within a treatment program inhibits effective treatment outcomes (Budd et al., 2017; Grady et al., 2022). Clinicians would benefit from learning how to identify appropriate treatment strategies for victims of sex offenses as victims of female perpetrated abuse tend to suffer from longer-term negative consequences (Kaylor et al., 2021).

Research Question 1 asked, “What are clinician perceptions of female sex offender treatment in modern society?” Most of the seven participants indicated that they

have never received specialized training on how to treat female sex offenders. Further, any training that clinicians have received largely depicted men as the sole gender for sexual abuse and sexual offending behaviors. Through treating both female and male offenders, clinicians revealed an awareness of key differences in genders as it pertains to offending behaviors and childhood abuse, specifically childhood sexual abuse. Not receiving professional training on the differences in treating female offenders compared to male offenders appears to significantly impact confidence levels in treatment for clinicians. These findings are largely supported by peer reviewed literature on clinicians who treat this population (Almond et al., 2017; Brown & Kloess, 2020; Christensen, 2018; Gillespie et al., 2015; Landor & Eisenchlas, 2018; McLeod & Craft, 2015; Tozdan et al., 2019). There is a significant need for clinician training on treating sex offenders to increase competency levels (Roche & Stevens, 2022).

Contrary to peer reviewed literature, the clinicians in this study identified holding positive views towards female sex offenders without receiving any professional training on this population. Participants in this study used words such as "empathy, healing, curiosity, engagement, and new perspectives when referring to working with female sex offenders, which supports a positive view on this population. These terms did not appear in similar studies that explored the impacts of a lack of professional trainings. It is important to note that studies in the literature review did not make mention to the gender of the sex offender when stating that clinicians held a negative outlook on this population without receiving a specialized training.

Research Question 2 asked, “How do clinical professionals view female sex

offenders with lived traumatic experiences?" When answering the questions in the interview, clinicians frequently utilized terms such as intriguing, compassion, insightful, sympathy, and forgiving as they discussed their experiences with providing treatment to the female sex offender population. In treating female sex offenders, the clinicians presented with a deeper understanding of how past experiences with trauma and abuse may have impacted their abilities to make sound and healthy decisions. This research question also appeared to draw connections into traumatic experiences that clinicians had early in their personal lives. Participants 4 and 5 referenced their own experiences with surviving violent homes and sexual abuse. These participants specifically stated that hearing their patients (female sex offenders) talk about their abuse brought back memories and secondary traumatic stress for them. It is possible that clinicians with their own traumatic past used terms such as sympathy and forgiveness because they were viewing themselves in the patients they treat.

Further, participants tended to show a curiosity and desire to "fix" or "heal" the female offender compared to male offenders. Participants 1 and 4 from this study made statements regarding viewing men as offenders with no problem and being more lenient toward the female offender. Previous research has indicated that female perpetrated abuse is rated less important than male perpetrated abuse, resulting in leniency for female sex offenders (Todzan et al., 2019). Statements from participants in this study reveal perceptions of female offenders and reflect a leniency and minimization for the sex crimes committed by women.

Theoretical Considerations

Attachment Theory

Attachment theory was used to understand how childhood experiences with trauma and abuse may have influenced the female offender to engage in sexual abuse/assault as an adult. Although the attachment theory was not discussed in depth with the clinicians during the interview process, many of them referenced or noticed attachment issues while treating this population, and it appears to have influenced how they engage with female offenders while providing treatment. In this study specifically, clinicians described female sex offenders to have grown up in homes with complex trauma and abuse. Additionally, clinicians in this study reported that female offenders they have treated have exhibited difficulties with interpersonal relationships, deep mental health concerns, lack of self-worth, and a substance issue; all information that is supported and explored by the attachment theory as it relates to both female and male offenders.

Another core component of the attachment theory is the development of pattens and beliefs about relationships from caregivers in early childhood years and using it as a template for future relationships (Grady, 2017; Grady & Sheilds, 2018; van Rosmalen et al., 2016). One question posed to the clinicians in this study was “In working with female sex offenders, what is the most common traumatic experience?” Participant 3 referred to a female offender that they worked with who engaged in a sexual relationship with her friend’s son. Participant 3 stated, “Sexual abuse has a weird way of making sexualized behaviors seem, you know, accepted.” This statement supports core components of the

attachment theory that discuss how early abuse can be viewed as a guide for how to engage in relationships. Participants also stated that sexual abuse appears to be normalized and has caused female offenders to develop an insecure attachment style in their lives. Behavioral re-enactment tends to be a characteristic of a female offender who has developed an insecure attachment style.

Psychoanalytical Theory

The Psychoanalytical theory was utilized to explain and explore sexual offending behaviors in female offenders. A core premise of this theory states that when an infant or child is neglected by their caregiver or experiences abuse, they will have difficulty with self-esteem, emotional regulation, aggressive sexual urges and may engage in behavioral re-enactments as they enter new relationships in their lives (Grady, 2022; Karbelnig, 2019; Simon, 2015). Results from this study reflect core components of this theory as it relates to female sex offenders and their childhood experiences with sexual abuse. Participant 4 (2022) stated:

I almost feel sympathy for where they've (female offenders) found themselves in life and that it all is likely tied back an experience with childhood abuse. In my clinical opinion, I understand that many female offenders became sexually abusive because it is what they have been taught to be acceptable in any relationship form. Additionally, the urge to sexually offend a victim shows impulsivity and an inability to control sexual urges. This is likely what happened to her.

The clinicians' experience in treating this population largely reflects core components of the Psychoanalytical theory. Repetition compulsion was a strong concept

that was explored and discussed by the participants. The clinicians referenced a significant connection in the female offenders that they have treated; many, if not all, had been sexually abused by a caregiver in their childhood. This prior abuse in their childhood appears to help the clinician make connections on how such behaviors could be repeated. Bartol & Bartol (2017) state the humans tend to respond to unpleasant urges in a sexually aggressive manner when they have no other outlet and if these urges are not addressed in therapy. Many female sex offenders come to clinicians for treatment after they have committed a sexual offense. This is where the clinicians provide treatment to the female offenders that target their urges to engage in sexually deviant and abusive behaviors.

Limitations of the Study

The main limitation that arose in this study is the classification of women as sex offenders. Although participants have treatment experience with this population, many of them expressed a lack of professional trainings on how to treat female sex offenders. This appears to have significantly impacted confidence levels in providing effecting treatment to female offenders. In society, the term sex offender is largely reserved for men making it difficult to comprehend or understand how a woman could engage in sexual abuse and assault. Clinicians have access to resources and a plethora of evidence-based treatment modalities; however, they appear to grapple with societal stereotypes on sex offenders as frequently as other members in society without clinical trainings. Results of this study show that gender stereotypes have led clinicians to minimize and/or justify female sexual offending behaviors in treatment compared to sexually offending behaviors of a man.

Research Question 1 asks, “What are clinician perceptions of female sex offender treatment in modern society”. Clinicians revealed that they perceive female sex offender treatment to be lacking significantly with resources or specialized treatment for this population thus limiting their ability to treat them as effectively as a male offender. A lack of research of female sex offenders continues to be a significant limitation in this field of research and for clinicians.

Another limitation encountered in this study was a small sample size. Initially, I intended to interview 15 participants that have clinical experience with female sex offenders; however, I struggled to recruit clinicians in this study due to ongoing issues with Covid-19 impacting their ability to interview. COVID 19 has caused significant difficulties within the mental health community making clinicians feel overwhelmed by their current client caseload. This may have impacted prospective participants as they identified with struggling to find the time to schedule an interview. Despite fewer than desired participants, I was able to achieve saturation with the seven participants in this study. Many clinicians interviewed expressed similar experiences and ideologies and no new information was revealed after a certain point. Although saturation was met, a larger sample size may have allowed for clinicians who have received professional training on female sex offenders. Their experiences could have brought new light to perceptions of female offender treatment in modern society.

Recommendations

The findings of this study support that there is not enough research available on female sex offender treatment programs. The current sex offender treatment programs

that are available are designed for the male offender which leaves a gap in education or training on how to treat female offenders (Barros et al., 2020). Furthermore, the results of this study reveal a need for individualized treatment when working with the female sex offender population. Research highlights a significant difference in the female sex offender's attachment style, motive to offend, and life experiences compared to male sex offenders. The results of this study suggest that specific treatment, or evidence-based therapeutic models, be created or acclimatized for this population. There is also a strong consideration for treating insecure attachment styles as a part of the treatment modality for female offenders.

Another recommendation for future researchers is to explore how the clinician's attachment style impacts how they perceive female sex offenders. In this study, several of the clinicians have identified with experiencing childhood trauma themselves. Further, their own experience with abuse appears to have impacted their perceptions of female sex offenders and allowed for a more empathetic approach over the course of treatment. One of the considerations may be that clinician may have been showing the female offender the empathy and genuineness that they wish they were shown when living through their own abuse. A follow up recommendation to exploring clinician attachment styles is exploring how the attachment style of the female offender and clinician impacts treatment engagement.

Future researchers may also benefit from having a higher number of participants in exploring clinician perceptions of female sex offender treatment. Although this study reached saturation, interviewing more clinicians may have revealed additional

information on how their own biases on offenders impacted treatment outcomes.

Implications for Social Change

Historically, research on female sex offenders has been significantly limited. In recent years, studies on this population have become more popular; however, a lack in research on how to effectively treat them in a therapeutic role still exists. This study contributes to positive social change by showing clinician experiences with female sex offenders and how they truly perceive treatment programs for this population.

Professional & Organizational

Although gender stereotypes continue to exist regarding the term ‘sex offender’, clinicians are becoming more aware that women are capable of engaging in sexually offending behaviors. Further, they are seeing a need to utilize different treatment modalities when treating the female offender than what is typically used for male offenders. This study contributes to positive professional social change by highlighting a need for development of specialized professional trainings on the treatment of female sex offenders. It is likely that this type of trainings exists; however, there is a significant need to make them accessible to all clinicians who treat female sex offenders.

Societal

Positive social change for society from this study helps discern a difference between female and male sex offenders. In media, it can be difficult for society to label a woman as a sex offender. Sex crimes committed by women are largely minimized or explained off as something other than abusive. Additionally, when a female sex offender engages in a sexual relationship with a student, there have been comments such as, “I

wish my teacher would've had sex with me" or "lucky kid". These types of statements reaffirm society's belief that women cannot engage in sexual abuse. Additionally, such comments and stereotypes reinforce a victim's thought that they won't be believed if they disclosed the abuse. Kaylor, Winters, & Jeglic (2021) state that roles in educational settings provide a unique opportunity for women to have power over their victims and unsupervised contact. This makes sexual abuse more difficult to report to authorities.

This study explores how societal perceptions of female sex offenders impact a clinician's perceptions within a treatment role. Clinicians in this study have admitted that have minimized female sexual abuse acts; however, they are now aware that women are just as capable of sexually offending as men. Furthermore, this study shows a stark difference in offending motives from female offenders which implies a need for tailored treatment for this population.

Methodological Implications

The methodology chosen for this inquiry was qualitative and utilized a semi-structured interview format. This method was selected to explore and understand clinician experiences with female sex offenders. Hearing the clinician's own words and narrative on how they perceive female sex offender treatment in modern society is invaluable. Continued qualitative research on how clinicians perceive treatment, attachment styles, and how they engage with female offenders in therapy will help shed light on the need to develop specific treatment modalities for this population.

Theoretical Implications

In this study, the attachment style of the female offender was largely noticed by

clinicians who treat this population. Clinicians often referred to insecure attachment styles resulting from childhood abuse and trauma. Furthermore, it appears that the clinicians who have experienced trauma themselves may have personal attachment concerns that impact their ability to engage and treat this population. The Attachment Theory developed by John Bowlby posits that humans develop particular beliefs and behavioral patterns based on experiences with primary caregivers. Further, these experiences become a template for how we react in future relationships. Results of this study imply, or suggest, a need to explore the connection between clinician attachment styles and female sex offender attachment styles as it pertains to providing effective treatment in a therapeutic space.

Conclusion

The treatment of female sex offenders continues to pose several challenges for clinical professionals who serve this population. Clinicians in this study understand and believe that women can commit sexual offenses and are able to treat them without personal bias or societal influences. Clinicians who still struggle with viewing female sexual abuse as assaultive or abusive would significantly benefit from learning more about female sex offenders, their lived experiences with abuse and trauma, and motives to offend. Research from past studies and results from this study indicate that a clinician's perceptions and attitude have a strong impact on treatment delivery and outcomes.

As shown in this study, clinician perceptions of female sex offender treatment in modern society make a significant difference in their ability to effectively treat this

population. Clinicians who have not received a professional training on female sex offenders largely rely on other means of treating female offenders, such as practice with Cognitive Behavioral Therapy. There is a need to develop specialized training programs on female sex offenders for clinicians who provide treatment for this population. Receiving training appears to directly correlate with clinician confidence levels to treat female offenders effectively.

Educating clinicians on the difference between female and male sex offenders is imperative. Results from this study reveal that clinicians have not received the necessary training that aids in identification of societal gender stereotypes on sex offenders, and it can have a significant impact on their ability to treat the female offender. This further supports the need for training on the key differences on female versus male sex offenders and how to provide effective treatment.

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Appendix: List of Primary Interview Questions

1. In working with female sex offenders, what has been the most common traumatic experiences of the FSO?
2. What are your thoughts about the statement: Trauma and abuse tend to have a disruptive effect on relational processes and ability to develop or maintain healthy relationships and, as a result, women who sexually perpetrate on children are often emulating abusive behaviors from their own childhood caregivers.
3. In your experience, what is the most common victim/offender relationship with female offenders and why do you think this occurs?
4. When you encounter a female sex offender in your practice, do you engage in different therapeutic techniques and behaviors when providing treatment with her compared to a male sex offender?
5. How does providing treatment to female sex offenders impact your thoughts and overall perception of sex offenders? Additionally:
    a. What are your views of a female solo offender?
    b. What are your views of a female that works with a co-offender?
6. Can you describe how vicarious trauma (VT) and secondary traumatic stress (STS) have impacted you personally and professionally, if at all?
7. In your clinical opinion and experience, have you viewed sexual offenses from a female offender differently than male offenders? If yes, please explain how these different roles may have impacted your ability to provide effective clinical treatment for the client.

8. Although you have worked with sex offenders in your current role, can you recall any professional trainings on the female sex offender? Do you believe this has impacted how you view female sex offenders?
9. In your experience, has this work had a negative or positive influence on your view of the female sex offender? Please explain with either answer (negative or positive).
    a. What are the positive impacts on your professional life?
    b. What are the negative impacts on your professional life?
        i. If negative: how does this negativity impact your ability to deliver effective treatment?
        ii. How do you cope with negative emotions/feelings in session?
10. In your clinical opinion and experience, how may a traumatic background have an impact on re-creating or reliving trauma/abuse for the female offender? What has been the most consistent background characteristic in your practice with female sex offenders?